

MONTHLY BULLETIN

Indiana State Board of Health

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ABSTRACT OF MORTALITY STATISTICS FOR SEPTEMBER, 1918.

Total deaths reported, 2,614; rate, 10.8. In the preceding month, 2,833 deaths; rate, 11.7. In the same month last year, 3,053 deaths; rate, 12.8. Deaths by important ages were: Under 1 year of age, 415, or 15.8 per cent of total; 1 to 10, 246; 10 to 20, 121; 65 and over, 838, or 32.0 per cent of total.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 1,016,514, reports 941 deaths; rate, 11.1. In the preceding month, 982 deaths; rate, 11.6. In the same month last year, 1,099 deaths; rate, 13.3.

THE CENTRAL SANITARY SECTION, population 1,208,708, reports 1,163 deaths; rate, 11.5. In the preceding month, 1,215 deaths; rate, 12.1. In the same month last year, 1,317 deaths; rate, 13.4.

THE SOUTHERN SANITARY SECTION, population 686,443, reports 510 deaths; rate, 8.9. In the preceding month, 636 deaths; rate, 11.1. In the same month last year, 637 deaths; rate, 11.2.

REVIEW OF SECTIONS: The Central Sanitary Section presents the highest death rate, which is 0.7 higher than that for the entire State. The Central Section also presents the highest death rate for tuberculosis, whooping-cough, cerebro-spinal fever, poliomyelitis, influenza, puerperal septicemia and cancer. The Southern Section presents the highest death rate for typhoid fever, measles and diarrhea. The Northern Section presents the highest death rate for diphtheria, scarlet fever, pneumonia and external causes.

RURAL: Population 1,701,179, reports 1,373 deaths; rate, 9.7. In the preceding month, 1,540 deaths; rate, 10.9. In the same month last year, 1,690 deaths; rate, 11.7.

URBAN: Population 1,210,486, reports 1,241 deaths; rate, 12.3. In the preceding month, 1,293 deaths; rate, 12.8. In the same month last year, 1,363 deaths; rate, 14.0. The cities named present the following death rates: Indianapolis, 13.0; Evansville, 12.0; Fort Wayne, 10.4; Terre Haute, 11.4; South Bend, 9.4; Gary, 20.0; East Chicago, 13.2; Hammond, 15.9; Muncie, 11.3; Lafayette, 28.8; Kokomo, 7.4; Logansport, 14.9; New Albany, 8.1; Marion, 8.9.

SUMMARY OF MORBIDITY AND MORTALITY FOR SEPTEMBER, 1918.

Typhoid fever was reported as the most prevalent disease. The order of prevalence was as follows: Typhoid fever, pulmonary tuberculosis, influenza, scarlet fever, diphtheria and croup, tonsillitis, diarrhea and enteritis, acute rheumatism, measles, lobar pneumonia, bronchial pneumonia, dysentery, malaria fever, smallpox, poliomyelitis, whooping-cough, intermittent and remittent fever, chickenpox, other forms of tuberculosis, cerebro-spinal fever, erysipelas, trachoma, ophthalmia neonatorum, rabies in human, puerperal fever, rabies in animals, anthrax.

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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BIRTHS FOR SEPTEMBER, 1918.

Total births, 4,975 (stillbirths excluded); state rate, 20.5.

Males, 2,563; females, 2,412.

White males, 2,514; white females, 2,362.

Colored births, 99; males, 49, females, 50.

Stillbirths, 142; white, 135; colored, 7.

The Northern Sanitary Section, population 1,016,514, reports 1,922 births; rate, 23.7.

The Central Sanitary Section, population 1,208,708, reports 1,957 births; rate, 19.4.

The Southern Sanitary Section, population 686,443, reports 1,096 births; rate, 19.2.

The highest birth rate, Martin County, 37.1.

The lowest birth rate, Franklin County, 4.7.

Total births to date for 1917, 47,635.

Total births to date for 1918, 49,246.

SMALLPOX: 30 cases in 14 counties, with no deaths. The counties reporting smallpox were: Allen County, 1 case; Cass, 1; Dearborn, 2; Delaware, 1; Jefferson, 1; Lake, 3; Marion, 1; Marshall, 1; Miami, 6; Owen, 4; Parke, 2; Switzerland, 2; Vanderburgh, 2; Wayne, 3.

TUBERCULOSIS: 230 deaths, of which 186 were of the pulmonary form and 44 other forms. Male tuberculosis deaths numbered 107; females, 123. Of the males, 16 were married in the age period 18 to 40 and left 32 orphans under 12 years of age. Of the females, 37 were married in the same age period as above and left 74 orphans under 12 years of age. Total number of orphans made in one month by this preventable disease, 106. Number of homes invaded, 212.

PNEUMONIA: 130 deaths; rate, 53.6 per 100,000 population. In the preceding month, 60 deaths; rate, 24.7. In the same month last year, 106 deaths; rate, 44.6. Males, 74; females, 56.

TYPHOID FEVER: 207 cases in 57 counties with 44 deaths. In the preceding month, 187 cases in 52 counties with 43 deaths. In the same month last year, 561 cases in 74 counties with 93 deaths.

DIPHTHERIA: 222 cases in 30 counties with 31 deaths. In the same month last year, 179 cases in 43 counties with 4 deaths.

MEASLES: 40 cases in 17 counties with 1 death. In the preceding month, 60 cases in 18 counties with 1 death. In the same month last year, 35 cases in 10 counties with 1 death.

POLIOMYELITIS: 17 cases in 14 counties with 4 deaths. In the preceding month, 16 cases in 9 counties with 5 deaths. In the same month last year, 7 cases in 4 counties with 1 death.

EXTERNAL CAUSES: Total, 160; males, 125; females, 35.

SUICIDE: Total, 21; males, 14; females, 7; suicide by poison, 6; by asphyxia, 1; by hanging or strangulation, 2; by drowning 1; by firearms, 10; other suicide, 1.

ACCIDENTAL OR UNDEFINED: Total, 132; males, 105; females, 27; poisoning by food, 1; other acute poisonings, 3; burns (conflagration excepted), 7; absorption of deleterious gases (conflagration excepted), 4; accidental drowning, 3; traumatism by fall, 16; traumatism in mines, 14; traumatism by machines, 4; railroad accidents and injuries, 31; street car accidents and injuries, 6; automobile accidents and injuries, 15; injuries by other vehicles, 4; landslide, other crushings, 4; bicycles, 2; motorcycles, 1; injuries by animals, 4; starvation, 3; electricity (lightning excepted), 7; other external violence, 2.

HOMICIDE: Total, 7; males, 6; females, 1; by firearms, 5; by cutting or piercing instruments, 1; by other means, 1.

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 month, which are not sent to this department in time to be tabulated with the report for the current

month. With the report for September, the following counties named below were delinquent:

BIRTHS.

Adams, 3; Allen, 3; Bartholomew, 4; Benton, 3; Boone, 4; Carroll, 2; Cass, 3; Clay, 7; Clinton, 1; Crawford, 7; Daviess, 6; Dearborn, 8; Decatur, 1; Dekalb, 1; Dubois, 1; Elkhart, 2; Floyd, 1; Gibson, 3; Greene, 3; Hamilton, 2; Hancock, 1; Harrison, 2; Hendricks, 1; Henry, 10; Jasper, 9; Jefferson, 8; Knox, 10; Lagrange, 2; Lake, 47; Laporte, 8; Lawrence, 2; Madison, 8; Marion, 4; Marshall, 2; Martin, 1; Miami, 2; Monroe, 2; Montgomery, 1; Morgan, 5; Newton, 4; Noble, 3; Orange, 12; Owen, 1; Parke, 11; Posey, 3; Pulaski, 2; Randolph, 1; Ripley, 6; Rush, 1; Shelby, 1; Spencer, 5; St. Joseph, 10; Sullivan, 7; Tippecanoe, 3; Tipton, 2; Vanderburgh, 4; Vermillion, 6; Vigo, 3; Warrick, 14; Washington, 1; Wayne, 4; Wells, 8; White, 1; Whitley, 5.

DEATHS.

Adams, 1; Benton, 3; Boone, 1; Brown, 1; Carroll, 1; Clark, 1; Clay, 3; Crawford, 3; Daviess, 1; Dearborn, 3; Decatur, 1; Dekalb, 1; Delaware, 2; Grant, 9; Greene, 3; Hamilton, 1; Hendricks, 4; Henry, 3; Howard, 1; Jefferson, 2; Jennings, 2; Knox, 1; Lake, 2; Laporte, 2; Madison, 4; Marion, 1; Martin, 2; Montgomery, 5; Morgan, 1; Noble, 1; Orange, 2; Owen, 1; Perry, 1; Posey, 3; Putnam, 2; Ripley, 1; Spencer, 2; St. Joseph, 2; Sullivan, 1; Vanderburgh, 1; Vermillion, 2; Wabash, 2; Warrick, 8; Washington, 1; Wells, 3.

**REPORT OF BACTERIOLOGICAL LABORATORY
INDIANA STATE BOARD OF HEALTH
FOR SEPTEMBER, 1918.**

WILL SHIMER, M. D., *Superintendent.*

Sputum for tubercle bacilli—		
Positive	193	
Negative	323	
		516
Urine for tubercle bacilli—		
Negative	1	
		1
Pus for tubercle bacilli—		
Positive	1	
		1
Pleural fluid for tubercle bacilli—		
Negative	1	
		1
Widal tests for typhoid fever—		
Positive	70	
Negative	112	
		182
Widal tests for paratyphoid fever "A"—		
Negative	182	
		182
Widal tests for paratyphoid fever "B"—		
Positive	1	
Negative	181	
		182
Blood for Wassermann tests—		
Positive	31	
Negative	23	
Unsatisfactory	5	
		69

Throat cultures for diphtheria bacilli—	
Positive	29
Suspicious	17
Negative	86
Unsatisfactory	1
<hr/>	
Epidemic throat cultures for diphtheria bacilli—	
Suspicious	3
Negative	16
Unsatisfactory	1
<hr/>	
Brains for rabies—	
Dogs:	
Positive	4
Cat:	
Negative	1
<hr/>	
Blood for counts.....	4
<hr/>	
Blood for malaria plasmodia—	
Negative	8
<hr/>	
Pus for gonococci—	
Females—	
Positive	41
Suspicious	3
Negative	19
Unsatisfactory	2
Males:	
Positive	22
Suspicious	2
Negative	13
Sex not given:	
Negative	1
<hr/>	
Pus muscellaneous	2
<hr/>	
Throat culture for mould growth, negative....	1
<hr/>	
Urine for culture.....	1
<hr/>	
Pathological tissues—	
Carcinoma:	
Carcinoma of arm	1
Carcinoma of abdomen	1
Carcinoma of endometrium	1
Carcinoma of leg	1
Carcinoma, location not given.....	1
Sarcoma:	
Sarcoma of orbit	1
Sarcoma of liver	1
Sarcoma of lobia majsia	1
Miscellaneous tissues	13
Gasserian ganglions	2
<hr/>	
Urine for chemical analysis.....	89
<hr/>	
Feces for Ameba Coli, negative.....	2
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Feces for typhoid bacilli, negative.....	2
<hr/>	
Cerebro spinal fluid for meningococci—	
Negative	1
Positive	1
<hr/>	
Total number examinations made.....	1,529

Doses of antityphoid vaccine prepared and sent out.	128
Guinea pigs inoculated for rabies, negative.....	8
<hr/>	
OUTFITS PREPARED AND SENT OUT DURING SEPTEMBER, 1918.	
133 Tuberculosis	654
Diphtheria	151
Diphtheria epidemics	100
Widals	199
20 Wassermanns	120
Gonococci	153
Malaria	12
Blood counts	3
Bile Media	8
<hr/>	
Total number	1,400

PERSONS TAKING "PASTEUR" TREATMENT SEPTEMBER, 1918

Name	Town	County	Age	Sex	Treatment Began	Treatment Finished
Dorothy Rose Gartner	Cypress	Vanderburgh	2	F	9-10-18	9-27-18

THINGS OF INTEREST FROM THE LABORATORY.

DR. WM. SHIMER.

In the future we will look back on this epidemic of influenza with wonder and surprise. In spite of our vaunted advancement in medicine we have utterly failed in the present crisis. In my opinion this epidemic is going to continue until every susceptible person has been infected, just as if there were no physicians.

The cause of the present failure of the medical profession is its ignorance of preventive medicine. Our medical schools have taught diagnosis and treatment but not prevention of disease.

The etiological factors of influenza, pneumonia, poliomyelitis, epidemic meningitis, scarlet fever, measles, small-pox, chicken-pox, mumps, whooping-cough and tuberculosis are contained in the secretions of the nose, throat and mouth. The causative organisms are spread from the sick to the well by droplet or spray infection. When one sneezes, coughs or talks loud a fine spray of mucus is thrown from the nose and mouth. This fine spray consists of globules or bubbles of mucus containing large numbers of mouth, nose and throat bacteria. This fine spray usually floats two or three feet from the source and rapidly settles to the ground. Any person coming within a radius of four or five feet of the source breathes in this fine spray containing bacteria-laden mucus. These bacteria are in the very best condition for rapid growth. In making cultures from the nose and throat a little bit of mucus on a swab insures growth of the bacteria on the proper media. This is particularly true of pneumococci, streptococci and influenza bacilli.

During the present war a most unexpected development is the use of gas masks. At first soldiers objected seriously to their use, offering all kinds of excuses for not putting them on. However, when they saw the absolute safety of the soldier during a gas attack they soon forgot their objections.

Now the solution of the problem of the prevention of diseases transmitted by droplet infection is the proper method of masking the nose and throat of the sick, carriers and susceptibles.

There are several things that are necessary for solving this problem:

1. A mask impervious to bacteria yet allowing the air to pass freely in and out of the mask.
2. A comfortable fitting mask.
3. A decent looking mask.
4. A properly marked mask, so that it will always be put on right side out.

Present causes of failure of masks to prevent infection:

1. Failure to mask patients. This allows cross-infection from one patient to another. The masked nurses get infectious material on their hands and gowns and may thus carry infection from one patient to another. Nurses off duty with their masks off readily carry infectious material from their hands to their mouths and indirectly from their clothes by way of their hands to their mouths.
2. Failure of physicians to wear masks.
3. Failure to have every person with the slightest evidence of respiratory infection to wear a mask.

During the epidemic of pneumonia last year the barracks were filled with soldiers standing about the stoves coughing and sneezing. In some barracks the noise was so great that it was impossible to hear ordinary conversation. The air of the barracks was thus saturated with virulent nose and throat organisms.

The whole solution, then, of the problem of the prevention of disease transmitted by way of the respiratory organisms would be powerless against the predominating organisms tomorrow.

No vaccine will prevent the present epidemic of streptococcal pneumonia, for the streptococci group of bacteria change their offensive and defensive powers so rapidly that a vaccine prepared today against the predominating tract is proper technic of the face mask.

REPORTING VENEREAL DISEASES.

By C. C. PIERCE, *Assistant Surgeon General, United States Public Health Service.*

A recent instance illustrates a point of view which has occasionally come to the attention of the Public Health Service. An elderly physician, who is a leading dermatologist and syphilologist, a professor in the school of medicine of the State University, and a leading man throughout the State, told one of his classes that he would, himself, never report a case of venereal disease, and advised them never to do so. The intelligence, ability, and patriotism of this gentleman are not for a moment questioned. But it is equally certain that he made a profound error in judgment which, were it to be made generally, would have the most serious results at this time.

The older physicians were trained, as young men, in a school of medical ethics which was extremely individualistic. Social medicine, in common with most social work, had not yet developed. The rights of the individual patient counted for everything, the rights of those about him for nothing. With the development of the modern social spirit this has of necessity greatly changed. The acute contagious diseases were the first to be required to be reported. There was opposition to this among the physicians of twenty-five years ago because they felt that the rights of their patients were being infringed upon. Public opinion, however, sustained the eminently wise measures which made it compulsory to report these diseases. Later, typhoid fever and other diseases whose communicability was established were added to the list of reportable diseases,

Still later, tuberculosis was made reportable, and very great opposition at once developed. This was in part because of the chronic nature of this disease, which made the patient for a long time an object of solicitude and attention, and in part because, in those days, when the disease had advanced sufficiently to be recognized, it usually terminated fatally. This had given a certain stigma to the disease in the minds of the laity. Physicians, therefore, felt very strongly that to report a case of tuberculosis was to trample upon the patient's right to conceal his disease from the public. We now know that this has not been the result. In the average community, and especially in the large cities, very few persons, who would not have known even if the case had never been reported, find out that a man has tuberculosis. The rights of the individual to keep his affliction concealed from the general public are, therefore, still carefully safeguarded and preserved, and at the same time the greater rights of the community to be protected from infection are also safeguarded and preserved.

Public opinion has advanced to the point where it insists that no man has the right to endanger the lives or happiness of other persons. This has been proved true in the financial world as well as in the medical. This trend of public opinion is maintaining itself consistently and will never change so long as society continues to go forward.

The requirement that the venereal diseases be reported as are other dangerous communicable diseases, has met with opposition in the same quarters where the reporting of tuberculosis was fought. But it is generally recognized to be a sound public-health measure, and as such has now been enacted into law in thirty-two States. It is to be strongly emphasized that in reporting these cases the right of the individual to keep his disease from the public eye is carefully safeguarded, even more so than in the case of tuberculosis. In most States the names and address of the patients are not required, unless their conduct makes them a danger to the public health, or they stop treatment before they are made noninfectious. In the former case the public welfare requires legal action; and in the latter case it is to the patient's own good that he or she be compelled to complete the course of treatments. There is no question but that public opinion will sustain this measure, and all other reasonable measures for the control of the venereal diseases, as soon as the people generally are well informed on this problem. Every physician, therefore, who reports his cases of venereal diseases to the board of health, according to his state laws, is placing himself in line with the soundest and most modern social progress, and whoever conceals these cases from the state health authorities is antisocial and reactionary.

In the case referred to the executive committee of the medical college unanimously condemned the utterance and stand taken by the elderly professor, and in spite of his high standing and his past excellent work, the State University has made it plain that it will tolerate no such expression of opinion from one of its staff. The dean of the school of medicine in a letter to the Public Health Service said that for eight years their school and university had stood for the control of venereal diseases in the same way that other contagious diseases are controlled. The last paragraph of this letter contained the following:

"We have already taken measures to remove all ground for criticism from the university, but I beg of you not to believe that Dr. ——— has represented the medical school in this matter, or that any student who heard him would have held that he did."

There have been a few instances where newly commissioned officers of the Medical Corps of the army, who have not realized the sincere and energetic stand which the army has taken, have made similar statements before medical bodies, to the effect that they would not report venereal diseases. As rapidly as these cases have come to the attention of the Surgeon General's office these men have been uniformly disciplined with a severity merited by the extent of their offense. The whole influence of the medical department of the army and navy and of the Public Health Service is being thrown in favor of the reporting of the venereal diseases. This is a part of the plan which the United States Government has officially adopted for controlling these dangerous infections.

This plan has been personally approved by the Surgeon-General of the army, the navy, and the Public Health Service. They would never have approved it if it had been a wild theory or untried scheme. They approved it because it has been tried in certain cities and states in this country, and in other parts of the English-speaking world, and has proved itself to be the best plan yet devised for controlling these diseases. They approved it because venereal diseases are the greatest single cause for the disablement of our soldiers and sailors, and because accurate statistics for the civilian population would probably show that these diseases cause equally as serious losses among our industrial and other workers.

The Government adopted this plan when it did because this country had entered on a stupendous war with Germany and needed the full and unbroken service of every civilian worker, man, woman, and child. The venereal diseases, as the greatest single foe to health and efficiency, *must* be brought under control, and just as rapidly as possible. To this end the Government urges every physician to report his cases of venereal disease in accordance with his state laws, and thus add further to his patriotic services to the Government at this time.

PUBLIC SCHOOL HEALTH SUPERVISION.

EAST CHICAGO, INDIANA.

Health supervision in the public schools of the city of East Chicago is under the direction of two closely allied departments—Physical Education and Medical Supervision. Two practicing physicians are employed, each visiting three schools each morning that school is in session. The visits are made early in the forenoon so that physicians may admit returning children, out because of illness, or exclude those who for any reason should not be in school. First aid is rendered or minor treatments are made in many cases, but as a rule the child is referred to the family physician.

In addition to this daily routine of inspection, examination and assistance, all children are carefully examined one or more times during the year and accurate records are kept. Through the co-operation of the Board of Health, the Welfare Association and some of the industries, nurses are furnished to assist in the examinations and to "follow up" all cases of exclusion for sickness. All pupils absent and reported sick are visited by the nurses. Communicable diseases known or suspected are reported *at once* to the City Board of Health.

Physicians and nurses make investigations and recommendations as to sanitary condition of the buildings and give instruction to teachers and pupils on hygiene or health topics. The Board of Education supports these movements, providing janitor service sufficient to insure cleanliness

and means of maintaining pure, fresh air at all times. This is considered much more effective than disinfecting with chemicals.

Before the war made inroads on the teaching force, the school maintained a corps of five men and four women physical education teachers, who worked in full accord with the medical department. Each child has from thirty to sixty minutes each day under the direction of these teachers, who divide the time between supervised play and such physical and correctional exercises as are found necessary and helpful in developing physical strength and proper moral attitude. At present fewer men and more women are employed. Athletic activities are directed by this department.

The physical Education teachers preach continually the gospel of fresh air and cleanliness. Use of shower baths is a popular as well as an essential part of the program. The physical examinations are made and records kept jointly by the physical education and medical departments. The aim is to make the two departments practically one, working constantly not only to produce healthy bodies and minds but to keep them healthy. In September, 1917, military training was inaugurated in both the junior and senior high schools. This is made an integral part of the work in physical education.

QUARTERLY REPORT.

LABORATORY OF HYGIENE.

The work of the third quarter has been unusually light. There has been a marked increase in pus specimens for gonococci and blood specimens for Wassermann tests.

Most of the venereal work has been done in connection with the Army Vocational Schools and the City Venereal Clinic, established to prevent prostitution. This work is closely co-ordinated with that of the epidemiological department. Particular attention in this department is given to the finding out of the source of infection in each case.

Through the courtesy of Lieut.-Col. Simon J. Flexner the superintendent of the Laboratory of Hygiene was permitted to take the course of instruction in bacteriology for medical officers of the United States army given at the Rockefeller Institute which is now known as Auxillary Laboratory No. 1, U. S. A. Dr. Shimer reported for work at the Rockefeller Institute September 2, 1918. The usual routine is to report at 9:00 a. m. The day begins with a one-hour lecture, after which there is laboratory work for two and one-half hours. In the afternoon there is another one-hour lecture from 2:00 to 3:00 with laboratory work until 5:30 or 6:00 o'clock. This schedule is for every day in the week except Sunday, when there was work for one hour only.

The first week was devoted to growing, isolating and typing pneumococci from cases of pneumonia and carriers of the pneumococcus. The lectures took up the method of preparing curative pneumococcus serum and its use for the cure of pneumonia.

The second week's work consisted of the cultivation and isolation of typhoid, paratyphoid and dysentery bacilli from the stools of persons suffering from these diseases and chronic carriers of these organisms.

The lectures considered mostly the epidemiology and prevention of these diseases and particularly the growing and preparing of the new lipo-vaccine. This vaccine gives good immunity after one dose and the reaction is no more severe than one dose of the old vaccine suspended in saline solution.

The third week's work was the growing and isolation and typing of meningococci from the spinal fluid of cases of epidemic meningitis and from the throat of meningococcus carriers. The lectures considered the epidemiology of epidemic meningitis and the preparation of a polyvalent serum for the treatment of cases of epidemic meningitis.

The fourth week's work was the study of the pathology of polio and rabies and the identification of many pathogenic intestinal parasites. The lectures considered chiefly the epidemiology of polio and the method of procuring and giving the serum for the cure of this disease.

The fifth week's work was the method of preparing Dakin's solution by three different methods. We also tested the solution for alkalinity and chlorine content on which the success and comfort of treating infected wounds with this solution is based. We also made bacteriological tests to determine the efficiency of this treatment on infected wounds, e. g., when to close a wound after using Dakin's solution. We also learned how to arrange the irrigating tubes and the standard size of tubes necessary to success with this solution.

The lectures considered chiefly the theories of the chemical composition and the mechanism of action of this solution on which the efficiency of this solution is based. It seems that the method of preparing the solution finally to be adopted will be either to run chlorine gas into a sodium carbonate solution or to make it by the electrolytic method from plain water containing sodium chloride.

RURAL SCHOOL CHILDREN COMPARED WITH THOSE IN THE CITY.

"It is to be regretted that there is such a large proportion of children of impressionable age attending school without the advantage of sanitary and medical supervision." Continuing J. A. Nydegger (*New York Med. Jour.*, Sept. 22, 1917) declares that, "According to the last census report, there were 10,529,871 pupils in attendance at rural and city schools. Of these there were 794,000 more pupils from six to nine years of age, and 376,052 more from ten to fourteen years of age in rural school attendance than in the cities. This is all the more regrettable because many of these children are suffering from curable defects by reason of the want of skilled medical advice. The data collected by these surveys show that an amazing percentage of the children in the rural districts are defective and in need of medical attention. These investigations and others of a similar nature show that the health of the country school child is found to be from five to twenty per cent. more defective than that of the city child. Take, for instance, tuberculosis. One would fancy that here, at least, the country child, with all the advantages of fresh air, would suffer less from the great plague of our country, but the number of city children with lung troubles make up only a fraction of one per cent., while 3.7 of the total number of country children have an affection of the lungs. Another defective condition which is supposed to be one more prevalent among city school children is malnutrition. We realize its gravity when we hear that in the cities the proportion of children with poorly nourished bodies is twenty-three per cent. But should we not be still more amazed and alarmed to know that thirty-one per cent. of the country school children are listed under malnutrition? Another charge laid against the big cities is that they produce mental defectives. These investigations showed a proportion of mental defectives in rural districts

of eight per cent., while that for cities was two per cent.; there are four times as many mental defectives among country school children as among city pupils. It was also found that heart troubles were more than twice as prevalent in the country schools as in the city schools. When one runs over the list of disadvantages in country life compared with city life—and the list might easily be extended—one is inclined to wonder, not that the average country child is less healthy, but that his condition is not worse than it is. He has the great benefit of the pure air and the outdoor life, but he is apt to live in houses which are draughty and unheated, to walk long distances in extreme heat, cold, or wet, and to sit in school with damp clothes and wet feet. His people are less inclined to seek aid from physicians, dentists, or oculists because they have not been educated to do so except in extreme cases."

CONSERVATION OF PLATINUM. The United States Government has sent out a call requesting all citizens to aid in the conservation of platinum. This call states, "There is a great stringency in the platinum situation at this time and it is necessary to employ every possible means to secure a supply. This urgent demand is for war purposes and it is requested that every doctor and dentist in the country go carefully over his instruments and pick out every scrap of platinum that is not essential to his work. These scraps, however small and in whatever condition, should reach Governmental sources without delay, through one of two channels:

(a) They can be given to proper accredited representatives of the Red Cross who will shortly make a canvas for that purpose.

(b) They may be sold to the Government through any bank under the supervision of the Federal Reserve Board. Such banks will credit and receive current prices for platinum."

Continuing the request the National Government says: " * * * It is recognized that certain dental and surgical instruments requiring platinum are necessary, and from time to time platinum is released for that purpose. It is hoped, however, that every physician and every dentist will use substitutes for platinum for such purposes wherever possible. All persons are warned," says the Government communication, "against giving scrap platinum to anyone who calls at your office without requiring full assurance that that individual is authorized to represent the Red Cross in the matter."

THE GREAT TONIC.

No doubt all ailing critters, weary of their ills, have taken Simpson's bitters, or Popoff's purple pills, yet found their ailments chronic, to their intense despair, until they tried this tonic—the crisp October air. I've lapped up Johnson's sirup of seaweed, prunes and cheese and it would merely stir up new symptoms of disease; the doctor's diagnosis has often made me snort; I've taken dope in doses, a spoonful to a quart; I've piled on porous plasters, I've worn them inside out, to head off such disasters as rheumatiz and gout. In all the drugs of healing there's nothing to compare with this, of which I'm speling, the crisp October air. I'm living, at this writing, from all my ailments free; I'm fit for fun or fighting, or shinning up a tree. No more you see me groping in cupboards for my pills, no more you see me doping my works for sundry ills,

for organs dislocated, for falling of the hair; I've been rejuvenated by crisp October air. I'm active, blithe and springhtly, my gait is free and bold; I trot around as lightly as any 10-year-old; my enemies I've throttled, disease and pain and care; it really should be bottled, this crisp October air.—*Walt Mason.*

"I am appalled," writes Dr. L. E. Farthing, quarantine officer of Pittsboro, to the State Board of Health, "to find so large a number of our young men in poor health and worse still with diseases or conditions that could have been easily remedied. It is indeed pathetic," writes the doctor, "to have men say, 'Doctor, you will have to sign my name for me as my eyes would not let me go to school,' when glasses brought his vision almost to normal, or to find one with faulty undeveloped features and a mentality below the standard, and upon looking into the nasopharynx to find adenoids possibly now somewhat atrophied but with their evil work already done for that young man. When I see this I feel that something must be done. We are a liberty loving people and like to boast of our liberty, but there is a vast difference between liberty and neglect, and I feel that in the present deplorable physical condition of our young men is a case where liberty lapsed into neglect. I believe that if our forefathers could speak they would say that this was not the liberty ideal for which they fought, but would say instead, that if the standards and ideals they had in view had been attained, something would have been done to improve these conditions.

"We hope to have medical inspection of school children in our county this year, for I am of the opinion that this is one of the best ways to overcome these conditions."—*North Carolina Health Bulletin.*

DISEASES PRESENT.

SMALLPOX—Martinsville.

SCARLET FEVER—Hobart, Whiting, Westport.

DIPHTHERIA—Attica, Hobart, Muncie, Syracuse, Winamac, Borden, Richland.

RABIES—Dogs—Peru.

INFULENZA—Muncie, Greensburg, Anderson, Evansville, Peru, Indianapolis.

HEALTHGRAMS.

Air is more important than food.

Both are necessary, but you can live longer without food than without air.

Mankind's deadliest foes—disease germs—are invisible to the naked eye.

A windowless bedroom is the beginning of a full grave. Don't overdraw your health account. A "promise to pay" won't go with Mother Nature.

Everyone begins life with a certain amount of health as a capital. Once this capital is overdrawn it is gone forever.—*Buffalo Sanitary Bulletin.*

OH, BLISS!

A competent doctor named Bliss.

Had a case with tu-ber-cu-lo-sis.

He told the whole truth,

And now a bright youth

A nice shiny coffin will miss.

—*Richmond Health Bulletin.*

ONE DOLLAR A SPIT is what it cost H. Pentz and Tony Allen in Gary for spitting on the sidewalk. Judge Dunn imposed the fine. The Gary Post says: "This makes more than a dozen fines imposed on sidewalk spitters in the last week. The police have been instructed to arrest all persons caught spitting on the sidewalks." Certain it is the police will not be called upon to arrest any women, for their high ideas of decency prevent them from polluting the sidewalks and from exhibiting nastiness by spitting in public.

T. B., M. D., N. G.

A weak sentimental M. D.

Had a patient with early T. B.

He called it a "cold"

And the lie that he told

Catalogued this M. D. as N. G.

THE SUM UP of the cycle of tuberculosis may be as follows:

1. Tuberculosis begins in a majority of instances during the infancy or childhood of the victim; probably the infection being transmitted by an adult with open tuberculosis. The bacilli takes root in the young body and becomes active or more frequently remain in a dormant state.

2. Activity or dormancy depend upon the amount of organisms which enter the body, their virulence, whether or not reinfection occurs, and the child's susceptibility to the disease.

3. If the bacilli are malignant or present in large numbers, or the infection is repeated the child succumbs to the generalized form of the disease.

4. Ninety-five to one hundred per cent of infants up to two years of age, having the active form of tuberculosis, die. Those infected who survive the first year can hardly survive to the twentieth year.

5. The disease in early life generally attacks the glands, joints, membranes, bones, and skin. These all act as outer defenses to the lungs.

6. Nearly every one is at some time infected with tuberculosis, and the latent conditions become active when the fixed laws of hygienic life are violated. Better than hospitals for cure is conformity to the laws of well being.

7. Infants and young children must be kept healthy and guarded from infection in order that the burdens and strains of youth, of early adult and middle life, may not result in submission to the disease.

INFLUENZA. This present pandemic of "grippe" originated probably in Spain, and thence spread rapidly over nearly all of Europe, including the warring nations of England, Italy, France and Germany, in which from thirty to forty per cent of the people were attacked. Because of the abnormal conditions incident to war, not only as regards food, exposure, etc., but also as regards the congregating of large numbers of individuals within relatively limited spaces, we can perhaps picture the situation in this way. The bodies of certain individuals whose resistance was lowered by the vicissitudes incident to war may have offered a particularly favorable breeding place for the germs which set up influenza. The congregation of large numbers of individuals within camps, munition factories, etc., afforded the most ideal conditions for the spread of these germs. During their passage through a large number of individuals their virulence may have be-

come raised, and possibly this increased virulence of the attacking germs may be the main reason for the severity of the symptoms as manifested in the United States. A certain air of probability seems to be lent to this by the fact that the resistance of the individual does not seem to be a dominant factor with us, because Spanish influenza seems impartially to attack the weak and the strong.

It may be a case of "strong" individuals being attacked by still "stronger" germs, which acquired their high degree of injury-wreaking power by first passing through the bodies of a large number of somewhat weakened, and hence more susceptible, individuals in Europe.

The term "influenza" is Italian in origin and literally translated means "influence." It must be confessed that all of the influences governing the disease are not yet definitely known. The term "la grippe" was introduced by the French in about 1712 and has become accepted as the popular name of the disease.

The severity of the present outbreak of influenza is not unique. The first epidemic of "la grippe" to appear in America, occurred in 1647, not only this country, but also the West Indies, reaping a toll of from 5,000 to 6,000 deaths in Barbados and St. Kitts alone. A second severe epidemic occurred in 1655 and a widespread epidemic occurred in the West in 1807.

Four great pandemics of influenza occurred during the last century, 1830-1833, 1836-1837, 1847-1848 and 1889-90. This last worldwide outbreak of 1889 is said to have originated in the Far East and within a year it had visited practically every part of the known world. These outbreaks of disease have differed in severity and have spread according to the speed of human travel and intercourse. In 1909, 8,992 deaths occurred in England and Wales.

INFLUENZA OBSERVATIONS by rare old Benjamin Franklin were as follows: "I have long been satisfied," says Franklin, "that besides the general colds now termed influenzas (which may possibly spread by contagion as well as by a particular quality of the air), people often catch cold from one another when shut up in close rooms and coaches and when sitting near and conversing so as to breathe in each other's transpiration; the disorder being in a certain state."

SELL FOODS BY CALORIES is the suggestion of Professor Lusk, for this would be a means of promoting economy—"by showing clearly how much actual food value we can get for our money if expended for one food rather than another."

INDIVIDUAL HYGIENE.

When the war is over men and women will be challenged to meet great tasks. There will be readjustments, great activity in business and vast war industries must be turned to peace industries. There will be also new social work to do. The men of our demobilized armies must find occupations and must meet many new social and industrial conditions. Strong bodies and strong, clear minds will be necessary for victory. Minds, which can think and with vision must arise and point the way if we are to meet and surmount the new problems of society, business and government. If our health average is too low, we shall fall lower, and fail. If our health average is high enough we shall go higher and succeed. Weakness can not win. Individual moral, mental, physical efficiency will do the work. Shall we trust to luck to be individually

efficient or shall we do what nature requires to gain the needed thing? All machines must be constantly inspected and kept in repair if we shall enjoy their fullest efficiency. How about our bodies? Shall they go uninspected and neglected? We must, through individual hygiene, secure strength of body, with strength of mind and morals.

"Individual hygiene implies high ideals of health, strength, endurance, symmetry, and beauty; it greatly increases our capacity to work, to be happy, and to be useful; it ennoble the man as a whole." The lion-hearted Apostle said the body is the temple of God, and "If any man defiles the temple of God, him will God destroy, for the temple of God is holy, which temple ye are."

The government tries hard to prevent the defilement of the bodies of its soldiers, for no matter what the mental equipment, a soldier with a defiled body is worse than useless, he is a care and a burden. This is true also of the citizen. We should have compulsory citizen-health, as well as compulsory soldier-health. The prime reason why we have epidemic, pandemic, and endemic influenza is because we neglect to sneeze, cough and spit under hygienic restrictions. The second reason is we neglect to keep our bodies healthy and hence in a high state of resistance. Let us try individual hygiene; it will pay big dividends. When we become wise we will reverse the present order and pay doctors to keep us well. Go to a good doctor and a good dentist twice a year and have your machinery inspected and make all necessary repairs.

FIGHT SYPHILIS: Let us look squarely at the matter and speak plainly. If it were not for the entertainment furnished our soldiers by the United War Work movement many thousands of them, lured from the path of rectitude by those ever ready to pander for a price, would eventually return to their homes as syphilitic inebriates, skilled in the vices and lost to the virtues. Not only would they fail to take their places as producers but ultimately many of them would become public charges. Nor is this all. They would stand as constant menaces to society until they died, debauching others and continuing the curse visited upon them. From first to last they would cost us in actual money ten times the sum we are now asked to contribute to save them from the snares set for their feet. They have offered their bodies as the bulwark of our nation's liberty. Must we now demur in offering our dollars as a bulwark for their souls?—especially when it is to our mutual interest as well as to theirs.—Exchange.

WAR AND DISEASE: In the Spanish war 80 officers and 2,485 men died of disease, most of them in the home training camps, as compared with 33 officers and 257 men killed in action. It appears that if the influenza had not invaded the country there would be no probability that diseases, as in the Spanish war, would take a greater toll of our soldiers than the enemy has done in battle.

MALNUTRITION is very probably one of the most potent causes of tuberculosis among the "working classes." It leads to a lower resistance, thus laying the tissues open to invasion. Ignorance is always disastrous, it is the only sin. Let every one who can chase away his ignorance and when knowledge is acquired try to make practical use of it.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM IMPORTANT CAUSES FOR SEPTEMBER, 1918.

NORTHERN SANITARY SECTION.

Total population	1,016,514
Total deaths	941
Death rate per 1,000	11.1
Pulmonary Tuberculosis, rate per 100,000	67.3
Other forms of Tuberculosis, rate per 100,000	12.9
Typhoid Fever, rate per 100,000	17.7
Diphtheria and Croup, rate per 100,000	20.1
Scarlet Fever, rate per 100,000	2.4
Measles, rate per 100,000	3.5
Whooping Cough, rate per 100,000	64.9
Lobar and Broncho-Pneumonia, rate per 100,000	97.9
Diarrhoea and Enteritis (under 2 yrs.), rate per 100,000	1.2
Cerebro-Spinal Fever, rate per 100,000	23.6
Acute Anterior Poliomyelitis, rate per 100,000	2.4
Influenza, rate per 100,000	82.6
Puerperal Septicemia, rate per 100,000	75.5
Cancer, rate per 100,000	
External causes, rate per 100,000	
Smallpox, rate per 100,000	

CENTRAL SANITARY SECTION.

Total population	1,208,709
Total deaths	1,163
Death rate per 1,000	11.5
Pulmonary Tuberculosis, rate per 100,000	85.4
Other forms of Tuberculosis, rate per 100,000	22.8
Typhoid Fever, rate per 100,000	16.9
Diphtheria and Croup, rate per 100,000	10.9
Scarlet Fever, rate per 100,000	.9
Measles, rate per 100,000	5.9
Whooping Cough, rate per 100,000	58.6
Lobar and Broncho-Pneumonia, rate per 100,000	80.4
Diarrhoea and Enteritis (under 2 yrs.), rate per 100,000	.9
Cerebro-Spinal Fever, rate per 100,000	1.9
Acute Anterior Poliomyelitis, rate per 100,000	34.7
Influenza, rate per 100,000	3.9
Puerperal Septicemia, rate per 100,000	88.3
Cancer, rate per 100,000	64.5
External causes, rate per 100,000	
Smallpox, rate per 100,000	

SOUTHERN SANITARY SECTION.

Total population	686,443
Total deaths	510
Death rate per 1,000	8.9
Pulmonary Tuberculosis, rate per 100,000	75.2
Other forms of Tuberculosis, rate per 100,000	17.5
Typhoid Fever, rate per 100,000	20.9
Diphtheria and Croup, rate per 100,000	5.2
Scarlet Fever, rate per 100,000	1.7
Measles, rate per 100,000	3.5
Whooping Cough, rate per 100,000	27.9
Lobar and Broncho-Pneumonia, rate per 100,000	99.6
Diarrhoea and Enteritis (under 2), rate per 100,000	1.7
Cerebro-Spinal Fever, rate per 100,000	10.5
Acute Anterior Poliomyelitis, rate per 100,000	3.5
Influenza, rate per 100,000	52.4
Puerperal Septicemia, rate per 100,000	54.1
Cancer, rate per 100,000	
External causes, rate per 100,000	
Smallpox, rate per 100,000	

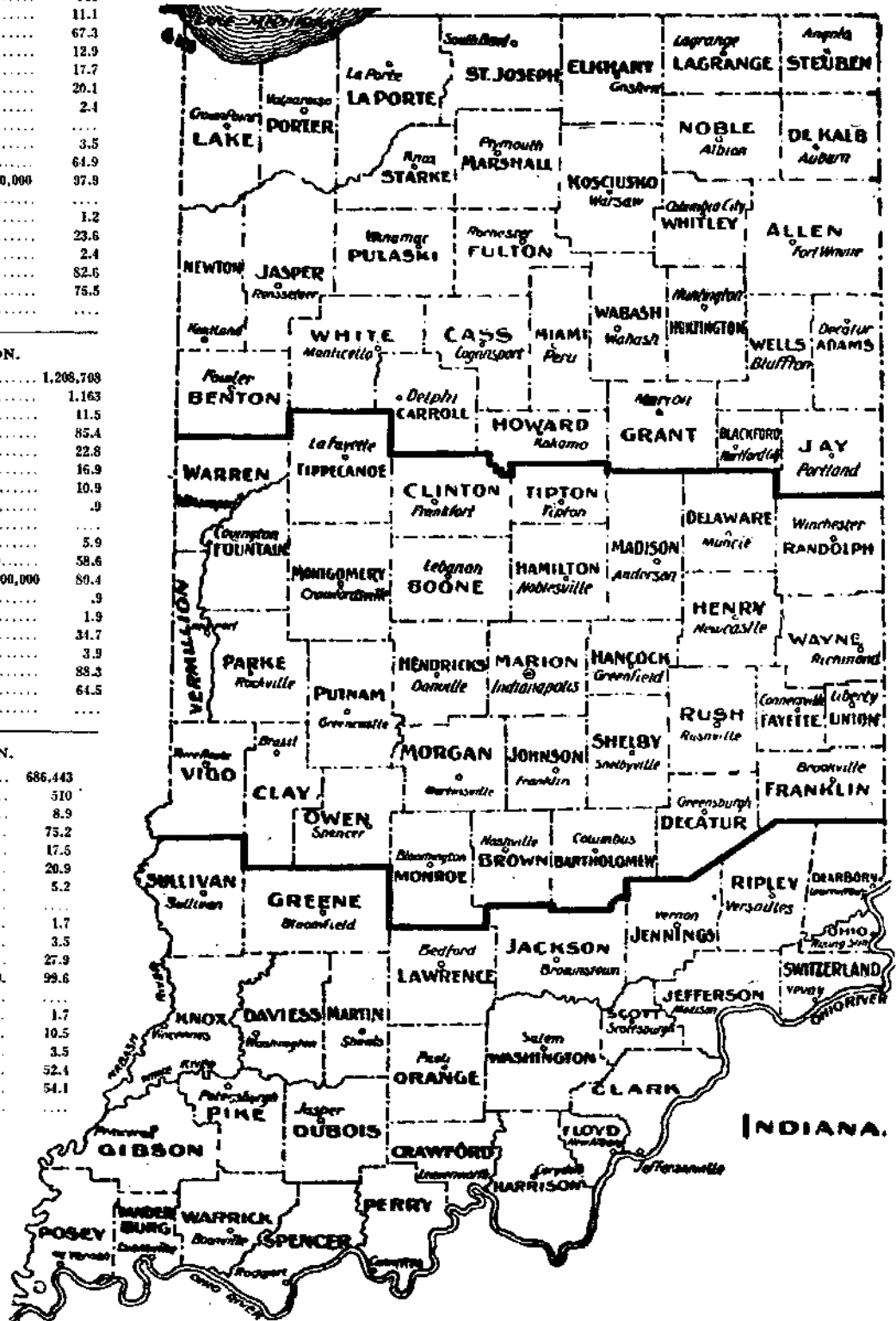


TABLE 2. Deaths and Births in Indiana by Cities and Groups During the Month of September, 1918. (Stillbirths Excluded.)

CITIES.	1918 Population, United States Census Bureau.	Total Deaths Reported for September, 1918.	Total Deaths Reported for September, 1917.	Total Deaths Reported for the Year 1918 to Date.	Total Deaths Reported for the Year 1917 to Same Date.	ANNUAL DEATH RATE PER 1000.	IMPORTANT AGES.										DEATHS FROM IMPORTANT CAUSES.										Births.		
							Under 1 year	Age 1 to 10	Age 10 to 20	25 Years and Over	Pulmonary Tuberculosis	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria and Group	Scarlet Fever.	Measles.	Whooping Cough.	Lobar and Broncho-Pneumonia.	Diarrhea and Enteritis (under 2 years)	Cerebro-Spinal Fever.	Acute Adenoviral Polio-myelitis.	Influenza.	Puerperal Septicemia.	Cancer.	External Causes.	Smallpox.	Deaths of Non-Residents.	Total Births.	Rate per 1,000 Population.
State of Indiana	2,971,665	2,614	3,053	29,218	30,443	10.8	418	246	121	838	186	44	44	31	3	1	11	130	221	1	4	61	8	189	160	39	4,875	20.5	
Rural	1,701,179	1,373	1,690	15,538	15,511	9.7	185	130	55	525	102	19	24	6	2	1	6	42	107	1	2	29	4	106	74	17	2,788	16.6	
Urban	1,270,486	1,241	1,363	13,680	14,932	14.0	230	116	66	313	84	25	20	25	1	1	5	88	114	1	2	32	4	83	86	54	2,087	21.7	
Cities of the First Class, Population 100,000	289,577	315	354	3,435	3,506	13.0	47	16	15	72	29	5	2	4			1	27	20								17	521	21.6
Indianapolis	289,577	315	354	3,435	3,506	13.0	47	16	15	72	29	5	2	4			1	27	20								17	521	21.6
Cities of the Second Class, Population 45,000 to 100,000	289,257	269	311	3,067	3,084	13.0	45	25	13	71	21	7	3	1			13	24	1	1	3						17	498	19.9
Evansville	77,884	78	91	898	961	14.1	10	10	3	19	6	2	2	1			3	3	1	1	3						2	116	18.2
Fort Wayne	79,846	69	67	825	737	10.4	11	5	5	21	1	1	3				3	4	1	1	1						10	138	29.7
Terre Haute	63,639	65	76	737	702	11.4	11	3	4	17	2	4	4				4	6	1	1	1						3	113	20.1
South Bend	72,888	57	77	607	683	9.4	13	3	1	14	6						4	7	1	1	1						2	127	20.8
Cities of the Third Class, Population 20,000 to 45,000	320,018	354	392	4,086	4,181	13.0	81	44	25	71	13	5	9	17	2		1	36	38	1	22	1	17	34	14	648	24.3		
Gary	30,000	50	57	640	612	20.0	10	11	7	2	2	2	2	8			9	5	5	1	1		12	3	3	127	50.8		
East Chicago	31,829	35	50	415	441	13.0	13	9	5	2	1						1	1	1	1	1		3	3	82	30.9			
Hammond	27,861	37	39	416	413	15.0	9	4	2	6	1						2	2	2	2	2		3	5	1	71	30.6		
Muncie	25,882	29	29	308	308	13.4	9	3	1	9	2	2	2				3	3	3	3	3		3	3	3	43	19.5		
Richmond	25,463	20	20	269	296	9.4	7	4	4	11	1						1	1	1	1	1		1	1	1	34	16.0		
Anderson	24,464	26	23	257	320	12.7	4	2	2	8	3						1	2	2	2	2		1	1	1	34	16.7		
Elkhart	22,638	12	20	252	247	6.3	3	1	1	3	3						1	1	1	1	1		1	1	1	42	22.2		
Michigan City	22,314	21	22	194	212	11.3	3	1	1	7	4	1					5	5	5	5	5		2	2	2	35	18.8		
Lafayette	21,676	52	34	343	323	28.8	6	5	6	4	2						7	7	7	7	7		15	1	9	43	23.8		
Kokomo	22,569	14	22	248	249	7.4	2	1	1	1	1						2	2	2	2	2		1	1	1	43	22.9		
Logansport	21,630	27	16	253	211	14.0	5	1	2	11	1						1	2	2	2	2		3	3	3	36	21.6		
New Albany	23,629	16	24	259	314	8.1	1	2	1	9	1						1	1	1	1	1		2	2	2	25	12.7		
Marion	20,013	15	26	240	244	8.9	2	3	1	4	1						1	1	1	1	1		2	2	2	32	19.2		
Cities of Fourth Class, Population 10,000 to 20,000	165,854	163	180	1,620	1,683	11.8	35	20	6	50	8	5	3	2			1	3	5	21	11		11	5	3	282	20.4		
Vincennes	17,679	12	17	216	208	8.1	3	2	1	4	1						1	1	1	1	1		1	1	1	29	19.7		
Mishawaka	17,781	21	15	131	122	14.2	8	7	1	1	1						2	1	1	1	1		7	1	1	28	18.6		
Peru	12,572	14	6	130	130	13.4	2	1	1	2	1						1	1	1	1	1		1	1	1	22	20.9		
Laporte	13,042	19	20	147	164	16.3	1	4	4	1	1						2	2	2	2	2		4	1	2	30	35.8		
Newcastle	14,801	11	18	100	170	8.9	1	2	1	1	1						3	3	3	3	3		1	1	1	33	36.7		
Elwood	11,028	17	13	120	111	18.5	2	4	4	4	1						3	3	3	3	3		2	2	2	27	29.4		
Crawfordsville	11,722	12	12	102	125	12.3	2	2	2	6	1						1	1	1	1	1		1	1	1	17	17.4		
Shelbyville	11,437	8	17	106	128	8.4	3	3	1	1	1						1	1	1	1	1		1	1	1	7	7.3		
Huntington	11,034	14	12	127	113	15.2	3	2	1	6	3						3	3	3	3	3		1	1	1	26	38.3		
Jeffersonville	10,412	12	10	134	94	13.8	2	2	2	3	2						1	1	1	1	1		1	1	1	18	18.4		
Bedford	10,877	5	9	85	96	5.5	1	1	1	1	1						1	1	1	1	1		1	1	1	10	11.0		
Brazil	10,630	5	13	90	100	5.6	1	2	1	1	1						1	1	1	1	1		1	1	1	18	20.2		
Bloomington	11,909	13	18	124	117	13.0	2	2	1	7	1						1	1	1	1	1		1	1	1	19	19.1		
Cities of Fifth Class, Population 5,000 to 10,000	135,780	140	126	1,478	1,478	12.4	22	11	7	49	13	3	3	1			7	11	11	11	11		11	5	3	239	21.1		
Franklin	10,000	19	9	138	103	22.8	4	2	1	7	1						1	1	1	1	1		2	1	1	17	20.4		
Columbus	9,379	10	11	111	87	12.8	1	1	1	3	1						1	1	1	1	1		1	1	1	16	20.5		
Goeben	9,998	11	11	117	103	14.5	1	1	1	6	1						1	1	1	1	1		1	1	1	11	14.1		
Wabash	8,744	6	5	98	77	8.2	1	1	1	4	1						1	1	1	1	1		2	2	2	10	13.7		
Cannonsville	8,378	6	6	78	109	8.8	1	1	1	1	1						1	1	1	1	1		1	1	1	6	6.5		
Clinton	8,215	13	9	92	73	18.9	3	2	1	1	1						2	2	2	2	2		1	1	1	25	36.5		
Whiting	8,147	7	7	87	72	10.5	2	1	1	1	1						1	1	1	1	1		1	1	1	42	47.9		
Washington	7,894	7	7	89	85	10.7	1	1	1	1	1						1	1	1	1	1		1	1	1	14	21.4		
Linton	7,604	10	6	65	48	11.2	1	1	1	4	1						1	1	1	1	1		1	1	1	6	6.5		
Valparaiso	7,307	11	9	67	62	11.3	1	1	1	1	1						1	1	1	1	1		1	1	1	10	16.2		
Lebanon	7,074	6	11	69	83	10.2	2	1	2	2	2						1	1	1	1	1		1	1	1	15	25.4		
Madison	6,934	9	6	85	95	15.7	1	1	1	3	1						1	1	1	1	1		1	1	1	14	24.2		
Princeton	6,888	3	6	66	83	5.4	1	1	1	1	1						1	1	1	1	1		1	1	1	8	14.3		
Hartford City	6,637	3	3	64	74	14.5	1	1	1	1	1						1	1	1	1	1		1	1	1	8	14.3		
Seymour	6,309	11	9	80	85	20.9	4	1	1	4	1						2	2	2	2	2		2	2	2	14	26.6		
Kendallville	5,943	4	4	37	63	4.0	1	1	1	1</																			

U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of September, 1918.

J. H. ARMINGTON, SECTION DIRECTOR IN CLIMATOLOGICAL DIVISION.

TEMPERATURE—IN DEGREES FAHRENHEIT.

Section Average.	Departure from the Normal.	Extremes.					
		Station.	Highest.	Date.	Station.	Lowest.	Date.
59.1	-7.9	Rome	89	9	Laporte	27	22

PRECIPITATION—IN INCHES AND HUNDRETHS.

Section Average.	Departure from the Normal.	Extremes.			
		Station.	Greatest Monthly Amount.	Station.	Least Monthly Amount.
4.19	+1.16	Kokomo	7.10	Vevay	0.93

===== SOME REFLECTIONS =====

Poverty and destitution are the products of feeble-mindedness and disease. These causes we will banish when we are sufficiently practical.

Sickness is a sign of weakness, it is a cause of weakness, it is a result of weakness. Keep well.

A sanitary problem can not be solved by caring for the victims of insanitation.

Of course, we must care for the victims of wrecks, but this care will not lessen the number of victims or the number of the wrecks.

We must have hospitals and we must try to cure the sick, but neither hospitals nor cure will lessen disease. Prevention only will do it.

Filling cavities in teeth will not prevent caries, but good health and good care will.

The highest and noblest charity is the prevention of such evils as insanity, crime, and poverty. Custodial care is necessary simply because we are impractical and inefficient and will not practice prevention.

The fact that education and civilization will sometimes bring undesirable results was made plain by Goethe, who said: "The Prussian is a born brute and education and civilization will make him ferocious."

WHAT THE WORLD NEEDS is not indiscriminately more children, but more children from the best stock and fewer from the worst stock.

IT IS SAID—"One-fourth of the present generation is producing one half of the next." The question appears—which one-fourth is it that thus dominates the coming generation? If it is the undesirable one-fourth, the common stock, then decay of the race is going on. In the last ten years the ratio of defectives increased twenty-five per cent.