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Indiana State Board of Health

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The MONTHLY BULLETIN will be sent to all health officers and deputies in the State. Health officers and deputies should carefully read and file each copy for future reference. This is very important, for we expect to print instructions, rules and general information, which it will be necessary for officers to preserve.

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BIRTHS FOR DECEMBER, 1918.

Total births, 4,394 (stillbirths excluded); state rate, 18.1.

Males, 2,246; females, 2,148.

White males, 2,199; white females, 2,095.

Colored births, 100; males, 47; females, 53.

Stillbirths 209; white, 199; colored, 10.

The Northern Sanitary Section, population 1,016,514, reports 1,636 births; rate, 19.3.

The Central Sanitary Section, population 1,208,708, reports 1,770 births; rate, 17.6.

The Southern Sanitary Section, population 686,443, reports 988 births; rate, 17.3.

The highest birth rate, Ohio County, 36.0.

The lowest rate, Hancock County, 4.4.

Total births to date for 1918, 63,717.

Total births to date for 1917, 62,538.

ABSTRACT OF MORTALITY STATISTICS FOR DECEMBER, 1918.

Total deaths reported, 5,366; rate, 22.1. In the preceding month, 4,798 deaths; rate, 19.8. In the same month last year, 3,221 deaths; rate, 13.1. Deaths by important ages were: Under 1 year of age, 473, or 8.8 per cent of total; 1 to 10, 572; 10 to 20, 462; 65 and over, 1,126, or 20.9 per cent of total.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 1,016,514, reports 1,954 deaths; rate, 23.1. In the preceding month, 1,681 deaths; rate, 19.8. In the same month last year, 1,067 deaths; rate, 12.4.

THE CENTRAL SANITARY SECTION, population 1,208,708, reports 2,225 deaths; rate, 22.1. In the preceding month, 1,993 deaths; rate, 19.8. In the same month last year, 1,452 deaths; rate, 14.3.

THE SOUTHERN SANITARY SECTION, population 686,443, reports 1,187 deaths; rate, 20.7. In the preceding month, 1,124 deaths; rate, 19.6. In the same month last year, 702 deaths; rate, 12.0.

REVIEW OF SECTIONS: The Northern Sanitary Section presents the highest death rate, 23.1, which is 1 higher than the rate for the entire State. The Northern Section also presents the highest death rate for diarrhea and enteritis, cerebrospinal fever, influenza and smallpox. The Central Section presents the highest death rate for diphtheria and croup, lobar and bronchopneumonia, puerperal septicemia, cancer and external causes. The Southern Section presents the highest death rate for pulmonary tuberculosis, typhoid fever, scarlet fever, measles and whooping-cough.

RURAL: Population 1,701,179, reports 2,675 deaths; rate, 18.9. In the preceding month, 2,311 deaths; rate, 16.3. In the same month last year, 1,678 deaths; rate, 11.8.

URBAN: Population 1,210,486, reports 2,691 deaths; rate, 26.7. In the preceding month, 2,487 deaths; rate, 24.6. In the same month last year, 1,543 deaths; rate, 15.3. The cities named present the following death rates: Indianapolis, 21.4; Evansville, 26.0; Fort Wayne, 25.5; Terre Haute, 26.2; South Bend, 19.3; Gary, 48.8; East Chicago, 19.6; Hammond, 32.3; Muncie, 26.9; Richmond, 23.6; Anderson, 36.8; Elkhart, 38.1; Michigan City, 26.9; Lafayette, 37.6; Kokomo, 22.3; Logansport, 29.4; New Albany, 19.8; Marion, 30.6.

SUMMARY OF MORBIDITY AND MORTALITY FOR DECEMBER, 1918.

Influenza, as in the preceding month, was reported as the most prevalent infectious disease. The order of prevalence was as follows: Influenza, bronchial pneumonia, lobar pneumonia, pulmonary tuberculosis, tonsillitis, diphtheria and croup, scarlet fever, smallpox, measles, acute rheumatism, typhoid fever, chickenpox, diarrhea and enteritis, other forms of tuberculosis, whooping-cough,

erysipelas, intermittent and remittent fever, malaria fever, dysentery, cerebrospinal fever, puerperal fever, trachoma, poliomyelitis, rabies in animals, anthrax, ophthalmia neonatorum, rabies in human.

SMALLPOX: 132 cases in 24 counties, with 2 deaths. The counties reporting smallpox present were: Allen, 8; Clark, 14; Delaware, 19; Elkhart, 23; Fountain, 10; Hamilton, 2; Henry, 1; Howard, 1; Lake, 3; Laporte, 12; Madison, 3; Marion, 3; Marshall, 1; Parke, 3; Porter, 11; Rush, 3; Shelby, 3; St. Joseph, 2; Tippecanoe, 1; Union, 3; Vanderburgh, 1; Washington, 1; Wells, 2; White, 2.

TUBERCULOSIS: 316 deaths, of which 289 were of the pulmonary form and 27 other forms. Male tuberculosis deaths numbered 148, females, 168. Of the males 21 were married in the age period 18 to 40 and left 42 orphans under 12 years of age. Of the females, 62 were married in the same age period as above and left 124 orphans under 12 years of age. Total number of orphans made in one month by this preventable disease, 166. Number of homes invaded, 300.

PNEUMONIA: 917 deaths, rate, 377.9 per 100,000. In the preceding month, 846 deaths; rate, 348.7. In the same month last year, 335 deaths; rate, 136.8. Males numbered 445, females, 472.

INFLUENZA: 27,248 cases in 92 counties, with 1917 deaths. In the preceding month 27,344 cases in 92 counties, with 1,683 deaths.

TYPHOID FEVER: 47 cases in 20 counties, with 29 deaths. In the preceding month 62 cases in 25 counties, with 44 deaths. In the same month last year 47 cases in 20 counties, with 34 deaths.

DIPHTHERIA: 230 cases in 42 counties, with 39 deaths. In the preceding month 216 cases in 45 counties, with 40 deaths. In the same month last year 530 cases in 57 counties, with 63 deaths.

SCARLET FEVER: 210 cases in 40 counties with 5 deaths. In the preceding month 163 cases in 38 counties, with 6 deaths. In the same month last year 794 cases in 68 counties, with 14 deaths.

MEASLES: 113 cases in 22 counties, with 2 deaths. In the preceding month, 44 cases in 13 counties, with 3 deaths. In the same month last year 277 cases in 38 counties, with 3 deaths.

POLIOMYELITIS: 1 case reported in 1 county, with 5 deaths. In the preceding month 1 case in one county, with no deaths. In the same month last year one case in one county, with 1 death.

EXTERNAL CAUSES: 158; males, 119; females, 39.

SUICIDES: 22; males, 13; females, 9. Suicide by poison, 10; by hanging or strangulation, 3; by drowning, 1; by firearms, 7; by cutting or piercing instruments, 1.

ACCIDENTAL OR UNDEFINED: 120; males, 92; females, 28. Poisoning by food, 2; other acute poisonings, 3; burns (conflagration excepted), 14; absorption of deleterious gases (conflagration excepted), 3; traumatism by firearms, 10; traumatism by fall, 15; traumatism in mines, 8; traumatism by machines, 7; railroad accidents and injuries, 22; street car accidents and injuries, 4; automobile accidents and injuries, 20; injuries by other vehicles, 2; landslide, other crushings, 4; injuries by animals, 2; electricity (lightning excepted), 2; other external violence, 2.

HOMICIDE: 16; males, 14; females, 2. Homicide by firearms, 9; homicide by cutting or piercing instruments, 1; homicide by other means, 6.

HEALTH OFFICERS, ATTENTION.

Delayed Birth and Death Returns.

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 December, the following counties named below were delinquent in this matter.

BIRTHS.

Adams, 2; Allen, 13; Benton, 5; Boone, 3; Brown, 3; Carroll, 4; Cass, 4; Clark, 6; Clay, 13; Daviess, 4; Dearborn, 5; Decatur, 7; Dekalb, 3; Delaware, 8; Elkhart, 3; Fayette, 3; Floyd, 1; Gibson, 14; Grant, 12; Greene, 26; Hamilton, 1; Hancock, 3; Harrison, 1; Hendricks, 1; Henry, 7; Huntington, 8; Jackson, 6; Jasper, 2; Jefferson, 4; Knox, 5; Lagrange, 1; Lake, 14; Laporte, 9; Madison, 3; Marion, 5; Martin, 1; Miami, 5; Monroe, 5; Montgomery, 5; Morgan, 2; Noble, 1; Orange, 1; Parke, 1; Perry, 1; Pike, 5; Porter, 2; Posey, 1; Randolph, 8; Ripley, 5; Rush, 2; Shelby, 4; Spencer, 6; Starke, 3; Steuben, 1; St. Joseph, 17; Sullivan, 10; Tippecanoe, 4; Tipton, 2; Union, 1; Vanderburgh, 3; Vermillion, 12; Vigo, 8; Wabash, 2; Warrick, 2; Washington, 3; Wayne, 2; and Whitley, 1.

DEATHS.

Allen, 5; Bartholomew, 1; Boone, 6; Carroll, 2; Cass, 2; Clark, 5; Clay, 18; Clinton, 1; Crawford, 7; Daviess, 3; Dearborn, 3; Decatur, 16; Dekalb, 5; Delaware, 4; Dubois, 1; Elkhart, 1; Floyd, 1; Franklin, 4; Fulton, 4; Gibson, 3; Grant, 9; Greene, 6; Hancock, 1; Harrison, 5; Hendricks, 2; Henry, 4; Howard, 1; Huntington, 2; Jasper, 3; Jefferson, 4; Jennings, 3; Knox, 6; Kosciusko, 1; Lake, 7; Laporte, 6; Lawrence, 6; Madison, 7; Marion, 1; Martin, 3; Miami, 1; Monroe, 3; Montgomery, 5; Morgan, 4; Newton, 1; Noble, 1; Orange, 2; Owen, 1; Parke, 1; Perry, 1; Pike, 3; Posey, 10; Randolph, 2; Ripley, 4; Rush, 2; Spencer, 1; Starke, 1; Steuben, 2; Sullivan, 9; Switzerland, 2; Tippecanoe, 1; Tipton, 4; Vanderburgh, 1; Vermillion, 4; Vigo, 5; Wabash, 3; Warren, 1; Warrick, 1; Washington, 6; Wayne, 5; Wells, 5; and White, 3.

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

WM. SHIMER, M. D., Superintendent.

Sputum for tubercle bacilli—		
Positive	126	
Negative	335	
		461
Urine for tubercle bacilli—		
Positive	1	
		1
Widal tests for typhoid fever—		
Positive	6	
Negative	22	
		28
Blood for Wassermann tests—		
Positive	22	
Negative	39	
Unsatisfactory	13	
		74

Throat cultures for diphtheria bacilli—		
Positive	96	
Suspicious	15	
Negative	102	
Unsatisfactory	3	
	<hr/>	216
Brains for rabies—		
Dogs:		
Positive	3	
Cows:		
Positive	1	
Negative	1	
	<hr/>	5
Blood for counts	3	
	<hr/>	3
Blood for malaria plasmodia—		
Negative	4	
	<hr/>	4
Pus for gonococci—		
Females:		
Positive	16	
Suspicious	1	
Negative	31	
Unsatisfactory	2	
Males:		
Positive	29	
Negative	41	
Sex not given:		
Positive	1	
Suspicious	1	
Negative	1	
	<hr/>	123
Pus miscellaneous	1	
	<hr/>	1
Pathological tissues—		
Carcinoma:		
Carcinoma of ear.....	1	
Carcinoma of breast.....	3	
Carcinoma of omentum.....	1	
Carcinoma of prostate.....	1	
Miscellaneous tissues	3	
Gasserian ganglions	2	
	<hr/>	11
Urine for general analysis.....	50	
	<hr/>	50
Spinal fluid for meningococci positive.....	1	
	<hr/>	1
Feces for tape worm negative.....	1	
	<hr/>	1
Total number examinations made.....	979	

OUTFITS PREPARED AND SENT OUT DURING DECEMBER, 1918.

Tuberculosis	424
Diphtheria	320
Diphtheria epidemics	50
Widals	18
Wassermanns	72
Blood counts	2
Malaria	2
Gonococci	42
	<hr/>
Total number	930

DISEASES PRESENT, MONTH OF DECEMBER, 1918.

INFLUENZA—	
Reported by name.....	7,327

VENEREAL—

Syphilis	87
Gonorrhoea	62
Chancroid	5
	<hr/>
Total	104

PATIENTS TAKING PASTEUR TREATMENT DECEMBER 1918.

NAME	Town	County	Age	Sex	Treatment Began	Treatment Finished
Carl E. Dickson.....	Bloomfield.....	Greene.....	48	M	12-27-18	1-13-19

THINGS OF INTEREST FROM THE LABORATORY.

It is now generally agreed among bacteriologists that the Pfeiffer bacillus is not the cause of influenza.

The most promising reports are from French bacteriologists, whose work seems to indicate that the etiology of influenza is an ultramicroscopic organism. Some other bacteriologists report the finding of spirocheta in the blood of influenza patients.

There are a number of diseases closely resembling influenza, the general nature of whose etiology may be determined when that of influenza is determined; these diseases are distemper of horses and dogs, hog cholera, rinderpest of cattle, measles, polio and scarlet fever in human beings. Perhaps the essential nature of these organisms are entirely different in their cultural and biological characteristics from any bacteria we now know. Perhaps their discovery will depend upon some genius such as Ehrlich or Pasteur, who is not a bacteriologist.

It seems that the influenza organisms multiply very rapidly in the bodies of susceptible individuals.

The symptoms of influenza stimulate anaphylactic shock in its sudden explosive character. Some of the other phenomena of anaphylactic shock are present, as decrease in complement and a leucopenia.

There is a great deal of health teaching that emphasizes abundant health as the best protection against disease. In severe cases of influenza one feels that the human body sometimes overdoes disease resistance; e. g. so many bacteria are killed that the body cells cannot neutralize the toxic proteids liberated from the bodies of the dead bacteria.

The time elapsing between the first cases and the epidemic in the army camps would be sufficient to so sensitize persons exposed to infection that when the massive infection occurred during the epidemic large numbers of husky individuals developed anaphylactic shock which broke down the defensive mechanism in the lungs against the pyogenic bacteria, and severe pneumonia developed.

ANNOUNCEMENT.

The Bureau of Venereal Diseases of the State Board of Health is prepared to furnish the following pamphlets free upon request of any citizen of the State:

- A. For Young Men.
 - B. For the General Public.
 - C. For Boys.
 - D. For Parents of Children.
 - E. For Girls and Young Women.
 - F. For Educators.
- Social Hygiene vs. the Sexual Plagues.

Prevention of Venereal Disease.
 When They Come Home.
 Venereal Disease, Facts for Every Man.
 Keeping Fit.
 War on Venereal Disease to Continue.
 Shall We Finish the Fight.

Also Metal Posters giving Straight Facts about Syphilis and Gonorrhoea to be posted in factories, railroad stations, public buildings, hotels, and other public places where "he who runs may read" the plain story of venereal diseases. Every health officer should interest himself in his community and see that these educational pamphlets and posters are given the widest possible distribution. A supply will be forwarded to any health officer on request.

"THE QUIET OBSERVER" ON VENEREAL DISEASES.

The thing that has defeated armies and destroyed nations—that can defeat more armies and can destroy the human race—is certainly worthy of consideration and discussion, anywhere, any time, in any society.

From the standpoint both of morals and public health, no distinction can be made between the male and female prostitute.

The prevalence of venereal disease is an accurate moral index of the community. Indiana ranked highest in per cent of prevalence, of all States north of Mason and Dixon's line, as shown by the record of the first 1,000,000 soldiers inducted into service. Looks like time we Hoosiers should do some thinking!

A segregated district does not segregate venereal disease; it merely establishes a known center of infection, a municipally protected plaguespot.

No hospital supported wholly or in part by public funds can logically refuse admittance to cases of venereal disease, while admitting cases that are the direct result of venereal disease.

"Honeymoon Appendicitis" is not defined in any medical dictionary. It means gonorrhoea transferred to an innocent young wife by a husband who has "sowed his wild oats" and thought himself cured.

The license issued to pharmacists by the State of Indiana includes neither the legal nor the moral right to "specialize" in the diagnosis and treatment of venereal diseases.

A certain college president in Indiana objected to the posting of educational placards on venereal diseases about his institution because he wanted to keep his students innocent of such knowledge. Why not have a study course in current history for college presidents?

Police court methods of dealing with infected prostitutes by means of fines are both farcical and futile. Why not try treatment, education and social service?

The United States showed the world that venereal diseases are not necessarily "camp-followers." Now let the United States show the world that venereal diseases are not necessarily "war-followers."

LET'S COME THROUGH CLEAN.

RESOLUTIONS PASSED BY NATIONAL COMMISSION ON MILK STANDARDS.

(Meeting held in Chicago, Ill., December 8, 1918.)

The National Commission on Milk Standards appointed by the New York milk committee has received from its

members reports concerning the prices paid for milk to the producer and the prices at which milk is sold to the consumer, the quantity of milk sold, and the mortality statistics from localities represented by the members of the commission, including Boston, New York, Philadelphia, Wilmington, Baltimore, Toronto, Indianapolis, Chicago, Jacksonville, and others, and it is the judgment of the commission—

(1) That the price of milk to the consumer from 1914 to 1918 has in general increased from 50 to 100 per cent.

(2) That while the quantity of milk consumed has fluctuated in the cities from which reports have been received, yet generally at the present time it is not less than the normal or usual supply.

(3) That there has been an improvement in infant mortality and a lessening in diarrheal diseases under 2 years of age and that this improvement has not been checked by the advance in the price of milk between 1914 and 1918.

(4) That evidence presented to the commission indicates the seriousness of undernourishment or malnutrition among children of school age. The commission believes that the cause of this is an improperly regulated diet due to some extent to poverty and to a larger extent to lack of appreciation of the value of milk as compared with other foods.

(5) That the proportionate increase in the price of other foods generally has been greater than the increase in the price of milk.

(6) That at present retail prices milk is the most economical animal food that can be purchased.

(7) The commission recognized that the results of nutrition investigations during the past 10 years have demonstrated that satisfactory nutrition is to be secured only through the employment of certain combinations of foods. It recognizes that milk, eggs, and green leafy vegetables are so constituted as to correct, when taken in liberal amounts, the deficiencies from the dietary standpoint of cereal products, peas, beans, tubers, edible roots, and meats. Since good nutrition can not be secured on diets from which milk, eggs and the leafy vegetables are absent, it is of the greatest importance that the use of these classes of foods should be extended.

It is further recognized that among these milk is the most effective and most economical and that milk is the one food for which there is no satisfactory substitute.

The commission received reports of special tests made in many municipal and private laboratories on 100 samples of milk taken from the same quart bottle by the standard methods for determining the numbers of bacteria in milk recommended by the laboratory section of the American Public Health Association, and basing its opinion on these and previous reports the commission passed the following resolution:

"The commission believes that experience has shown that the present standard methods of the laboratory section of the A. P. H. A., for making the bacterial test of milk in the hands of properly trained workers are satisfactory for the control of the sanitary character of raw milk on the efficiency of pasteurizing machines for destroying bacteria, and for the enforcement of regulations for milk control by such grades and standards as have been recommended by this commission."

The use of powdered whole milk, skim milk powder, condensed or evaporated whole milk or skim milk, butter fat or other fats and water and of machines for recombining, mixing, or emulsifying these materials for the production of manufactured milk or cream was considered by a special committee including some of the food chemists of the commission. Their special report on these subjects was adopted by the commission and was as follows:

"Since the application of the term 'synthetic' to mixtures such as those under consideration is not entirely consistent with the accepted scientific use of the term and is likely to cause confusion, we recommend that the use of the term 'synthetic' be discouraged and that the commission recommend the terms 'recombined milk,' 'reconstituted milk,' on the labels of products made entirely from milk constituents and 'artificial milk' or 'milk substitute' on the labels of products in which any other fat is substituted in whole or in part for milk fat. Products which do not contain the proteins and mineral elements of milk should not be entitled to the use of any designation of which the word milk is a part.

"2. The committee moves the adoption of the following resolution:

"WHEREAS, Recent investigations in the science of nutrition have fully demonstrated the unique value of milk as a food and the intimate relation between adequate milk consumption and the support of normal growth or maintenance of health and vigor; be it

"Resolved, That the commission urge upon all concerned with the production and distribution of milk, whether as producers, dealers, or public health and food control officials, the great importance of bringing into human consumption the largest possible proportion of all wholesome milk products, and to this end recommends that the sale of such products as recombined milk should not be hampered by any restrictions beyond those absolutely necessary for the prevention of fraud and the protection of health."

"3. In the case of recombined milk made exclusively from cream or butter and milk or skim milk, fresh, condensed or dried, the materials having always been maintained in sound condition and not subjected to unnecessary heating, the interests of the consumer in our opinion demand nothing further than that the product as delivered to the purchaser shall meet all the requirements as to cleanliness, bacteria count, and chemical composition of fresh milk of the same grade or class, and shall be labeled in a manner that will correctly indicate its true character."

BY THE LAWS OF MOSES (Deuteronomy XXIII, 12-14) the Israelites were not permitted to have privies in their camps, and they were obliged to immediately cover all fecal discharges in the earth, that they might not be exposed to flies. Judging from our observations it would be well if some of those who make long prayers in Illinois churches, and spend much time in singing ditties which they call "Gospel Hymns," devote a little time each day to becoming familiar with the rules for sanitation found in the Pentateuch.—*Quinn's Health News.*

"BY THEIR FRUITS YE SHALL KNOW THEM." If that be true, can a man be a Christian and have a privy which is not protected against flies? Can he be a Christian in the summer time and have a little pile of manure

at his barn where flies may breed? Can a woman be a Christian and give her babe a pacifier to suck—perhaps after the insects have deposited upon it the bacilli of typhoid fever or the bacteria which cause "summer complaint?" Why "summer complaint?" Because the weather then is best fitted for exposing the sins of unclean people.—*Quinn's Health News.*

SHELL SHOCK occurs only in those who might develop hysteria at any time. In other words shell shock is simply hysteria. Dercum says: "Shell shock symptoms are due to hysteria and nothing but hysteria." He further says: "The proper remedy for shell shock is the strict exclusion from the army of human material, alike unserviceable, contaminating and demoralizing, and most expensive from the point of view of military economics. The hysterical person is one burdened with a defective organization, which is expressive of biologic inferiority.

MALARIA IN INDIANA is being investigated by the U. S. Public Health Service. The postal cards supplied by the U. S. Public Health Service were sent out from the State Board of Health to all of the doctors in the State for November and December. Six thousand cards were mailed in November with the following results: Number of doctors who replied, 700; which is a percentage of 11.69 of those addressed. Every doctor was requested to reply upon the franked card whether he had any cases or not, and yet less than 12 per cent showed the common courtesy of making a reply. The number of cases of malaria reported by the 700 physicians who replied was 93; of these 89 were white and 4 were colored. The types of infection were:

Tertian	58
Quartan	2
Estivo-autumnal	27

Of the 93 cases reported, 27 were confirmed by microscopic examination.

RURAL SANITATION A PRESENT NECESSITY.

Time and again students of public health have called attention to the backward state of sanitary conditions in rural districts and to the influence of this on the health of city dwellers. There is considerable evidence, moreover, to show that whereas in cities health conditions, as measured by the general death rate, are quite generally improving, conditions in the rural districts are almost stationary. When one considers the many natural advantages inherent in life in the country, it is probable that the insanitary conditions responsible for the almost stationary death rate are the results of ignorance and neglect and that they are susceptible to improvement and correction.

Several years ago, in order to ascertain more definitely what are the sanitary conditions in the rural districts of the United States, and to determine what are the most feasible methods of improving or correcting such conditions, the United States Public Health Service began a survey in various parts of the country. This study has already been so fruitful that the results obtained have been embodied in a progress report, "Rural Sanitation" by Surg. L. L. Lumsden, under whose direction the work was conducted.

While the sanitary problems encountered in various parts of the country vary considerably, several of them

are common to all, namely, the proper disposal of human excreta, and education of the people in health matters. In the survey just mentioned over 51,000 country homes were visited and surveyed, and nearly 20,000 of these were subsequently revisited.

Of these 51,000 homes only 1.22 per cent were equipped for the sanitary disposal of human excreta; at 68 per cent the water supply used for drinking and ordinary purposes was obviously exposed to potentially dangerous contamination from privy contents or from promiscuous deposits of human excreta. In the majority of homes the water was exposed also to unwholesome pollution from stable yards and pig sties. At only 32.88 per cent of the farm houses were the dwellings during the summer season effectively screened to prevent flies from carrying filth into kitchens and dining-rooms.

The lack of knowledge concerning health matters paralyzed the insanitary conditions disclosed by the survey, and very likely was largely responsible for these conditions. However, it is certainly encouraging to find that at only 91 of the 51,000 farm houses visited did the investigators fail to meet with a reasonably cordial reception. The people generally expressed their approval of the plan and purpose of the survey and appeared anxious to obtain suggestions about the measures needed for correction of insanitary conditions at their homes.

During the course of the work 865 public lectures were given to a total of over 105,000 persons.

The work carried on in the fifteen counties covered by this report shows not only that intensive public health work in rural communities is urgently needed, but that the results of well-planned work in the field are so excellent that expenditures for intensive rural health work constitute really wise economy.—*U. S. Public Health Reports.*

CITY BOYS STRONGER, DRAFT DATA SHOWS.

The percentage of young men rejected as unfit for military service because of physical defects has been considerably larger among men from rural districts than among city residents, according to a statement issued by Dr. J. A. Nydegger, in charge of United State Public Health Service in Baltimore.

While physicians who had made extensive studies of the conditions of health and physique of the youth of the country expected the percentage of rejections to be high, few believed that conditions would be as bad as they were shown to be by the medical examination of drafted men. The showing made by this medical survey will have great moral value in awakening the country to the need for better medical and physical care for children in schools, especially in rural schools.

The United States is behind most European countries in provisions for the health of school children. In Europe and Japan, the need for strong healthy men for armies has turned the attention of governments to the health of school children. England was aroused when the medical examination of recruits during the Boer war showed that many were unhealthy and defective, and that their troubles in a vast number of cases could be traced to bad physical surroundings and methods in English schools.

"As soon as the Boer war was over," Dr. Nydegger said, "the British Government proceeded to introduce throughout the United Kingdom a well-devised medical inspection of schools, compulsory athletics and mild military training to correct, as far as human endeavor was able, the physical defectives."

While in this country most of the city schools have adopted medical inspection, most of the rural institutions have none. In this lies the fact that the insanitary conditions in these places produce 75 per cent of the physical defects which are today barring men from the United States forces. Defective eyes, teeth, ears and throats among the youth of rural communities have been found to be due largely to conditions in the rural schools. Improper desks and seats also have caused much spinal curvature, leading to other faulty conditions. These conditions ought to be corrected at once, and school children all over the country should be examined because defects arising at their period of life as a rule cannot be overcome later.

The introduction of a single innovation of procedure is not going to correct all the physical defects existing in our young men. It must be a gradual process, beginning with an efficient universal medical inspection in our public schools at the age of 6 years, coupled with a well-devised system of physical training and mild military exercises to harden young men for the more strenuous universal military training which is to follow after school days are over.—*Connecticut Health Bulletin.*

THE MICRO-ORGANISM of virus primarily responsible for influenza has not yet been identified. There is, however, no reason whatsoever for doubting that such an agency is responsible for it. Mental conditions may cause one to believe he has influenza when he has not, and may make the patient who has the disease suffer more severely than he otherwise would. No mental state alone, however, will cause the disease in one who is not infected by the organism of virus that underlies the malady.

While the prevailing disease is generally known as influenza, and while it will be so referred to in this statement, it has not yet been satisfactorily established that it is the identical disease heretofore known by that name, nor has it been definitely established that all preceding outbreaks of disease styled at the time "influenza" have been outbreaks of one and the same malady.

There is no known laboratory method by which an attack of influenza can be differentiated from an ordinary cold or bronchitis or other inflammation of the mucuous membranes of the nose, pharynx, or throat.

There is no known laboratory method by which it can be determined when a person who has suffered from influenza ceases to be capable of transmitting the disease to others.

Deaths resulting from influenza are commonly due to pneumonia resulting from an invasion of the lungs by one or more forms of streptococci, or by one or more forms of pneumococci, or by the so-called influenza bacillus, or bacillus of Pfeiffer. This invasion is apparently secondary to the initial attack.

Evidence seems conclusive that the infective micro-organism or virus of influenza is given off from the nose and mouth of infected persons. It seems equally conclusive that it is taken in through the mouth or nose of the person who contracts the disease, and in no other way, except as a bare possibility through the eyes, by way of the conjunctivæ or tear ducts.—*Bulletin American Public Health Association.*

AFTER YEARS of upholding and declaring that the passage of infected discharges from one human being to another was the sole cause of epidemics of infectious diseases while others shrugged their shoulders and went their own willful way in quest of dirty streets, moldy

rooms, and unsightly garbage cans, erroneously hoping to single out and combat disease among the squalor, the M. P. H. A. must be forgiven any pride she may show in watching others accept the trail she blazed.

With great pleasure and gratification we see the American Medical Association and the Health departments of our sister states falling into line. The Journal of the American Medical Association, for December 28, in their beginning editorial announce their intention of attacking the main issue in the following paragraph:

"The year 1918 has gone; a year momentous as the termination of the most cruel war in the annals of the human race; a year which marked the end, at least for a time, of man's destruction of man; unfortunately a year in which developed a most fatal infectious disease causing the death of hundreds of thousands of human beings. Medical science for four and one-half years devoted itself to putting men on the firing line and keeping them there. Now it must turn with its whole might to combating the greatest enemy of all—**INFECTIOUS DISEASES.**"

The Milwaukee Health Bulletin number 281 emphasizes the very points we have long harped upon in the following article, "Clean Streets and Disease": "Everybody but the heads of the street cleaning departments and health experts likes to believe that dirty streets cause disease and epidemics. For all practical purposes, dirty streets have little to do with causing and spreading disease. Disease germs to live and multiply require warmth, food, moisture, and darkness. To thrive, they need an even temperature of nearly a hundred degrees in the shade. Even in the summer time human bodies furnish the only really favorable home surrounding for human disease germs. Sunlight kills them quite promptly. Bacteriologists who grow germs in laboratories have more trouble keeping their fields of disease germs growing than a greenhouse owner does in keeping alive his most delicate plants. While objectionable for many reasons, dirty streets are not a very important nor a very direct cause of disease.

"When the people generally, and preachers, editorial writers and other teachers, particularly understand that human diseases are spread almost entirely from one human victim to another, it will be possible to focus attention on the main avenues of passage and control them. Until they do, we shall continue to be ineffective in controlling infectious diseases. In looking to all possible trails and ignoring the main ones, we are about as efficient as is a young, untrained hunting dog which tries to divide his attention on a dozen tracks at the same time. Like him, we shall continue to run our legs off and finally lie down, confused and entirely satisfied that the thing 'just can't be done.'

"Real experts in trailing and stopping disease epidemics, like an old hunting dog, take the 'hot trail' and follow it to the end. In most contagious diseases, it leads to someone who coughed, sneezed, or spit carelessly."—*Minnesota Health Journal.*

FULL TIME HEALTH OFFICER GETS RESULTS.

Public health administration, like any other worth-while work, needs and demands systematic, careful attention. There is only one successful way to provide that attention and the way is to employ a trained health officer who can devote his full time and effort to health work. It should go without saying that no man can or should be expected to produce good results unless he receives an adequate salary, and one proportioned to his training and usefulness in the work undertaken. Part-time health

officers have never been successful anywhere. They naturally cannot devote much time or thought to public service paying a nominal salary and demanding hard, constant work and much tact and a pleasing personality for its successful prosecution.

The full-time health officer gets results; he saves lives, he prevents sickness and pain; last, but not least in the minds of many, he saves money to the community, which simply means to the individual taxpayer in the end.

Rarely does a family go through a period of five years without one or more cases of preventable and, therefore, needless disease. Perhaps, typhoid, measles, diphtheria, tuberculosis or one of a score of other ailments visits the home with all the attendant sorrow, physical suffering and cost. The money cost is far more than would be paid in many years, possibly a lifetime, in the form of a tax toward a public health department, and the cost of pain, mental anguish and death cannot be measured in human terms.

Palo Alto, Cal., presents a striking example of splendid health work, as the following excerpt from the Bulletin of the California State Board of Health shows:

"Palo Alto, with a population of 6,000, has a full-time health officer. The Palo Alto death rate is about one-half that for the State. Since 1911, in this city, there have been no deaths of infants, under two years of age, from diarrhea and enteritis. During the same period, the deaths of no less than 5,528 infants under two years of age, in California, were due to this cause. The health department of Palo Alto cost \$3,310 last year—\$0.65 per capita. At the beginning of 1918 there were three known cases of tuberculosis in Palo Alto. There was not a single case of diphtheria there during 1917. These are a few of the significant facts, as published in the annual report of the Palo Alto Health Department for 1917, Louis Olsen, health officer. Does it pay to have a full-time health officer?"

THE GERMS OF DECAY have destroyed one civilization after another and our civilization will not survive unless through science the germs of decay are prevented from acting. Indiana will not endure simply because it is Indiana, for this is only another way of claiming sovereignty by divine right. Indiana will survive through the development and maintenance of the qualities entitling it to survive. On account of lack of preparedness and failure to recognize national weakness, the most important civilization of the present day has barely escaped destruction at the hands of the Hun. Culture is one of the germs of decay which must be avoided. Anglo-Saxon culture will overcome the evils of Kulturc. No consideration of optimism or of sentiment or national self-sufficiency should be permitted to obstruct a full recognition of individual or national defense and a thorough application of corrective measures. The principal germs which tear down and destroy nations are the diseases from which mankind suffer. In the face of disease, all the higher and nobler things of life must perish. An epidemic is always followed by an increase of weakness and immorality and hence the interest which our Government should have in preventing epidemics. The restriction of disease and the raising of the public health is the only way through which we can lessen insanity, crime, feeble-mindedness and delinquency. These evils proceed out of disease and the government which is not ready nor willing, or perhaps has not the perception to enable it to act in the matter of disease prevention, is an unworthy and incompetent government.

HANDLING FOOD.

Dr. Evans, in his hygienic writings, copies some hints from another on clean habits as necessary to good health. Several unclean habits are mentioned, which are not only injurious to health, but offensive to good taste. Here are a few to show the tenor of them:

A waiter while taking orders will twist his mustache or scratch his head and then handle the food or the dishes before washing his hands.

A waitress in midsummer will carry a napkin under her arm and then wipe her plate with it.

Any day men can be seen to leave a toilet, pass the wash bowl without using it, and go straight to the dining table.

The tongue is the "greasing post" for salesmen in every kind of food store. A baker will put his finger to his tongue and then pick up a sheet of paper and wrap a loaf of bread.

The street car conductor adds a certain amount of filth to each transfer by licking his finger before peeling a slip from the pile.

The grocer and the drug clerk will pick up a paper bag, open it by blowing into it, and then fill it with candy. The breath in the bag does not add to the cleanliness of the candy, though it may change its flavor.

It is not exactly pleasant to publish such things, but people, and often handlers of food, are so indifferent to cleanliness that such reminders are necessary. But lecturing is not going to do away with unclean habits. The only way to correct this evil is for customers to turn away and refuse to patronize the dirty handlers of food.—*Ohio State Journal*.

To the above we will add that we saw a young man in white coat and apron who handled food in a "dairy lunch," picking a sore in his nose, and then use the same hand for handling unwrapped sandwiches.

REMEMBER THY CREATOR.

These hundreds of thousands young chaps who are returning to their jobs of working, of playing, of loving and of being loved, could in this flush of their jubilant health do no better thing than to attach this ancient reminder securely to the tablets of their memory:

"Remember thy Creator in the days of thy youth ere the evil days draw nigh."

This is no exordium to righteousness.

It is a homely little hint about preserving your health, young man; a health that today seems as abounding as the eternal waters of the River of Life.

Health is something you care nothing about until it is mislaid, like your toothbrush, or your fountain pen.

But at forty, or fifty, or thereabouts, the average husky will stop and listen a bit.

Listen to the rumble of a protesting heart.

Listen to the jar of a kidney gone bad.

Listen to the whistle of a lung that has picked up a tack on the great white way.

Believe us, we know what we are talking about when we say that no material thing in this life is worth anything compared to the healthful body's power to do each day any job necessary.

Believe us also when we remark that right now, in the virile twenties, is the time to determine the sort of a time you are going to have living with yourself twenty years from now.

It is easy to keep your vigor; about all you need to do is to be half ways sane in your habits; habits of work

as well as of play; but for every little overdraft you send in now on your health balance you will have an accounting that will amaze you.

Before universal military training for the younger men brought us up to efficiency this country was becoming a place of old young men. Chaps who coughed, who went about with caved-in chests; chaps who peered at a drab world through thick lenses; chaps who were half men, and who had drifted into that sort of a state through neglect and who were candidates for the down and out club at 45.

There is no reason on earth why the average man should not do a day's work at 75.

And if from 21 to 31 the youth would pay half as much attention to keeping fit as he does to any of half a dozen little habits or hobbies that most men have, he would at 60 be ready to start life over, if he had to.

Ten minutes each day deep breathing; two hours brisk walk over the country once a week, and elimination of excesses, would store up much of the surplus energy of thoughtless twenty for the wise use of experienced 50.

All this isn't important; no more than making yourself a present of an added twenty enjoyable years of life.

And believe us, we know what we are talking about when we remark that life really is hardly worth enduring when heart pounds, and lungs wheeze, and stomach revolts, and kidneys protest, and you have to coddle yourself, and wear rubbers, and plasters on your chest, and sniffle whenever you stop by an open window.

Remember thy Creator in the days of thy youth, and save some of that vitality.

You will require it all if you are to die contented.—*Indiana Daily Times*.

DO YOU KNOW?

That—A little cough often ends in a large coffin?

That—Bodily vigor (health) protects against colds? Keep well.

That—Careless sneezing, coughing, spitting spreads colds?

That—Open air exercise cures colds?

That—Colds sometimes get well in spite of the use of alcoholic beverages?

That—Living in overheated, air tight rooms invites colds and pneumonia?

That—Neglected colds often forerun pneumonia?

That—Persistent, oft repeated colds, indicate bodily weakness?

That—Living in the open air cures colds, pneumonia and consumption.

A CONFESSION.

I am a murderer!

I play a safe game. I scatter disease germs in halls, in the street cars, wherever there is a crowd.

Few people suspect me. I am never detected.

I kill babies, children, grownups, impartially. Hundreds of hospitals are filled with those I do not succeed in slaying.

Thousands of graveyards are filled with those with whom I have more success. I am ruthless and cruel. Yet I could be restrained if people really understood how much harm there is in me. Instead of that they think I am funny and laugh at me. Some of them even cry the German word for "health" when they hear me.

For I am a SNEEZE.—*Bulletin Rhode Island Board of Health*.

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

NORTHERN SANITARY SECTION.

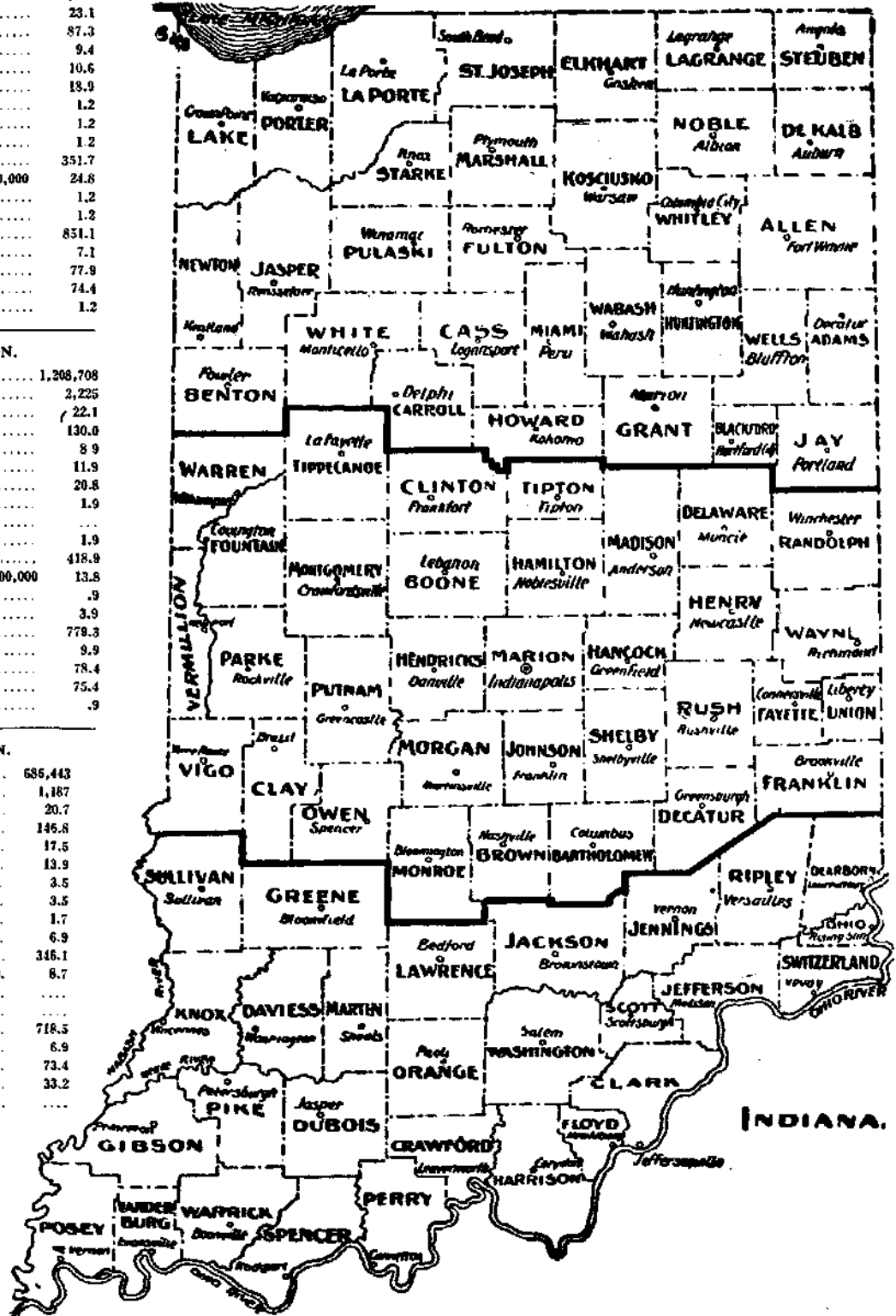
Total population.....	1,016,514
Total deaths.....	1,954
Death rate per 1,000.....	23.1
Pulmonary Tuberculosis, rate per 100,000.....	87.3
Other forms of Tuberculosis, rate per 100,000.....	9.4
Typhoid Fever, rate per 100,000.....	10.6
Diphtheria and Croup, rate per 100,000.....	18.9
Scarlet Fever, rate per 100,000.....	1.2
Measles, rate per 100,000.....	1.2
Whooping Cough, rate per 100,000.....	1.2
Lobar and Broncho-Pneumonia, rate per 100,000.....	351.7
Diarrhoea and Enteritis (under 2 yrs.), rate per 100,000.....	24.8
Cerebro-Spinal Fever, rate per 100,000.....	1.2
Acute Anterior Poliomyelitis, rate per 100,000.....	1.2
Influenza, rate per 100,000.....	851.1
Puerperal Septicemia, rate per 100,000.....	7.1
Cancer, rate per 100,000.....	77.9
External causes, rate per 100,000.....	74.4
Smallpox, rate per 100,000.....	1.2

CENTRAL SANITARY SECTION.

Total population.....	1,208,708
Total deaths.....	2,225
Death rate per 1,000.....	22.1
Pulmonary Tuberculosis, rate per 100,000.....	130.0
Other forms of Tuberculosis, rate per 100,000.....	8.9
Typhoid Fever, rate per 100,000.....	11.9
Diphtheria and Croup, rate per 100,000.....	20.8
Scarlet Fever, rate per 100,000.....	1.9
Measles, rate per 100,000.....	1.9
Whooping Cough, rate per 100,000.....	1.9
Lobar and Broncho-Pneumonia, rate per 100,000.....	418.9
Diarrhoea and Enteritis (under 2 yrs.), rate per 100,000.....	13.8
Cerebro-Spinal Fever, rate per 100,000.....	.9
Acute Anterior Poliomyelitis, rate per 100,000.....	3.9
Influenza, rate per 100,000.....	778.3
Puerperal Septicemia, rate per 100,000.....	9.9
Cancer, rate per 100,000.....	78.4
External causes, rate per 100,000.....	75.4
Smallpox, rate per 100,000.....	.9

SOUTHERN SANITARY SECTION.

Total population.....	686,443
Total deaths.....	1,187
Death rate per 1,000.....	20.7
Pulmonary Tuberculosis, rate per 100,000.....	146.8
Other forms of Tuberculosis, rate per 100,000.....	17.5
Typhoid Fever, rate per 100,000.....	13.9
Diphtheria and Croup, rate per 100,000.....	3.5
Scarlet Fever, rate per 100,000.....	3.5
Measles, rate per 100,000.....	1.7
Whooping Cough, rate per 100,000.....	6.9
Lobar and Broncho-Pneumonia, rate per 100,000.....	346.1
Diarrhoea and Enteritis (under 2), rate per 100,000.....	8.7
Cerebro-Spinal Fever, rate per 100,000.....
Acute Anterior Poliomyelitis, rate per 100,000.....
Influenza, rate per 100,000.....	718.5
Puerperal Septicemia, rate per 100,000.....	6.9
Cancer, rate per 100,000.....	73.4
External causes, rate per 100,000.....	33.2
Smallpox, rate per 100,000.....



U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of December, 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.
39.9	+7.6	Seymour.....	74	17	Hammond.....	1	31

PRECIPITATION—IN INCHES AND HUNDREDTHS.

Section Average.	Departure from the Normal.	Extremes.		
		Station.	Greatest Monthly Amount.	Least Monthly Amount.
5.38	+2.67	Vincennes.....	9.17	Hammond..... 2.01

EPIDEMIC IN INDIANA.

Deaths From Influenza-Pneumonia by Months, Ages, Conjugal Condition and Sex.

	Sept.	Oct.	Nov.	Dec.	Total
Under 1 year.....	37	259	141	194	631
1 to 5 years.....	24	303	348	295	970
5 to 10 years.....	5	126	126	127	384
10 to 15 years.....	4	117	97	129	347
15 to 20 years.....	4	237	197	205	643
20 to 30 years.....	25	1,037	639	713	2,414
30 to 40 years.....	18	733	564	650	1,965
40 to 50 years.....	24	185	175	213	597
50 to 60 years.....	15	104	71	106	296
60 to 70 years.....	5	77	78	96	256
70 and over.....	30	113	93	106	342
Single	89	1,581	1,186	1,273	4,129
Married	67	1,518	1,188	1,379	4,152
Widowed	35	192	155	182	564
Males	115	1,831	1,312	1,385	4,643
Females	76	1,460	1,217	1,449	4,202
Grand Total, 1918.....	191	3,291	2,529	2,834	8,845
Grand Total, 1917.....	113	219	269	375	976
Difference in Epidemic	78	3,072	2,260	2,459	7,869