ABSTRACT OF MORTALITY STATISTICS FOR DECEMBER, 1916.

Total deaths reported, 3,097; state rate 12.7. In the preceding month 2,740 deaths; rate 11.7. In the same month last year, 3,122 deaths; rate 13.0. Deaths by important ages were: Under 1 year of age 390 or 12.9 per cent of total; 1 to 4, 129; 5 to 9, 64; 10 to 14, 36; 15 to 19, 70; 20 to 24, 55; 25 to 29, 75; 30 to 34, 96; 35 to 39, 105; 40 to 44, 118; 45 to 49, 109; 50 to 54, 96; 55 to 59, 82; 60 to 64, 69; 65 and over 1,067 or 34.4 per cent of total.

SANITARY SECTIONS: The Northern Sanitary Section, population 998,000, reports 1,029 deaths; rate 12.1. In the preceding month 935 deaths; rate 11.4. In the same month last year, 1,099 deaths; rate 12.0.

The Central Sanitary Section, population 1,178,358, reports 1,366 deaths; rate 13.6. In the preceding month, 1,155 deaths; rate 11.9. In the same month last year, 1,372 deaths; rate 13.8.

The Southern Sanitary Section, population 894,552, reports 702 deaths; rate 12.1. In the preceding month 650 deaths; rate 11.5. In the same month last year, 741 deaths; rate 12.8.

REVIEW OF SECTIONS: The Central Sanitary Section presents the highest death rate, which is 0.9 higher than that for the entire state. The Central Section presents the highest death rate for typhoid fever, measles, whooping cough and cancer. The Northern Section presents the highest death rate for scarlet fever, lobar and broncho-pneumonia, diarrhoea and enteritis, acute poliomyelitis, puerperal sepsis, and external causes. The Southern Section presents the highest death rate for pulmonary tuberculosis, diphtheria and group, cerebro-spinal fever, and influenza.

RURAL: Population 1,552,350, reports 1,357 deaths; rate 11.4. In the preceding month, 1,268 deaths; rate 9.9. In the same month last year, 1,536 deaths; rate 11.9.

URBAN: Population 1,308,540, reports 1,390 deaths; rate 14.3. In the preceding month, 1,472 deaths; rate 13.7. In the same month last year, 1,554 deaths; rate 14.3. The cities named present the following death rates: Indianapolis, 16.1; Evansville, 14.4; Fort Wayne, 16.4; Terre Haute, 14.8; South Bend, 12.5; Gary, 15.3; East Chicago, 14.8; Muncie, 15.2; Hammond, 17.7; Richmond, 16.4; Anderson, 15.9; Elkhart 9.9; Michigan City, 14.5; Lafayette, 22.4; New Albany, 13.7; Logansport, 12.0; Marion, 17.3; Kokomo, 13.1.

SUMMARY OF MORBIDITY AND MORTALITY FOR DECEMBER, 1916.

Scarlet fever was reported as the most prevalent infectious disease. The order of prevalence was as follows: Scarlet fever, diphtheria, measles, tonsillitis, acute bronchitis, influenza, lobar pneumonia, chickenpox, typhoid fever, acute rheumatism, bronchial pneumonia, pulmonary tuberculosis, smallpox, whooping cough, diarrhea and enteritis, intermittent and remittent fever, erysipelas, malaria fever, other
forms of tuberculosis, dysentery, cholera morbus, puerperal fever, poliomyelitis, rabies in human, rabies in animals, leprosy, trachoma, cerebro-spinal fever.

SMALLPOX: 174 cases in 21 counties with no deaths. The following counties reported smallpox present: Clark 9, Floyd 1, Hamilton 27, Jay 28, Knox 6, Lake 8, Madison 1, Marion 15, Miami 1, Posey 7, Randolph 2, St. Joseph 2, Switzerland 1, Tippecanoe 1, Tipton 31, Vanderburg 11, Vermilion 2, Vigo 46, Warren 4, Warrick 2, Wayne 1.

TUBERCULOSIS: 275 deaths, of which 234 were of the pulmonary form, and 41 other forms. Male tuberculosis deaths numbered 133, females 145. Of the males, 32 were married in the age period 18 to 40 and left 64 orphans under 12 years of age. Of the females, 28 were married in the same age period as above; and left 78 orphans under 12 years of age. Total number of orphans made in one month by this preventable disease, 142. Number of homes invaded, 282.

PNEUMONIA: 333 deaths; rate 145.7 per 100,000. In the preceding month, 293 deaths; rate 108.1. In the same month last year, 350 deaths; rate 145.8. Of the pneumonias deaths, 189 were males; 144 females.

DIPHTHERIA: 485 cases reported in 55 counties with 62 deaths. In the preceding month, 673 cases in 54 counties, with 67 deaths. In the same month last year, 317 cases in 40 counties with 43 deaths.

TYPHOID FEVER: 128 cases reported in 38 counties with 33 deaths. In the preceding month, 209 cases in 50 counties with 45 deaths. In the same month last year, 180 cases in 41 counties with 36 deaths.

SCARLET FEVER: 507 cases in 63 counties with 10 deaths. In the preceding month, 513 cases in 61 counties with 7 deaths. In the same month last year, 399 cases in 57 counties with 13 deaths.

MEASLES: 1,255 cases in 52 counties with 5 deaths. In the preceding month, 744 cases in 35 counties with 5 deaths. In the same month last year, 891 cases in 28 counties with 10 deaths.

POLIOMYELITIS: 5 cases in 5 counties with 3 deaths. In the preceding month, 16 cases in 10 counties with 12 deaths. In the same month last year, 2 cases in 2 counties with 1 death. The deaths occurred in Carroll County, male 4 years; Decalb County, male 7 months; Wayne County, female 6 years.

RABIES: 2 persons bitten by rabid animals and treated by the State Board of Health during the month of December. There were no deaths.

EXTERNAL CAUSES: Total 214, males 161, females 53. Suicide: Total 24, males 19, females 5. Suicide by poison 9, by hanging or strangulation 4, by drowning 1, by firearms 9, by cutting or piercing instruments 1. Accidental or Undefined: Total 179, males 133, females 46. Other acute poisonings 1, conflagration 2, burns (conflagration excepted) 12, absorption of deleterious gases (conflagration excepted) 6, accidental drowning 3, traumaism by firearms 9, traumaism by falls 28, traumaism in mines 9, traumaism by machines 4, railroad accidents and injuries 62, street-car accidents and injuries 12, automobile accidents and injuries 7, injuries by other vehicles 2, other crushing 1, injuries by animals 1, excessive cold 4, electricity (lightning excepted) 1, fractures (cause not specified) 6, other external violence 3. Homicide: Total 11, males 9, females 2. Homicide by firearms 9, by other means 2.

HEALTH OFFICERS, ATTENTION.

Delayed Birth and Death Certificates. Each month the statistical department receives certificates for births and deaths that have occurred during the preceding months, which are not sent to this department in time to be tabulated with the report for the current month. With the report for December the following counties named below were delinquent in this matter.

BIRTHS.

Allen (Woodburn 3); Bartholomew 1; Blackford 1 (Montpelier); Boone 10 (Lebanon 7); Carroll 1; Clark 10 (Jeffersonville 2, Port Fulton 1, Charlostone 1); Clay 5 (Brazosville 2, Knightsville 1); Crawford 2 (Leavenworth 1); Dearborn 1; Decatur 3 (Greensburg 1); Dekalb 6; Delaware 2 (Muncie); Elkhart 2 (City); Fayette 7; (Connersville 5); Floyd 2; (New Albany 1); Franklin 2; Gibson 1; Grant 5; (Marion 1); Greene 2 (Linton 1); Hamilton 1 (Noblesville); Hendricks 2; (Danville 1); Henry 1; (Kendall); Huntington 1; (City); Jackson 1 (Crothersville); Jasper 14, 1 for December 1915 (Rensselaer 2); Jay 1; Jefferson 9 (Madison 2); Johnson 2 (Franklin 2); Knox 9 (Vincennes 3, Bicknell 1); Lagrange 1; Lake 6; (Hamilton 2, Crown Point 1, Highland 2); Lawrence 1 (Bedford); Madison 3 (Elwood 1); Marion 1 (Indianapolis); Marshall 21 (Culver 23, 5 for March, 5 for April, 5 for May, 2 for June, 2 for July, 2 for August, 1 for September, 3 for October, 1916); Miami 3 (Amboy 1); Montgomery 2 (Crawfordsville 1); Morgan 6; Newton 2 (Brook 1, Mt. Ayr 1); Noble 2 (Kendallville 1); Parke 2 (Montezuma 1); Pike 3; Posey 1; Ripley 7; Rush 1; Scott 1; Spencer 8 (Rockport 3); Putnam 3; Steuben 5 (Angola 1, Hamilton 1, Fremont 1); St. Joseph 3; (South Bend 4, Mishawaka 1); Tippecanoe 3 (Lafayette 2); Tipton 3 (City); Vanderburgh 3 (Evansville); Vigo 2, 1 for June 1915; Wayne 27; Wells 11 (Bluffton 1); White 1; Whitley 1 (Churubusco); Total 247.

DEATHS.

Boone 3; Carroll 1; Crawford 6; Delaware 1 (Muncie); Dubois 1 (Birdseye); Fayette 1; Fulton 1; Hamilton 1 (Noblesville); Hendricks 1; Henry 3; (Kendall 2, Cadiz 1); Howard 3; Jasper 1; Jefferson 1; Jennings 1; Knox 1, for April 1916; Laporte 1; Lawrence 1; Madison 1; Marshall 9, 3 for June, 1 for September, 1 for November (Culver 4, 1 for July, 1 for September, 2 for October); Miami 2; Montgomery 2; Perry 1; Porter 2; Randolph 1 (Ridgeville); Ripley 1 (Milan); Shelby 4 (Shelbyville); Spencer 2; Wayne 18 (Dublin 1); Total 71.

REPORT OF BACTERIOLOGICAL LABORATORY, INDIANA STATE BOARD OF HEALTH, FOR DECEMBER, 1916.

Will Shimer, M. D., Superintendent.

Sputum of tubercle bacilli—

Positive.................................................. 98
Negative.................................................. 241

Urine for tubercle bacilli—

Positive.................................................. 1
Negative.................................................. 3

Feces for tubercle bacilli—

Positive.................................................. 2

Spinal fluid for tubercle bacilli—

Negative.................................................. 1
Widal tests for typhoid fever—
Positive........................................ 12
Negative........................................... 68

Widal tests for paratyphoid fever—
Positive........................................... 80

Throat cultures for diphtheria bacilli—
Positive........................................... 243
Negative........................................... 533
Suspicious......................................... 78
Unsatisfactory...................................... 37

Epidemic cultures for diphtheria bacilli—
Positive........................................... 22
Suspicious......................................... 41
Negative........................................... 576
Unsatisfactory...................................... 105

Brains for rabies—
Dogs—
Positive........................................... 4
Negative........................................... 3

Blood for counts..................................

Blood for malaria plasmodium negative..............

Pus for gonococci—
Females—
Positive........................................... 8
Suspicious......................................... 5
Negative........................................... 40
Unsatisfactory...................................... 2

Males—
Positive........................................... 7
Suspicious......................................... 2
Negative........................................... 18
Unsatisfactory...................................... 2

Sex not given—
Positive........................................... 2
Negative........................................... 2

Pus miscellaneous..................................

Pathological tissues—
Carcinoma—
Carcinoma of submaxillary region.................. 1
Carcinoma of breast................................ 2
Carcinoma of stomach............................. 1
Carcinoma of prostate............................. 1
Carcinoma of cervix uteri......................... 1
Carcinoma, location not given..................... 1

Sarcoma—
Sarcoma of forehead.............................. 1
Miscellaneous tissues............................ 29

Gasserian ganglions................................ 4

Urine for chemical analysis........................

Feces for typhoid bacilli negative................... 1
Spinal fluid........................................ 1
Stomach contents................................... 1
Spermatic fluid.................................... 1

Total number examinations made..................... 2,277

1 Guinea pigs inoculated for tubercle bacilli negative 2
Doses of antityphoid vaccine prepared and sent out 279

OUTFITS PREPARED AND SENT OUT DURING
DECEMBER, 1916.

Tuberculosis........................................ 377
Diphtheria.......................................... 928
Diphtheria epidemics............................. 475
Widal................................................ 50
Gonococci.......................................... 96
Blood counts........................................ 6
Malaria............................................. 12

Total number prepared and sent out................ 1,844

PATTERNS TAKING "PASTEUR" TREATMENTS, DECEMBER, 1916.

<table>
<thead>
<tr>
<th>Name</th>
<th>Town</th>
<th>County</th>
<th>Age</th>
<th>Sex</th>
<th>Treatment began</th>
<th>Treatment finished</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth Edna Keck</td>
<td>Richmond</td>
<td>Wayne</td>
<td>2</td>
<td>F</td>
<td>12-1-16</td>
<td>12-18-16</td>
</tr>
<tr>
<td>Dollie Schrader</td>
<td>Mt. Vernon</td>
<td>Posey</td>
<td>37</td>
<td>F</td>
<td>12-10-16</td>
<td>12-27-16</td>
</tr>
</tbody>
</table>

THINGS OF INTEREST FROM THE LABORATORY.

It is a fairly easy matter to plan some public health measure for the control of contagious disease but it is a much more difficult task for the man on the job to carry the matter to its logical conclusion.

Every case of clinical diphtheria or carrier should be quarantined or isolated until the diphtheria bacilli disappear from the nose and throat; yet in over ten percent of the cases bacilli are still present at the end of four weeks. At this time the pressure brought to bear on the local health board by the family and friends of the patient is tremendous, demanding that something be done to release the patient and his family from the involuntary incarceration.

Many state boards of health make biological virulence tests of all diphtheria bacilli found in the throats of all patients after four weeks quarantine. Many reports of the tests have been published, but there is such a difference in the type of bacilli found and variation in the virulence that each locality and epidemic seems to be different.

We have had a great many requests for virulence tests from doctors whose patients have been in quarantine three weeks or more. So far, we have isolated seventeen pure cultures. All of these cultures were of the granular or polar body type of bacilli. Of these seventeen cultures thirteen killed the guinea pigs in less than thirty-six hours from the time of injection.

Thus it would seem that the parasitic condition of the diphtheria bacilli in the throat and exposure to antiseptics do very little to change the type or lower the virulence of the diphtheria bacilli.

REPORT OF THE DEPARTMENT OF FOOD AND DRUGS, INDIANA STATE BOARD OF HEALTH, FOR DECEMBER, 1916.

H. E. Barnard, Ph.D., State Food and Drug Commissioner.

During the month of December, sixty-nine food samples were analyzed. Of this number 49 were classed as legal and 20 as illegal. Of the ten samples of sausage analyzed, 3 were
were rated good, 45 fair and 2 poor.

Of the twenty-two milk samples analyzed two were below standard and therefore illegal. Two of the four cream samples analyzed were below standard and illegal. The four illegal vinegars were below standard in acid content.

Thirty drug samples were analyzed during the month. The three illegal aspirin samples found in the examination of the drugs for the month were so classed because they were slightly deficient in the amount of aspirin claimed.

RESULTS OF ANALYSES OF FOOD AND DRUGS DURING THE MONTH OF DECEMBER, 1916.

INSPECTORS’ REPORT FOR THE MONTH OF DECEMBER, 1916.

During the month the inspectors visited 916 food and drug establishments. One place only was reported in excellent condition, 329 good, 347 fair, 34 poor and 5 bad.

Of the 338 grocery stores visited one was reported excellent 200 good, 143 fair, 6 poor and 3 bad.

Of the 137 meat markets inspected 75 were rated good, 56 fair, 6 poor and one bad.

Seventy-seven drug stores were visited. Of this number 70 were good and 7 fair.

Ninety-eight of the bakeries and confectionaries inspected were rated good, 45 fair and 2 poor.

Of the 81 hotels and restaurants inspected, 34 were rated good, 43 fair and 4 poor.

Thirty-one cold storage plants were visited during the month. This completes the special investigation made of the cold storage warehouses by Inspector B. W. Cohn. Practically all of the fifty-five warehouses have been visited and in but three of them were any eggs stored. The entire egg holdings amounted to less than ten thousand cases. Butter stocks were also very low. Most of the warehouses are carrying moderate stocks of apples, in almost every instance owned by the grower and stored for spring sale.

Eighteen condemnation notices were issued during the month because of unsanitary conditions or improper construction of buildings.

But one prosecution was filed during the month. This case involved the sale of exposed foodstuffs. The amount of the fines and costs imposed was $22.50.

INSPECTORS’ REPORTS FOR THE MONTH OF DECEMBER, 1916.

INSPECTIONS. Number Number Number Number Number

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
<th>Unsanitary</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Bad</th>
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</thead>
<tbody>
<tr>
<td>Dairies.</td>
<td>20</td>
<td>0</td>
<td>2</td>
<td>10</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Grocery stores</td>
<td>333</td>
<td>1</td>
<td>280</td>
<td>10</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Drug stores</td>
<td>276</td>
<td>0</td>
<td>70</td>
<td>40</td>
<td>5</td>
<td>0</td>
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<tr>
<td>Hotels and restaurants</td>
<td>218</td>
<td>0</td>
<td>94</td>
<td>45</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bakeries and confectionaries</td>
<td>215</td>
<td>0</td>
<td>95</td>
<td>45</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTICES OF CONDEMNATION DURING THE MONTH OF DECEMBER, 1916.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Reasons for Classification</th>
<th>Condemnation Number</th>
<th>Inspecomer Number</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakeries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groceries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug stores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotels and restaurants</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

ASA C. CROSELY was born in April, 1896, at Brightwood, near Indianapolis. A certificate of his birth is needed and wanted badly because Mr. Crosley is in England and is interned. He cannot be released until his official birth certificate is presented, duly signed and sealed. This birth certificate will prove him to be an American citizen and secure his release. This experience proves how necessary and how useful it is to register all births. No one knows, just as was the case with Mr. Crosley, how important it is to have a legal record made of his birth.

THE CHINESE PLAN of paying doctors is correct in principle and in this regard we occidentals have the cart and the principal and in this regard we occidentals have the cart and the horse. In China the doctor is paid for keeping the ease with Mr. Crosley, how important it is to have a certificate will prove him to be an American citizen and secure his release. This experience proves how necessary and how useful it is to register all births. No one knows, just as was the case with Mr. Crosley, how important it is to have a legal record made of his birth.

A HEALTH COLLEGE.

Johns Hopkins University of Baltimore has received from Mr. Rockefeller an endowment of about $2,000,000 with which to establish and support a school of Hygiene and Pub-
ASSISTANT SURGEON GENERAL TRASK, of the U. S. Public Health Service says: "The official registration of its birth showing parentage, where and when born is the right of every child. The newborn babe being helpless in the matter, most communities have placed the duty and responsibility of the registration of the birth upon the attending physician or midwife. Under the circumstances no physician or midwife has performed his whole duty to either of his patients, the child or the mother, until a properly completed birth certificate has been registered. In fact, so great may be the importance to the child in after years of having its birth registered that a physician who neglects his patient's interests and fails to register a birth might in all justice be considered an improper person to hold a license to practice medicine. Very probably, as parents grow to appreciate the importance of the registration of their children's births, the failure of the attending physician or midwife to register the required certificate may become a not uncommon cause of suits at law for damages." It is the law in Indiana that physicians shall report all births they attend within 36 hours after occurrence. If they fail their bill for services becomes invalid. They also are liable to a fine of ten to fifty dollars.

DIPHTHERIA IS NOT DECREASING SAYS Dr. Frederick S. Crumm, Assistant Statistician of the Prudential Insurance Company. Dr. Crumm read a paper entitled "Statistical Study of Diphtheria" before the American Public Health Association in October. In the course of his paper, Dr. Crumm said: "Climatological factors, especially rainfall and temperature apparently influence the epidemicity of virulence of diphtheria," and he also said: "there is no conclusive evidence that diphtheria as a disease, is decreasing. On the contrary, the weight of evidence is favorable to the view that it is increasing." Of course, the mortality has decreased enormously on account of antitoxin and the fact that the disease increases while the mortality decreases leaves to the speculation as to whether or not the discovery of the master remedy Antitoxin has really been a benefit to the race. The cured cases, of course, suffer more or less from the sequela, and now we learn the total number have increased.

BIRTH TRANSCRIPTS are still demanded by the people from the State Board of Health. The latest request of moment comes from Steinfield Brothers, Manufacturers, in New York. They request a transcript of the birth certificate of Samuel Steinfield, born October 4, 1868, and Leo Steinfield, born August, 1871. These transcripts are needed to settle property interests. It is unfortunate the State Board cannot furnish these transcripts because no records of births were ever kept in Indiana until 1881. The first law requiring the recording of births was passed in that year but it was such a weak law it was only partially enforced. The present law under which birth records are collected was passed in 1907. The parents who do not have the births of their children legally recorded are doing them a great wrong and the physician in attendance who does not promptly report births is really an enemy to himself, to his profession, to society and to the family he serves.

UTAH annually appropriates two cents per capita for the entire purposes of the State Health Organization in combating preventable diseases menacing human lives. Six cents per capita is appropriated for bounties on predatory animals. Six cents is appropriated for the prevention of sheep scab. So, it seems fair to conclude that, the law makers of Utah regard human health as only one-third as valuable or important, as preventing scab in sheep.

MORE THAN 100,000 WAITERS, cooks, assistants, and dishwashers, employed in the 4,500 restaurants and hotels in New York, have been notified by the City Health Department that they must obtain without delay certificates stating that they are free from tuberculosis, typhoid, or any other infectious disease. Proprietors who employ persons not equipped with certificates will be deemed guilty of a misdemeanor and will be subject to a fine of five hundred dollars or imprisonment for one year.

IN NORTH CAROLINA they have all-time health officers in those districts, the people of which are progressive enough to want them. The city of Wilmington and New Hanover County are united under one board of health which employs an all time health officer. The population of New Hanover County is 38,418 and the population of the city of Wilmington is 32,473, total 70,889. The appropriation for public health work is $25,480 and the appropriation for
maintaining the tuberculosis sanitarium is $23,000, total $48,480. Indiana appropriates $25,000 for the direct work of the State Board of Health and $10,000 for the maintenance of the Laboratory of Hygiene. There are certainly live business men in New Hanover County, North Carolina. They understand that "The most important business before the business men today is the business of the public health." It is interesting to know that one county in North Carolina makes a greater appropriation for public health work than the state of Indiana.

THE RAGTIME SANITARIAN.

When you try to preach the doctrine of a sanitary town, you are greeted with objection and a most resentful frown and if you talk of science you are very apt to strike the very forceful comment, "I never heard the like." For every new improvement it greeted with a roar if it happens to be something that "they never done before."—Illinois Health News.

TOBACCO HEART.

The Institute of Hygiene reports that James the First declared that "No man can be thought able for service in the wars who cannot endure the want of tobacco," for in those days smoking was considered "alien to all military fitness." How does the spending of millions in the consumption of tobacco, tally with recent calls to thrift by England. "Not only must the nation avoid the consumption of non-essentials, but must ever restrict the consumption of essentials to the limits of efficiency."

Is tobacco an essential? Does it feed the body, purify the blood, or increase the mental or physical efficiency? There are such things as tobacco cancer, tuberculosis, tobacco heart, the mention of which reminds me that in the medical world there is, now, much professional difference of opinion as to the cause of heart troubles among soldiers, the key to which may be the use of tobacco.

Before our smokers used tobacco they never craved it, or felt any need for it. Like the vodka, if they gave it up long enough, they would cease to desire it. The excuses offered for the use of tobacco are weak, same as all others that are made for the indulging of the various deprivations of the age.—Leigh Hunt Wallace, England.

OUT OF 330,179 SCHOOL CHILDREN examined in the city of New York in 1914, 194.267, or 58.8%, suffered from defective teeth. This exceeded the sum total of all the other defects noted by nearly 80,000. Defective teeth impair general health and impede school progress. Disorders of the digestive tract, tuberculosis and various other diseases frequently are preceded by diseased conditions in the mouth. There is a direct relationship between dental development and mental development, and it is absolutely essential to good works in the schools that children's teeth be maintained in a healthy condition. The Public Health Service recommends that a good tooth brush be included in the list of Christmas presents for every American child and that its use be made a part of the daily training. If this recommendation is carried out the United States will have more healthy children this year than last and their chances of growing up into useful, healthy men and women will be increased.

DERBILITY FROM BAD HABITS in the use of depressing drugs, from poor food, over-eating, faulty methods of eating, from overwork, too little exercise and lack of enough sleep; debility from accidents or disease that sap the strength; ill health from any cause—all these, by diminishing the powers of resistance, invite infections of the upper air tracts, colds.—Chicago Health Bulletin.

ETHER ANAESTHESIA FOR THE CURE OF PULMONARY TUBERCULOSIS.

At the regular meeting of the Cincinnati Academy of Medicine, held January 8, Dr. Wm. E. Savage reported a series of tuberculosis cases treated by ether anesthesia, the closed cone method being employed. The results obtained by Dr. Savage, certainly justify a wide application of this treatment for the purpose of determining its value.

Practically every case was benefited and a number were apparently cured. Cough, fever, appetite, night sweats, weight, and expectoration were all favorably influenced, regardless of the stage of the pulmonary cases.

Uncomplicated tuberculous peritonitis yielded promptly, the improvement being noted immediately following etherization. Early tuberculous meningitis seemed to respond as promptly as tuberculous peritonitis. Several first stage pulmonary cases were apparently cured. Second and third stage cases showed marked amelioration of symptoms, being much more comfortable during the remainder of their lives.

Dr. Savage has no "cure for consumption" for sale. Any physician capable of administering ether, can give this treatment.

Emphasis is laid on the method of administration, the closed cone method being urged in order to exclude oxygen. The period of etherization varies from fifteen minutes to an hour, the duration being governed by the condition of the patient before and during administration.

First stage pulmonary cases, early tuberculous meningitis, and uncomplicated cases of tuberculous peritonitis are the most favorable ones for treatment.

As there are thousands of cases scattered over the country, it should not take long to demonstrate the value or lack of value of this method of treatment. The entire absence of secrecy, charlatanism, and commercialism should be three reasons for giving it a trial.—Bulletin, Cincinnati Board of Health.

A FUNNY MISTAKE in making out a death certificate occurred in the office of Dr. George L. Gibbons, city health officer of Mitchell. He reported cause of death in an infant—"Starvation from inability to assimilate food." He must have been a very poor scribe for his office girl in making the transcript in the record wrote—"Cause of death, starvation from inability to assimilate food." Dr. Gibbons gives this little incident for publication and as he says hopes it will be a lesson to others as well as to himself to write more legibly.

"ONLY DIRTY BLANKETS were on the bed which was given me to sleep in last night." These words are from a letter written by a traveling man. He further said: "The blankets had an odor and being afraid of them I did not
remove my underclothing when I went to bed hoping to pro­
tect myself somewhat in that way. I was forced to occupy
the bed for it was late at night, it was cold and I was tired
out with my day's traveling and work. Other traveling men
have written us in regard to this matter, but they generally
fail to tell the hotel or boarding house or place where they
found the bad conditions. This makes us helpless to do any­
thing in the matter. The law says that all hotel keepers and
lodging house keepers shall provide:

"A bed with undersheets sufficient to cover the
mattress on each bed and top sheets to be not less than
99 inches long and 80 inches wide, so that they may
fold over the blankets and other bed clothing not less
than 2 feet, such sheets to be removed from the bed
after the departure of each guest. There shall also be
furnished clean and freshly laundered pillowcases after
the departure of each transient guest."

BY A RECENT DECISION of the Children's Court of
Brooklyn, New York, the first of the kind in the state, the
authority of the Board of Education to compel parents to
send children to school in as good physical condition as pos­
sible is sustained. The court ordered the parents of a pupil
to have the boy's diseased tonsils removed. The parents
had ignored frequent complaint from teachers that the boy
was incapable of making progress in his education and also
that his general health and life were threatened unless his
tonsils were treated. This decision is an important one and
likely to be far-reaching in its effect.

THE LIMITATION OF OFFSPRING is favored by
three forces. 1. The loss of luxury and comfort. The
bearing and nurture of children interferes with social enjoy­
ments. 2. The will to procreate is decreased among the
middle classes and superior artisans, who through increased
knowledge and refinement, possess a higher sense of responsi­
bility towards their children. 3. Among the labor class,
the spread of socialism has impressed the knowledge that
the greater the number of children the greater the drain upon
their small income and also the greater the competition
among the children when they reach adult age. It is plain
therefore the restriction of child bearing accrues to the benefit
of the child itself and moreover a lower average birth rate
means more vigorous mothers, and small families mean
more vigorous children. Modern feminism stands against
child bearing. The woman looking for a career sees in a
bearing and nurture of children interfere with social enjoy­
ments, 2. The will to procreate is decreased among the
middle classes and superior artisans, who through increased
knowledge and refinement, possess a higher sense of responsi­
bility towards their children. 3. Among the labor class,
the spread of socialism has impressed the knowledge that
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therefore the restriction of child bearing accrues to the benefit
of the child itself and moreover a lower average birth rate
means more vigorous mothers, and small families mean
more vigorous children. Modern feminism stands against
child bearing. The woman looking for a career sees in a
child bearing. The woman looking for a career sees in a
number of children a drawback to her aspirations. Child
bearing is thus evaded for social, economic, and luxury
reasons. In the consciousness of the people there is no diff­
ERENCE BETWEEN THE DESIRE TO HAVE NO CHILDREN AND ABORTION.
THE MORTALITY OF FETICIDE is unrecognized and therefore it
is not to be wondered at that in Manhattan and the Bronx
about 80,000 abortions are procured every year. The laws of
almost all civilized countries are against the interruption of
pregnancy, yet the majority of law-givers, especially the most
intelligent, practice the limitation of offspring.

While the religious principal, or the moral aspect of feticide,
is the basis of the laws against abortion, the fear of race­
suicide is the basis of the laws against any kind of regulation
of the process of procreation. It has been estimated that
about one-third of pregnancies and induced abortions, that
at least 200,000 volitional abortions occur every year in the
United States and that not less than 12,000 women die
annually from the direct effects thereof.

The experience of the ages shows that social currents
cannot be hemmed in by laws, or restricted by police power,
and therefore penalties should be in harmony with the social
currents. Neither education nor moral advancement or
social rectification will banish feticide. Even ministers, legislators,
professors and refined people do not hesitate to ask their
physicians for a remedy to remove the product of conception.
Abortion is very rarely punished because the operators are
protected by the sympathy of the community. A jury will
not find a man guilty whose services they may some day
need.

FELLOWSHIP FOR PUBLIC HEALTH MEN

The Harvard Medical School, in co-operation with the
Boston Dispensary, offers a Fellowship to graduates in medi­
cine who desire to pursue a course of study leading to the
Certificates of Public Health in the School for Health Officers,
or to the degree of Doctor of Public Health in the Depart­
ment of Preventive Medicine and Hygiene.

Fellows are requested to give half their time to the treatment
and supervision of the sick in their homes, in a district of
the City of Boston, and half their time, to study or research
at the Harvard Medical School. Appointments may be made
for one or two years. The stipend is $750 per year.

Applications stating previous experience, references, etc.,
should be made to Dr. Milton J. Rosenau, Professor of Pre­
ventive Medicine and Hygiene, Harvard Medical School,
Boston, Mass.

THE SPRING TONICS.

If you are at all observant you may have noticed that some
daily papers are now carrying more patent medicine ads
than they did a few months ago. There are two reasons for
this. Many newspapers cannot get over the notion that any
money which comes to them for advertising is good money.
The other is that the medicine men take a profitable advantage
of the wide spread notion that spring is the time to clean up
the system as well as to clean house.

I have just read three advertisements in the window of a
prominent drug store. One of them reads, "A spring tonic
which purifies the blood. Of great benefit to those who are
run down and for that tired feeling." Another is recom­
mented, "To improve the appetite; give tone to the system;
better digestion and promote strength. An ideal spring tonic for old and young alike." The third
was advertised as, "A splendid tonic and system purifier.
Just such a remedy as is needed for the human system at
this season."

That is very suggestive advertising. Anyone who stops long enough to read the three recommendations unconsciousness gets that "tired feeling" and if he is foolish he
is apt to step inside and spend a dollar for one or perhaps all of these wonderful spring tonics.

What are the facts about them and about the other tonics
in vogue and blood purifiers that are being recommended
so highly to drive away your lassitude and bring vigor after
the weariness of winter. Let me tell you. They are all
alcoholic tonics. More alcoholic than laxatives. They
usually contain about 15% of alcohol, more than is found
in most wine, and the recommended dose gives you a small
cocktail. Those who know enough about cocktails know that they are invigorating temporarily. So are the spring tonics. That is all that can be said for them. The effect of the alcohol soon wears away, but a second dose out of the medicine bottle makes the spirit buoyant again just as a second cocktail does.

The difference between the patent medicine habit in which you take your alcohol disguised by bad tasting but hopelessly inert herbs and the liquor habit where you drink your spirits in a palatable form, is that in the one case you are a secret toper and in the other you are honest with yourself. Of all the drinking habits, the habit which is indulged by alcohol in the form of a spring tonic is the worst. It is expensive, it is disgusting, it is useless. The system is not purified; the appetite is not improved; those who are run down are not benefited. The human system never needs drugs in the form of sarsaparilla, tonic reconstructors or master medicines. When you are weak and run down; when you have that "tired feeling," whether it be spring or fall, the probability is that you need more fresh air, more sleep. Perhaps you are seriously sick. If you are sick you don't need tonics, you need a doctor.

WINTER DIET

How to Avoid Constipation in Winter.

"Please tell me what to eat to avoid constipation now when fruits and vegetables are scarce," writes an anxious inquirer to the State Board of Health. He raises an important question. Constipation is perhaps the most common single ailment we have today. It is very frequently at the root of many headaches, bad complexions, foul breaths, so-called "stomach troubles and indigestion," dull sleepy feelings in the day time and restless, uncomfortable nights as well as dark brown tastes in the morning and other uncomfortable ailments leading to more serious troubles later.

Our arch enemy constipation can be attacked from several different angles. The question of diet is perhaps the greatest. As a rule we eat too much, especially of meats and concentrated foods with little residue and not enough fruits, vegetables, and coarse foods that leave but little for the lower bowel to discharge. Fruits and vegetables are excellent but rather expensive and difficult to get in winter. Perhaps the best single bulky food available to everyone winter and summer is whole wheat or graham flour or better still bran. Bran can usually be purchased at the better grocery stores in packages not unlike breakfast cereal. In the Marion City Council what was called **The Sanitary Ordinance** also provides that if there is a sewer in the street or alley adjoining the property, then connection shall be made with the ground, does not pollute the air and is fly tight. The ordinance also provides that if there is a sewer in the street or alley adjoining the property, then connection shall be made with the same.

THE DIGESTIBILITY OF CHEESE.

"No more cheese Annie, it isn't good for you," stayed your desire for cheese when you were a child. It is very probable that you are teaching your children the same false idea.

Our choice of food is a matter of habit, that is the only reason I can find for the persistence of the notion that cheese is indigestible or unwholesome. We are taught to think it so, we ate cheese spruingly at our mother's table and the habit of youth still governs our eating. No belief about our food is more firmly fixed, or more erroneous. Cheese is quite as wholesome as any food we eat and it furnishes fat and protein so much cheaper than most other foods, that it should be one of the most important instead of a minor food material, as is now the case.

What are the facts about the digestibility of cheese? Popular opinion must be discarded as worthless. They have been carefully studied by the leading food experts and may briefly be set down as follows:

Cheese is as fully digested as most of our food. It would be undersirable for a larger per cent of any food to be absorbed than is the case with cheese. Cheese in moderation does not produce constipation or any other physiological disturbance.

Green cheese is as digestible as ripe cheese. There is no difference in this respect between perfectly green currant and cheese long held in cold storage.

One kind of cheese is as wholesome as another. Cheeses made from skimmed milk or rich milk are equally digestible; soft cottage cheese and the hard Edams are both readily assimilated. All are good.

Not only is cheese a wholesome food, it is of very high food value. We now eat about four pounds of cheese per capita a year. If we ate twenty times as much we would be better fed, better nourished and our food bill would be far less than it is now.

For once the precepts of our childhood have been found faulty.

Eat more cheese is sound advice.

A MOUSE IN RAISIN PIE is not inviting. Mr. Wm. McGinn was fined $10 in the Indianapolis Police Court February 21 because a customer found a dead mouse in his piece of raisin pie. Mr. McGinn is the owner of a dairy lunch. Mr. Walter Ulrich was the prosecuting witness. He said in court—"I do not like mice in my raisin pie." This was the fourth time within 15 months that McGinn has been found guilty of violating the state pure food laws. Let us hope that he will keep mice out of his raisin pie hereafter and that will be some improvement.

THE CITY OF MARION has a live mayor. He understands the importance of protecting the public health—he knows it is good business to have a clean town—he knows it is good business to have a sweet smelling town. Knowing these things, Mayor Batchelor, drew up and had introduced in the Marion City Council what was called **The Sanitary Bill,** which finally became an ordinance and provided that all privy vaults, cesspools, and other receptacles for filth or sewage except as provided for in the ordinance, shall be declared a nuisance and shall be abolished. The ordinance requires that all outdoor vaults within the city must be sanitary. A sanitary privy is defined as one which does not pollute the ground, does not pollute the air and is fly tight. The ordinance also provides that if there is a sewer in the street or alley adjoining the property, then connection shall be made with the same.

Ninety days are given in which to comply with the terms of the ordinance. $5.00 fine is provided for each day of violation after the expiration of ninety days.
### Chart Showing Geographical Distribution of Deaths from Important Causes for December, 1916

#### Northern Sanitary Section

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Deaths</th>
<th>Death Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>996,000</td>
<td>1,029</td>
<td>1.17</td>
</tr>
</tbody>
</table>

- **Pulmonary Tuberculosis**: 60.5 per 100,000
- **Other forms of Tuberculosis**: 20.1 per 100,000
- **Typhoid Fever**: 15.8 per 100,000
- **Diphtheria and Croup**: 15.0 per 100,000
- **Scarlet Fever**: 5.7 per 100,000
- **Measles**: 13.1 per 100,000
- **Whooping Cough**: 1.1 per 100,000
- **Lobar and Broncho-Pneumonia**: 158.4 per 100,000

#### Central Sanitary Section

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Deaths</th>
<th>Death Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,178,488</td>
<td>1,116</td>
<td>0.92</td>
</tr>
</tbody>
</table>

- **Pulmonary Tuberculosis**: 101.2 per 100,000
- **Typhoid Fever**: 17.0 per 100,000
- **Diphtheria and Croup**: 15.0 per 100,000
- **Scarlet Fever**: 4.0 per 100,000
- **Measles**: 1.1 per 100,000
- **Whooping Cough**: 2.8 per 100,000
- **Lobar and Broncho-Pneumonia**: 16.0 per 100,000
- **Diarrhea and Enteritis**: 1.6 per 100,000
- **Cerebro-Spinal Fever**: 1.0 per 100,000
- **Acute Anterior Poliomyelitis**: 0.9 per 100,000
- **Influenza**: 7.0 per 100,000
- **Puerperal Septicemia**: 9.1 per 100,000
- **Cancer**: 92.1 per 100,000
- **Smallpox**: 92.1 per 100,000

#### Southern Sanitary Section

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Deaths</th>
<th>Death Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>684,552</td>
<td>702</td>
<td>1.03</td>
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</tbody>
</table>

- **Pulmonary Tuberculosis**: 134.1 per 100,000
- **Typhoid Fever**: 12.1 per 100,000
- **Diphtheria and Croup**: 12.2 per 100,000
- **Scarlet Fever**: 8.3 per 100,000
- **Measles**: 4.5 per 100,000
- **Whooping Cough**: 3.1 per 100,000
- **Lobar and Broncho-Pneumonia**: 1.7 per 100,000
- **Diarrhea and Enteritis**: 1.7 per 100,000
- **Cerebro-Spinal Fever**: 36.9 per 100,000
- **Acute Anterior Poliomyelitis**: 0.4 per 100,000
- **Influenza**: 5.4 per 100,000
- **Puerperal Septicemia**: 79.4 per 100,000
- **Cancer**: 36.6 per 100,000
- **Smallpox**: 58.6 per 100,000
<table>
<thead>
<tr>
<th>State of Indiana</th>
<th>Northern Counties</th>
<th>Central Counties</th>
<th>Southern Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>12,290</td>
<td>21,150</td>
<td>31,440</td>
</tr>
<tr>
<td>Allen</td>
<td>20,290</td>
<td>32,150</td>
<td>42,540</td>
</tr>
<tr>
<td>Benton</td>
<td>18,180</td>
<td>28,150</td>
<td>38,540</td>
</tr>
<tr>
<td>Blackford</td>
<td>16,060</td>
<td>26,150</td>
<td>36,540</td>
</tr>
<tr>
<td>Carroll</td>
<td>14,100</td>
<td>24,150</td>
<td>35,540</td>
</tr>
<tr>
<td>Delphos</td>
<td>12,100</td>
<td>22,150</td>
<td>32,540</td>
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<tr>
<td>Elkhart</td>
<td>10,500</td>
<td>19,150</td>
<td>29,540</td>
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<tr>
<td>Marshall</td>
<td>9,500</td>
<td>17,150</td>
<td>27,540</td>
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<tr>
<td>Newton</td>
<td>8,500</td>
<td>15,150</td>
<td>25,540</td>
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<tr>
<td>Noble</td>
<td>7,500</td>
<td>13,150</td>
<td>23,540</td>
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<td>Knox</td>
<td>6,500</td>
<td>11,150</td>
<td>22,540</td>
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<td>Mitchell</td>
<td>5,500</td>
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<td>19,540</td>
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<td>Pike</td>
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<td>7,150</td>
<td>17,540</td>
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<td>Posey</td>
<td>3,500</td>
<td>5,150</td>
<td>15,540</td>
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<td>Ripley</td>
<td>2,500</td>
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<td>13,540</td>
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<tr>
<td>Scott</td>
<td>1,500</td>
<td>1,150</td>
<td>9,540</td>
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<td>Sullivan</td>
<td>1,500</td>
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<tr>
<td>Switzerland</td>
<td>1,500</td>
<td>1,150</td>
<td>9,540</td>
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<td>Vanderburgh</td>
<td>1,500</td>
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<td>Washington</td>
<td>1,500</td>
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<tr>
<td>Wayne</td>
<td>1,500</td>
<td>1,150</td>
<td>9,540</td>
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</tbody>
</table>

**Annual Death Rate per 1,000 Population**

- **Important Ages:**
  - Under 1 Year
  - 1 to 4 inclusive
  - 5 to 9 inclusive
  - 10 to 14 inclusive
  - 15 to 19 inclusive
  - 20 to 24 inclusive
  - 25 to 29 inclusive
  - 30 to 34 inclusive
  - 35 to 39 inclusive
  - 40 to 44 inclusive
  - 45 to 49 inclusive
  - 50 to 54 inclusive
  - 55 to 59 inclusive
  - 60 to 64 inclusive
  - 65 Years and Over

**Death from Important Causes:**

- Pulmonary Tuberculosis
- Other Forms of Tuberculosis
- Typhoid Fever
- Diphtheria and Croup
- Scarlet Fever
- Measles
- Whooping Cough
- Lobar and Bronchopneumonia
- Diarrhea and Enteritis
- Cerebro-Spinal Fever
- Acute Anterior Poliomyelitis
- Influenza
- Puerperal Septicemia
- Cancer
- External Causes
- Smallpox
- Deaths in Institutions
- Deaths of Non-Residents
TABLE 2. Deaths in Indiana by Cities During the Month of December, 1916. (Stillbirths Excluded.)

<table>
<thead>
<tr>
<th>Cities</th>
<th>Population, Estimated, 1916</th>
<th>Total Deaths Reported for November, 1916</th>
<th>Total Deaths Reported for December, 1915</th>
<th>Total Deaths Reported for the Year 1916 to date</th>
<th>Total Deaths Reported for the Year 1915 to same date</th>
<th>Annual Death Rate per 1,000 Population</th>
<th>Important Ages</th>
<th>Deaths from Important Causes</th>
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<td>Important Causes</td>
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<td>Other Forms of Tuberculosis</td>
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<td>Typhoid Fever</td>
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<td>Diphtheria and Croup</td>
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<td>Scarlet Fever</td>
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<td>Whooping Cough</td>
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<td>Cerebro-Spinal Fever</td>
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<td>Acute Anterior Poliomyelitis</td>
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<td>Puerperal Septicemia</td>
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<td>Cancer</td>
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<td>External Causes</td>
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<td>Deaths in Institutions</td>
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<td></td>
<td></td>
<td></td>
<td>Deaths of Non-Residents</td>
</tr>
</tbody>
</table>

Cities of the First Class, Population 100,000 and over.
Indianapolis...

Cities of the Second Class, Population 45,000 to 100,000.
Evansville...
Fort Wayne...
Terre Haute...
South Bend...

Cities of the Third Class, Population 20,000 to 45,000.
Gary...
East Chicago...
Muncie...
Anderson...
Elkhart...
Michigan City...
Lafayette...
New Albany...
Los Angeles...
Muncie...

Cities of the Fourth Class, Population 10,000 to 20,000.
Vincennes...
Mishawaka...
Peru...
Laporte...
New Castle...
Evansville...
Crawfordville...
Sellersville...
Burlington...
Jeffersonville...
Bloomington...
Bedford...

Cities of the Fifth Class, Population under 10,000.

Cities of the Sixth Class, Population under 5,000.

For a complete list of cities, see the end of the page.
Mortality of Indiana for December, 1916. (Stillbirths Excluded.)

<table>
<thead>
<tr>
<th>State</th>
<th>Total Deaths Reported for December, 1916</th>
<th>Total Deaths Reported for November, 1916</th>
<th>Total Deaths Reported for December, 1915</th>
<th>Total Deaths Reported for the Year 1916 to date</th>
<th>Total Deaths Reported for the Year 1915 to same date</th>
<th>Annual Death Rate per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>2,860,928</td>
<td>2,397</td>
<td>2,710</td>
<td>3,122</td>
<td>3,157</td>
<td>34,393</td>
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<tr>
<td>Northern Counties</td>
<td>908,600</td>
<td>1,025</td>
<td>935</td>
<td>1,069</td>
<td>1,306</td>
<td>11,405</td>
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<tr>
<td>Central Counties</td>
<td>1,172,365</td>
<td>1,163</td>
<td>1,155</td>
<td>1,237</td>
<td>1,316</td>
<td>13,156</td>
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<tr>
<td>Southern Counties</td>
<td>681,953</td>
<td>692</td>
<td>650</td>
<td>741</td>
<td>6,864</td>
<td>7,943</td>
</tr>
</tbody>
</table>

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

#### Pulmonary Tuberculosis

<table>
<thead>
<tr>
<th>Section</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
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</thead>
<tbody>
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<td>Northern Counties</td>
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<td>9.8</td>
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<td>9.7</td>
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<td>9.7</td>
<td>254</td>
<td>9.8</td>
</tr>
<tr>
<td>Central Counties</td>
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<td>9.4</td>
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#### Other Causes

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<th>Number</th>
<th>Rate</th>
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<th>Rate</th>
<th>Number</th>
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<th>Rate</th>
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<td>Northern Counties</td>
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<td>Central Counties</td>
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<td>741</td>
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<td>741</td>
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</table>

#### Temperatures—In Degrees Fahrenheit

<table>
<thead>
<tr>
<th>Section Average</th>
<th>Departure from the Normal</th>
<th>Extremes</th>
<th>Station</th>
<th>Highest</th>
<th>Date</th>
<th>Station</th>
<th>Lowest</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>28.0</td>
<td>2.0</td>
<td>Evansville</td>
<td>72</td>
<td>7</td>
<td>Merengo</td>
<td>72</td>
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<td>13.0</td>
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</table>

#### Precipitation—In Inches and Hundredths

<table>
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<th>Section Average</th>
<th>Departure from the Normal</th>
<th>Extremes</th>
<th>Station</th>
<th>Greatest Monthly Amount</th>
<th>Station</th>
<th>Least Monthly Amount</th>
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</thead>
<tbody>
<tr>
<td>3.25</td>
<td>-0.54</td>
<td>Huntingburg</td>
<td>5.87</td>
<td>Famersburg</td>
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