MONTHLY BULLETIN

Indiana State Board of Health.

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

VOLUME I. Vol. 4 Old Series. | INDIANAPOLIS, FEBRUARY, 1900. | NUMBER 5. 25 Cents a Year.

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

MORTALITY STATISTICS FOR FEBRUARY, 1900.

Total number of deaths reported, 2,732; an annual death rate of 13.4 per 1,000. The rate for January was 12.7. This shows an increase of 0.7, but as January has 31 days and February 28 the comparative increase is still greater.

There were 463 deaths under one year of age, which is 22.7 per cent. of the whole number of deaths. The number of deaths from one to four years of age was 208, which is 10.2 per cent. of the whole number, and 34.1 per cent. were 65 years of age and over, the number of this class being 694. The deaths from all forms of tuberculosis were 395, the pulmonary form causing 339, an annual death rate per 100,000 of 166.6.

Typhoid fever caused 48 deaths, an annual rate of 23.5 per 100,000, indicating a total for the year of 1,269; and February is not considered a typhoid month. We earnestly hope the people will very soon give open ear to the teachings of sanitary science and by practice stop this horrid and awful waste of life.

Diphtheria and croup caused 67 deaths, an annual rate per 100,000 of 57, and this indicates an annual total of 1,507.

Medical school inspection would materially reduce cases and deaths from diphtheria, scarlet fever, measles, whooping cough and like children's diseases. Twenty children died of whooping cough during the month. This is almost one each day, and yet people consider this disease of little consequence and propose to permit their children to have it as early in life as possible.

The pneumonia deaths are still high, 401 having perished from this disease in February. Cerebro-spinal meningitis caused 58 deaths, influenza 65, puerperal septicemia 7, cancer 78, and violence 87. The total deaths reported from smallpox was 4. Two of these occurred in Posey and two in Clay county. We are constrained to believe that this malady has caused more deaths than are reported for it, as certainly there have been more cases of smallpox than have been reported. Also, we are informed of several deaths, the cause of which was most probably smallpox, but, as with the diagnosis of this disease, other causes were given either through ignorance or intent.

The northern counties having a population of 892,448 return a total of 811, an annual death rate of 11.9. The central counties, population 1,022,694, return a total of 1,109, rate 14; and the southern counties, population 729,838, return 812 deaths, a rate of 14.4.

CITIES: Cities of over 50,000 inhabitants, Indianapolis and Evansville, report 273 deaths, an annual rate of 18.6. Cities of 25,000 to 50,000 inhabitants, Ft. Wayne, South Bend and Terre Haute, report 133 deaths, an annual rate of 15. Cities of 10,000 to 25,000 inhabitants, Anderson, Elkhart, Elwood, Hammond, Jeffersonville, Kokomo, Lafayette, Logansport, Marion, Michigan City, Muncie, New Albany, Richmond and Vincennes, report 315 deaths, a rate of 19.4. Cities of 5,000 to 10,000 inhabitants, twenty in number, report 187 deaths, a rate of 17.2. Cities of under 5,000 inhabitants, thirty-nine in number, report 163 deaths, a rate of 16.3. All cities represent a population of 790,522 and a death rate of 17.6. The rural population, which in this review includes towns and hamlets, being a population of 1,854,458, shows a death rate of 11.6. The pulmonary tuberculosis rate per 100,000 inhabitants is—cities, 228.5; country, 140.2. The rates for cities and country for certain diseases are as follows: Typhoid fever, 24.6 and 23.1; diphtheria, 36.1 and 19.6; scarlet fever, 6.5 and 7; whooping cough, 8.2 and 10.5; pneumonia, 238.4 and 179.4; cerebro-spinal meningitis, 27.9 and 28.7; influenza, 27.9 and 33.6; puerperal septicemia, 0 and 4.9; cancer, 54.1 and 31.5; violence, 69 and 31.5. In this comparison the cities are last except in puerperal fever, and this probably indicates greater care among city physicians in cases of labor.

Columbia City, Delphi and Montpelier had not a single death in February, and Newton county, population 11,455, reports but 3 deaths.

SMALLPOX DURING FEBRUARY: The smallpox epidemic commenced to recede about the middle of the month. After the work of suppression began in earnest at Clay City and in the southern portion of Clay county there was a marked decrease, until by March 1 there was not left over twenty-five cases, whereas at the beginning of the month there were eighty in Clay City alone. In Posey county the like good results were secured when the people gave their support to the work of

suppression. For the month we have to record four smallpox deaths. As told in our general statistical review, we believe that more deaths were caused by this disease, but were not so reported. A physician, who is certainly competent, as we well know, writes: "The ——— girl who died with hemorrhagic smallpox was examined after death by some other physicians and they pronounced cause of death to be 'disease of puberty.'" Even the people did not believe this and the return, "hemorrhagic variola," was accepted by the health department.

In Vanderburgh county the fight goes on. It seems no sooner does the health department get the fire put out before it springs forth again in another place. Kentucky is the never-failing source of contagion for smallpox in Vanderburgh. Twenty cases in all make up the Vanderburgh record for February.

In Madison, Delaware and Allen counties the disease was extinguished. In Washington, Owen, Vigo and Greene much headway was made, but the disease still lingers. Especially is this true of Washington county, where, as reported last month, the very efficient health officer, Dr. Mayfield, has worked like a hero, being feebly supported by the authorities and the people.

It is hard for any one who understands that business and smallpox can not go on together, to believe it possible that business men can be found who will not heartily enter into the work of suppression of the smallpox. The argument, "no deaths," which in the first place was untrue, and in the second place inane, has, during the month, been feebly advanced by men who presumably had the power of thought. All reports prove conclusively that while the number of cases have decreased, the severer types of smallpox are more frequent. The vaccinated, and especially the recently vaccinated, everywhere show almost absolute immunity.

GENERAL HEALTH NOTES.

DR. WINGATE: Dr U. O. B. Wingate, Secretary of the Wisconsin Board of Health, was in Indianapolis February 17. He visited the famous pathological laboratory founded by Dr. George Edenharter, of the Central Insane Hospital, and pronounced the same to be perfect and marvelous in its detail. Dr. Wingate also closely studied the methods of the Indiana Board in collecting and tabulating vital statistics. He proceeded to Washington, D. C., to look after the Spooner-Ray bill, now before Congress, which bill provides for the creation of a National Board of Health. This is the bill which has been indorsed and recommended by the American Medical Association, the American Public Health Association and the Conference of State and Provincial Boards of Health of North America.

* * *

MADISON COUNTY: In this county missionary work in the matter of disease and death prevention is evidently much needed. The county health officer, Dr. S. C. Newland, and the Anderson city health officer, Dr. Fairfield, are certainly not excelled anywhere, but they have had a hard job suppressing smallpox. While the majority of the people of the county fully understand that smallpox and business can not exist at the same time, and would act according to such intelligence, there is a small but noisy crowd which evidently think safety lies in burying one's head in the sand. This element has a newspaper or two to aid it, and the harm done must have been very great. Had this element but remained silent when smallpox appeared at Anderson during the holidays, the health department would have put out the fire in short order. It chose, however, in its lack of understanding, to cry no smallpox when there was smallpox, and to abuse those who would put the disease out of existence. Their efforts only served to postpone the extermination of the disease and increase the expense. It can confidently be predicted that, as understanding increases, the bury-your-head-in-the-sand crowd will decrease.

* * *

VACCINATION URGED: Why don't health officers insist on vaccination when there is no scare about smallpox? If vaccination is a specific against the disease why not make it compulsory and vaccinate the entire population, and then smallpox would have no opportunity to get a hold on a community?—Muncie Herald.

* * *

DOING THEIR DUTY: The state, county and city boards of health are doing their duties and doing them well. See to it, reader, that you do yours.—Terre Haute Gazette.

* * *

CONDEMNED: Dr. Keith, Milk and Food Inspector (Evansville), reported to the health board that he examined two suspected beeves at the abattoir, one was condemned as being tubercular and was killed and put in the fertilizing tank.

* * *

BOARD OF HEALTH CAN CHARGE FOR MILK LICENSES: A board of health being authorized by law to pass ordinances to protect the public from the sale of unclean and unhealthful milk, the supreme court of New Jersey holds, in State (Blanke, prosecutor) vs. Board of Health of the City of Hoboken, that it is by implication empowered to pass ordinances requiring a license fee sufficient to pay the expense of the license and the necessary expense of inspecting the milk, and that for the labor and expense which must fall on the board, in the proper discharge of its duty in this connection, a license fee of $2 is a very reasonable charge.

* * *

RIGHT OF BOARD OF HEALTH PHYSICIANS TO QUARANTINE: Whidden vs. Cheever was brought to recover damages from the physician member of a city

board of health for using the plaintiff's dwelling house and building for smallpox patients, and for confining him to the premises against his will, and exposing him to contagion. The house was situated about three miles from the city and was occupied by a lessee, the plaintiff reserving certain rooms for the separate use of himself and his sister. Members of the lessee's family were afflicted with the smallpox. The board of health physician thereupon took charge of the sick persons and the building, established a quarantine, and posted notices on the outside of the house forbidding any person to leave or enter it. The plaintiff, who was not ill, protested against his confinement to the buildings and the use of his premises, and requested the physician to remove the patients to a pest house. Nevertheless he was confined by the physician until the quarantine was raised, when he was released. Upon these facts could he maintain this action? The supreme court of New Hampshire holds that he could not. It says that it is well settled that such an officer is liable for acts in excess of his authority, but, if he acts within the limits of his authority, and in good faith, he is not liable for errors of judgment. Besides, it holds, statutes enacted for the preservation of the public health are to receive a liberal construction. The statute here especially considered provides that the health officers may remove any person infected with the smallpox to some suitable house provided for that purpose, if it can be done without endangering the life of the person, and may make such regulations respecting such house and for preventing unnecessary communication with such persons or their attendants as they may think proper, or, where they judge that he may remain without endangering others than his own family, they may give license to persons who have been exposed to the danger of taking the disease to be inoculated and to remain in the same house, subject to such regulations as they may impose. The case did not show whether the lives of those sick with the small-pox would have been endangered by their removal to a pest house. But upon this question the court holds that the decision of the health officers, acting in good faith, would have been final; and, as there was no imputation of bad faith, that it may be assumed that, in the opinion of the health officers, the lives of the patients would have been endangered by their removal. The doctor, it adds, did what he was authorized to do by the statute. He allowed the sick persons to remain in the house, and that was the extent of the possession exercised by him. In forbidding inmates of the house not afflicted with the smallpox to go abroad, and persons from abroad to enter, he conformed to the usual practice. Moreover, the court holds that there was no taking of property for public use without compensation. It says that it was merely the exercise of a reasonable health regulation under the police power of the State within the limitations of the statute. Such regulations as are reasonably calculated to preserve the public health are valid, though they may abridge individual liberty and rights of property. And for these several reasons the court holds that, notwithstanding the plaintiff suffered on account of his exclusion from association with the community during the prevalence of the disease to which he was exposed, the defendant, physician of the board of health, was not liable to him for damages.

* * *

QUARANTINING OF GONORRHŒICS AND SYPHILITICS: Dyer believes in the hospitalizing of gonorrhœa and syphilis, and thinks that a law making the spreading of venereal diseases an offense punishable by fine or imprisonment, or both would be advisable.—Journal of American Medical Association.

* * *

ADVANCED NEWSPAPERS: The South Bend Weekly Tribune and the South Bend Weekly Times evidently have advanced managements. These papers believe in the practical work of applying to everyday life the principles of sanitary science to the end that wealth, power and happiness may be more abundant in Indiana. The last great health work done by these papers was to publish as "good stuff," the rules of the State Board of Health. They didn't stop to ask pay from their county, but went into the work with a will. No wonder South Bend flourishes and is full of honor.

* * *

DELAWARE COUNTY: Dr. Cowing, health officer of Delaware county, has made a sanitary survey of every school house in his county according to the following form:

SANITARY REPORT OF DISTRICT NO.....

.... TOWNSHIP.

Name of Teacher..... .....

THE HOUSE.

1. No. cubic feet in school room .... 2. No. of windows ....
3. Are there any cross lights? .... 4. How is room heated? ..
5. Do children suffer from overheating or cold? .....
6. Is thermometer used? .... 7. How is room ventilated? ....
8. Is cloak room separated from school room? .....
9. How often is floor scrubbed and swept? ....

THE GROUNDS.

1. Are grounds neat and clean? ... .
2. Kind of well and pump used? .....
3. Does drinking water seem wholesome? .....
4. Condition of out-houses? .....
5. What precautions are taken by teacher and pupils against contagious diseases? .....

Remarks: .....

Return report to
HUGH A. COWING, M. D.
County Health Officer,
210 South High Street, Muncie, Indiana.

This blank was filled out by the trustees of each township for every school house under their care, and thus Dr. Cowing secured full information concerning his school houses and is now taking steps to correct all the sanitary evils he discovered. He first met with the trustees, ex-

plained how money could be saved, disease prevented and life conserved by having sanitary school houses, and thus gained the hearty co-operation of the trustees. A higher respect of one's self follows good work.

* * *

NOBLE COUNTY: There is sanitary activity in Noble county. Dr. Miller, health officer, has been fighting smallpox, kept it at bay and very quickly killed the beast. He is well supported by his board, and now the commissioners, after organization as a board of health, have passed some wholesome health rules, and Dr. Miller proposes to enforce them. The sanitation of Rome City, a beautiful summer resort in Noble county, will be accomplished before the summer season arrives.

* * *

DIPHTHERIA AND MEMBRANOUS CROUP: A doctor of this State, supersaturated with the teachings of a certain antizymotic periodical and possessing a surplus of self-confidence, claimed to be able to clinically differentiate diphtheria and "non-contagious membranous croup." He tried his powers on a case and confidently pronounced the same "non contagious membranous croup." The diagnosis was not, however, accepted by the local health officer, and a quarantine was established. The great diagnostian had his influence, and in consequence a lady with two children visited the house, despite the quarantine. The case of "non-contagious croup" died, and the two children who were exposed promptly came down with severe cases of diphtheria, as proved by culture, and both died. Evolution is slow, but finally it will remove from the earth all "antibug doctors." A little push by law might hasten this end so much to be desired.

* * *

MARION SOLDIERS' HOME: Mr. Edward Intlekofer apothecary at the Marion Soldiers' Home acts as deputy at the home for Dr. Powel, health officer of Grant county. Mr. Intlekofer is an efficient and faithful officer. He informs us that out of 1,871 old soldiers only 86 were found needing vaccination. They, of course, were vaccinated and now the home will never know smallpox. Intelligent action always has attendant rewards. Mr. Intlekofer also furnishes us a mortality table of nine soldiers' homes for the quarter ending December 31, 1899. The table shows that the death rate in all the national homes, 26,658 old men constituting the population, is 14.03 per 10,000. The Marion home for the same period shows a death rate of 11.36.

* * *

SAYS THE INTERNATIONAL MEDICAL ANNUAL: "If the profession and public once grasp the truth, that, with rare exceptions, no child ought to die of diphtheria, it is probable that the actual mortality will become very low." That is, by prompt treatment with antitoxin and proper hygienic surroundings, but a very few cases will prove fatal. What an advance this is over five years ago when diphtheria was one of the most dreaded of diseases.—The Sanitary Home.

* * *

THE EXPERIENCE of Dr. Armstrong, reported in The Lancet, shows the saving influence of antitoxin in diphtheria. In 1897, out of forty-two cases, twenty-two of the worst cases had antitoxin, and the twenty milder cases did not receive it. Among the worst cases under the influence of antitoxin the mortality was 9 per cent., while among the milder cases it was 20 per cent. In 1898, out of eighty cases, fifty-five received antitoxin, with a death rate of less than 2 per cent., while the twenty-five milder cases without it showed a death rate of 8 per cent.

* * *

IN ONE place in the south of France where there were 140 children, Martin found thirty-seven of them sick with diphtheria. Of the remaining 103, he gave an immunizing dose of antitoxin to fifty-six. At the end of one month no case of diphtheria had occurred among these fifty six children, and in two months only one, while among the forty-seven children who were not inoculated, eight had diphtheria.

* * *

NO CHILD is well of diphtheria so long as there are discharges from the nose, ears, or mouth, and so long as these continue it should not go to school or mingle with other children. No child suffering with a cold, sore throat or cough should ever be neglected. Sore throats are often mild forms of diphtheria. Persons inserting notices of deaths resulting from this disease in newspapers should announce "Of Diphtheria" in order that all who have children may be warned to remain away from the house. —Circular of Penn. Bd.

* * *

ANTIQUITY OF SOAP: The Popular Science News says that soap has been used for 3,000 years, and is twice mentioned in the Bible. A few years ago a soap-boiler's shop was discovered in Pompeii, having been buried beneath the terrible rain of ashes that fell upon that city 79 A. D. The soap found in the shop had not lost its efficacy although it had been buried 1800 years.

* * *

CONDEMNED MEAT is not likely to be manufactured into sausage or otherwise consumed as a food at Alamada, California. The board of health pumps in the blood vessels of the condemned beef about one gallon of kerosene.

* * *

DR. POWELL, health officer of Evansville, reports that the prosecuting attorney of his district brought suit against Dr. S. S. Dupee for failing to report a case of typhoid fever. Case was tried before Magistrate Thornburg, and Dr. Dupee was fined ten dollars and costs.

SUMMER DIARRHŒA is an infectious disease, just as certainly and upon the same evidence as typhoid fever, with the distinction, however, that it is not due to one specific germ, but to several germs. The method of invasion is nearly always by the food through the gastro-intestinal tract. The poison originates in the milk, through the agency of bacterial growth.

SMALLPOX AND CHICKENPOX.

Chickenpox is pre-eminently a disease of childhood. When you have an eruptive disease in an adult (a person past eighteen) which resembles chickenpox, "be sure to consider the disease to be smallpox until," as Dr. Edward F. Hodges says, "you can no longer believe it to be smallpox." The occurrence of chickenpox is so rare in adults as to have escaped the observation of many of those who have devoted years to the study of exanthematous diseases. That it does appear in adult life is true, but it is so rare and so uncommon as to excite comment.

In Indiana, Ohio, Illinois, Kentucky and other States there have, in localities, existed scores of cases of variola in adults, and physicians of the localities insisted it was chickenpox, "because of its mildness and no deaths." Had these physicians been more thoroughly read on the subject the very fact of adults being involved would have enabled them to make the correct diagnosis. That an epidemic eruptive disease affecting adults and children alike is not chickenpox, the following quotations on the subject, from recognized text-books, are submitted:

"Varicella is confined exclusively to childhood up to the age of ten, and is rare after twelve."—American Text-Book of Theory and Practice of Medicine.

"A disease affecting children."—Diseases of Children, Eustace Smith.

"The variolous disease, whether smallpox or varioloid, often occurs in the adult; varicella, on the other hand, is a disease of infancy and childhood. I have seen one case in adults, but its appearance at this period of life is rare."—Diseases of Children, J. Lewis Smith.

"Varicella is an acute epidemic contagious disease, occurring generally in children."—Practice of Medicine, Hale.

"A disease which chiefly affects children."—Practice of Medicine, Loomis.

"A disease of childhood."—Reynolds' System of Medicine.

"An acute specific infectious disease peculiar to infancy and childhood. In children over ten years of age the disease is rare, while in adult life it is so infrequent that many observers of large experience have never met with it. Varicella is particularly a disease of infancy and early childhood. Any varicella-like eruption in an adult should be looked upon with the greatest suspicion and the patient strictly isolated, until by the history of the case, its source and the course of the disease, all doubt as to the diagnosis is dispelled."—Keating's Cyclopædia of the Diseases of Children.

"A disease of childhood."—American Text-book of Medicine.

"Varicella affects children."—Diseases of Infancy and Children, Holt.

"In chickenpox the eruption appears on the first or second day, * * * * * the *child* remaining but little indisposed. * * * * Neither do the vesicles become pustules unless * * * or the *child* is in a condition of debility or suffers from struma. Varicella is separated from variola by * * * * * and finally by the fact that it attacks *children* who have been well vaccinated, whereas smallpox does not."—Practical Diagnosis, Hare.

"After nineteen years of age the disease may be said to disappear, as it is only occasionally seen in adults."—Dictionary of Medicine, Quain.

"Chickenpox is a disease of children mostly, the age of maximum incidence is from three to four years."—Allbutt's System of Medicine.

"Chickenpox is a disease of early childhood. * * * If, however, smallpox is prevalent in the neighborhood, any case presenting symptoms assumed to be those of chickenpox should be regarded as suspicious, especially if the patient be an adult."—Handbook of Hygiene, Wilson.

"As a rule very young children are attacked by chickenpox."—Twentieth Century Practice of Medicine.

"Chickenpox is almost purely a disease of childhood, occurring between the second and sixth year."—Practice of Medicine, Tyson.

"Varicella continues to be a common disease all through the early and middle years of childhood. The susceptibility to the contagion of varicella lessens after ten years of age and almost disappears at puberty."—Pediatrics: The Hygiene and Medical Treatment of Children, Rotch.

"Varicella is a disease of childhood and attacks by preference young children and even sucklings. In children over ten years of age attacks are infrequent, and I never saw an adult suffering from varicella. Eruptions resembling varicella in adults always indicate variola."—Ziemssen's Cyclopædia of Medicine.

"An acute contagious disease of children. It is rarely seen in adults."—Practice of Medicine, Osler.

"Varicella affects children of all ages, and occurs almost always in childhood."—Practice of Medicine, Anders.

"Varicella is essentially a disease of early life, occurring almost exclusively in infants and young children."—Pepper's System of Medicine.

"Chickenpox is a disease of childhood and rarely attacks any above ten years of age."—Practice of Medicine, Bartholow.

The only safe procedure when smallpox is known to be around is to regard as smallpox every case of eruptive disease until study and investigation makes the position wholly untenable.

TABLE No. I. Deaths in Indiana by Geographical Sections and Counties During the Month of February, 1900.

STATE AND COUNTIES.	Population Based on School Census, 1899, Multiplied by 3½.	Total Deaths Reported for February, 1900.	Annual Death Rate per 1,000 Population	Stillbirths.	Important Ages.			Deaths From Important Causes.															
					Under 1 Year.	1 to 5, Inclusive.	65 Years and Over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Pneumonia.	Diarrheal Diseases Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Deaths in Institutions.
State of Indiana.	**2,644,980**	**2,732**	**13.4**	**111**	**463**	**208**	**694**	**339**	**56**	**48**	**50**	**17**	**14**	**1**	**20**	**401**	**9**	**58**	**65**	**7**	**78**	**87**	**81**
Northern Co's....	**892,448**	**811**	**11.9**	**32**	**143**	**62**	**204**	**71**	**21**	**11**	**20**	**10**	**4**	.....	**9**	**102**	**3**	**8**	**16**	**3**	**27**	**36**	**32**
Adams	26,859	20	9.6	3	4	2	2	2	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	1	.....	2	.....	.....
Allen	83,020	74	11.5	2	18	2	16	8	5	2	4	2	.....	.....	.....	11	.....	3	.....	.....	1	1	3
Benton	14,150	11	10.1	.....	2	.....	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	1	.....	.....
Blackford	18,070	17	12.2	.....	4	1	5	2	1	2	.....	.....	.....	.....	.....	3	1	.....	.....	.....	.....	.....	.....
Carroll	22,165	9	5.2	.....	3	1	3	.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....
Cass	35,206	49	18.0	.....	7	.....	17	5	1	1	.....	.....	.....	.....	.....	5	.....	.....	3	.....	.....	.....	6
Dekalb	25,056	25	12.9	.....	2	2	9	.....	.....	.....	1	.....	.....	.....	1	3	.....	.....	1	.....	1	4	1
Elkhart	44,208	47	13.8	4	10	1	10	3	3	.....	1	1	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....
Fulton	19,484	11	7.3	.....	3	2	3	2	.....	.....	.....	1	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Grant	52,220	77	19.1	3	12	9	20	5	1	2	3	.....	.....	.....	1	16	.....	1	2	.....	1	3	14
Howard	30,583	32	13.6	3	5	1	6	3	3	.....	.....	1	.....	.....	1	1	.....	.....	.....	2	1	.....	1
Huntington	30,649	33	13.9	.....	10	1	10	1	.....	.....	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	1	1	.....
Jasper	16,670	13	10.1	1	2	1	4	.....	.....	.....	.....	.....	.....	.....	.....	5	.....	.....	1	.....	.....	1	.....
Jay	29,547	14	6.1	1	1	.....	4	1	2	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	2	.....
Kosciusko	30,667	21	8.9	1	1	3	8	1	.....	.....	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	.....	3	.....
Lagrange	16,467	10	7.8	.....	1	1	2	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	2
Lake	37,670	43	14.8	1	14	5	4	1	1	.....	4	1	.....	.....	.....	9	1	.....	.....	.....	2	3	.....
Laporte	46,459	32	8.9	1	4	.....	2	13	.....	1	.....	1	.....	.....	5	.....	.....	.....	.....	.....	4	1	1
Marshall	28,866	27	12.1	1	.....	2	10	1	.....	.....	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	3	.....	.....
Miami	30,387	25	10.6	.....	4	3	6	2	1	.....	.....	.....	1	.....	.....	4	.....	1	1	.....	1	2	.....
Newton	11,455	3	3.4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....
Noble	22,897	21	11.9	1	4	1	9	1	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	2	.....
Porter	20,415	22	14.0	2	.....	1	12	1	1	.....	.....	.....	1	.....	.....	3	.....	.....	.....	.....	1	3	2
Pulaski	16,877	11	8.4	.....	2	4	3	1	1	.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	1
Starke	12,474	5	5.2	.....	.....	2	1	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	1	.....	.....	.....	.....
Steuben	15,130	20	17.1	1	3	2	6	2	.....	2	.....	.....	.....	.....	.....	.....	.....	1	.....	1	1	.....	.....
St. Joseph	57,025	62	14.1	5	13	5	9	6	.....	.....	2	.....	.....	.....	1	4	.....	.....	.....	.....	1	5	1
Wabash	31,395	27	11.1	1	6	2	7	1	.....	.....	.....	.....	.....	.....	.....	6	1	.....	1	.....	2	.....	.....
Wells	26,264	30	14.8	1	4	5	8	5	.....	.....	.....	2	.....	.....	.....	5	.....	.....	1	.....	1	.....	.....
White	20,674	9	5.6	.....	2	1	2	1	.....	1	1	1	1	.....	.....	1	.....	1	.....	.....	1	.....	.....
Whitley	19,439	11	7.3	.....	2	2	4	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....
Central Co's.....	**1,022,694**	**1,109**	**14.0**	**48**	**189**	**71**	**264**	**142**	**27**	**20**	**19**	**5**	**8**	.....	**8**	**176**	**2**	**31**	**29**	**3**	**34**	**29**	**37**
Bartholomew	25,599	41	20.8	2	8	4	9	7	.....	1	1	.....	1	.....	1	13	.....	2	3	.....	.....	.....	.....
Boone	28,070	27	12.5	3	2	2	8	6	.....	.....	1	.....	.....	.....	.....	3	.....	.....	.....	.....	1	.....	.....
Brown	11,949	12	13.0	.....	.....	1	5	4	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
*Clay	41,520	24	7.5	2	5	4	2	1	.....	2	.....	.....	.....	.....	2	5	.....	1	.....	.....	.....	2	.....
Clinton	29,421	38	16.7	2	7	3	8	4	1	.....	3	.....	.....	.....	.....	10	.....	1	1	.....	1	1	2
Decatur	20,436	25	15.9	.....	1	.....	10	3	2	.....	.....	.....	.....	.....	.....	6	.....	.....	2	.....	.....	1	.....
Delaware	48,303	59	15.8	1	10	6	15	6	5	1	1	.....	.....	.....	.....	9	.....	2	1	1	1	1	.....
Fayette	12,169	16	17.0	.....	3	1	3	2	1	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	2	1	.....
Fountain	23,418	16	8.8	2	4	.....	4	1	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	1	.....
Franklin	18,298	11	7.8	1	1	.....	3	2	.....	.....	1	.....	.....	.....	.....	2	.....	.....	1	.....	.....	.....	.....
Hamilton	32,004	37	15.0	.....	6	1	11	3	1	2	1	1	.....	.....	1	8	.....	.....	1	.....	.....	.....	.....
Hancock	20,772	14	8.7	1	1	3	5	.....	.....	.....	1	.....	.....	.....	.....	2	.....	1	.....	.....	.....	.....	.....
Hendricks	22,022	21	12.3	2	5	2	6	3	.....	.....	1	.....	.....	.....	.....	1	.....	1	1	.....	.....	.....	.....
Henry	24,524	44	23.3	2	8	3	14	5	1	.....	.....	.....	1	.....	1	5	.....	4	3	1	2	1	1
Johnson	20,667	19	11.9	1	2	.....	6	.....	.....	2	.....	.....	.....	.....	.....	3	.....	1	.....	.....	1	2	.....
Madison	62,918	80	16.5	8	20	5	5	9	4	.....	1	.....	1	.....	1	12	1	2	.....	.....	5	4	.....
Marion	163,355	227	18.0	6	44	15	40	31	2	3	4	.....	3	.....	.....	32	.....	5	8	.....	8	8	24
Monroe	29,480	19	8.3	1	2	.....	8	2	.....	.....	.....	.....	.....	.....	.....	4	.....	2	1	.....	.....	.....	.....
Montgomery	29,480	37	16.3	3	2	2	13	6	1	2	.....	.....	.....	.....	.....	4	.....	2	1	.....	1	2	.....
Morgan	21,378	27	16.4	1	5	1	5	7	1	.....	.....	.....	.....	.....	.....	6	.....	1	.....	.....	.....	1	.....
Owen	17,787	11	8.0	.....	1	1	4	3	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Parke	23,807	9	4.9	1	2	.....	1	1	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....
Putnam	21,934	16	9.4	2	4	.....	5	2	.....	1	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Randolph	29,960	25	10.8	.....	3	2	9	2	1	.....	.....	.....	.....	.....	1	7	.....	.....	.....	.....	2	.....	.....
Rush	19,292	23	15.4	.....	3	2	5	3	2	.....	.....	1	.....	.....	.....	3	.....	1	2	.....	1	.....	.....
Shelby	27,790	27	12.6	.....	4	2	6	5	1	.....	.....	.....	1	.....	.....	6	.....	.....	.....	.....	2	1	.....
Tippecanoe	42,784	41	12.4	1	4	3	11	4	1	1	1	1	.....	.....	.....	7	1	1	1	.....	1	.....	5
Tipton	21,518	23	13.8	3	3	3	4	3	.....	.....	1	.....	.....	.....	.....	1	.....	1	.....	1	2	.....	.....
Union	6,075	3	6.4	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Vermillion	15,550	12	10.0	.....	6	.....	1	.....	.....	.....	.....	1	1	.....	.....	1	.....	1	1	.....	.....	.....	.....
Vigo	62,531	72	14.9	1	15	4	16	11	.....	4	1	.....	.....	.....	.....	8	.....	1	1	.....	3	1	4
Warren	11,844	9	9.8	.....	2	.....	5	1	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	1	.....	.....
Wayne	36,039	44	15.8	2	6	1	16	4	3	.....	1	1	.....	.....	1	3	.....	1	1	.....	.....	2	1
Southern Co's....	**729,838**	**812**	**14.4**	**31**	**131**	**65**	**226**	**126**	**8**	**17**	**11**	**2**	**2**	**1**	**3**	**123**	**4**	**19**	**20**	**1**	**17**	**22**	**12**
Clark	32,942	46	18.1	.....	4	6	15	5	1	.....	1	.....	2	.....	.....	6	.....	.....	.....	.....	1	.....	1
Crawford	18,343	12	8.5	.....	2	1	2	2	.....	.....	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	1	.....	.....
Daviess	35,336	32	11.7	4	3	6	5	6	1	.....	1	.....	.....	.....	.....	3	.....	2	1	.....	.....	.....	.....
Dearborn	24,531	25	13.2	2	12	.....	18	2	.....	.....	.....	.....	.....	.....	.....	7	.....	.....	.....	.....	1	2	.....
Dubois	26,218	19	9.4	2	1	3	4	3	.....	.....	.....	.....	.....	.....	.....	5	.....	1	.....	.....	1	1	.....
Floyd	29,900	40	17.3	1	4	2	13	6	1	4	.....	.....	.....	.....	.....	2	.....	1	1	.....	.....	.....	.....
Gibson	33,614	40	15.4	2	11	2	9	3	.....	1	.....	.....	.....	.....	.....	6	.....	3	1	1	1	1	.....
Greene	32,224	33	13.3	1	4	4	15	6	.....	.....	1	.....	.....	.....	.....	6	.....	1	2	.....	1	3	...
Harrison	25,501	20	10.1	.....	2	1	10	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....
Jackson	29,869	33	14.3	2	8	2	4	9	.....	.....	2	1	.....	.....	.....	5	.....	.....	2	.....	1	1	.....
Jefferson	24,790	34	17.8	.....	5	.....	14	7	.....	.....	.....	.....	.....	.....	.....	4	.....	1	.....	.....	1	.....	.....
Jennings	16,890	20	15.3	.....	3	1	6	3	1	1	.....	.....	.....	.....	.....	3	.....	.....	1	.....	1	.....	.....
Knox	39,158	58	19.2	2	6	10	15	13	.....	1	2	.....	.....	.....	.....	14	.....	1	2	.....	.....	2	1
Lawrence	25,077	24	12.4	.....	4	2	5	3	.....	.....	.....	.....	.....	1	.....	3	.....	.....	1	.....	1	1	.....
Martin	17,412	16	11.9	1	4	.....	3	2	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	1	.....	2	.....	.....
Ohio	4,959	6	15.7	.....	.....	1	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Orange	19,124	16	10.8	.....	1	.....	3	5	.....	.....	.....	.....	.....	.....	.....	5	.....	.....	.....	.....	.....	.....	.....
Perry	23,513	20	11.0	.....	2	2	6	5	1	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	1	1	1
Pike	24,458	42	22.3	1	11	2	9	6	.....	3	1	.....	.....	.....	1	5	1	3	.....	.....	1	.....	.....
*Posey	25,637	34	17.2	3	7	3	6	1	.....	2	1	.....	.....	.....	.....	7	1	2	1	.....	.....	.....	.....
Ripley	22,242	24	14.0	.....	5	.....	9	2	1	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	1	.....
Scott	10,370	17	21.3	.....	1	3	5	4	1	.....	1	.....	.....	.....	.....	4	.....	.....	1	.....	1	2	.....
Spencer	26,005	27	13.4	6	3	1	8	3	1	.....	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	1	.....
Sullivan	28,376	17	7.7	.....	2	2	4	2	.....	.....	.....	.....	.....	.....	.....	5	.....	.....	1	.....	.....	1	1
Switzerland	13,006	9	8.9	.....	2	.....	3	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Vanderburgh	71,295	87	15.8	2	18	9	14	15	.....	1	1	1	.....	.....	2	15	1	2	2	.....	.....	1	7
Warrick	26,904	29	14.0	.....	3	.....	9	4	.....	1	.....	.....	.....	.....	.....	1	.....	.....	2	.....	1	1	1
Washington	22,144	32	18.7	2	3	2	10	7	.....	1	.....	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....

*Deaths from smallpox—Clay, 2; Posey, 2.

TABLE No. II. Deaths in Indiana by Cities During the Month of February, 1900.

CITIES.	Population based on School Census, 1899, Multiplied by 3½.	Total Deaths Reported for February, 1900.	Annual Death Rate per 1,000 Population.	Stillbirths.	Important Ages.			Deaths From Important Causes.															
					Under 1 Year.	1 to 5, Inclusive.	65 Years and Over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Pneumonia.	Diarrheal Diseases, Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Deaths in Institutions.
Cities over 50,000 Population	**192,189**	**275**	**18.6**	**8**	**58**	**22**	**45**	**38**	**2**	**3**	**4**	**1**	**2**	.....	**2**	**40**	**1**	**7**	**7**	.....	**8**	**9**	**22**
Indianapolis	137,081	203	19.2	7	42	13	35	26	2	2	3	.....	2	.....	.....	28	.....	5	6	.....	8	8	17
Evansville	55,118	72	16.9	1	16	9	10	12	.....	1	1	1	.....	.....	2	12	1	2	1	.....	.....	1	5
Cities from 25,000 to 50,000 Population	**114,824**	**133**	**15.0**	**5**	**29**	**6**	**24**	**18**	**4**	**4**	**4**	.....	.....	.....	**1**	**13**	.....	**2**	**1**	.....	**4**	**6**	**2**
Ft. Wayne	45,854	40	11.3	1	11	.....	6	5	4	1	2	.....	.....	.....	.....	5	.....	2	.....	.....	1	1	.....
South Bend	34,779	45	16.8	3	9	4	6	5	.....	.....	1	.....	.....	.....	1	4	.....	.....	.....	.....	1	4	.....
Terre Haute	34,191	48	18.2	1	9	2	12	8	.....	3	1	.....	.....	.....	.....	4	.....	.....	1	.....	2	1	2
Cities from 10,000 to 25,000 Population	**210,866**	**315**	**19.4**	**14**	**48**	**22**	**68**	**40**	**16**	**7**	**11**	**3**	.....	.....	**2**	**40**	**3**	**3**	**3**	.....	**8**	**10**	**4**
Anderson	18,466	23	16.1	3	4	2	4	2	2	.....	1	.....	.....	.....	.....	3	.....	.....	.....	.....	2	1	.....
Elkhart	12,841	16	16.1	2	2	.....	3	.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Elwood	11,704	21	23.3	2	7	.....	.....	2	1	.....	.....	.....	.....	.....	1	.....	1	1	.....	.....	1	2	.....
Hammond	11,812	18	19.8	.....	4	3	2	.....	1	.....	3	.....	.....	.....	.....	2	1	.....	.....	.....	2	2	1
Jeffersonville	10,524	21	25.9	.....	2	.....	8	4	1	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	1	.....	.....
Kokomo	10,104	10	12.8	.....	1	.....	3	3	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lafayette	20,716	25	15.6	1	3	2	5	3	1	1	1	.....	.....	.....	.....	4	1	1	1	.....	1	.....	1
Logansport	15,057	28	24.1	.....	5	.....	8	4	1	1	.....	.....	.....	.....	.....	4	.....	.....	1	.....	.....	.....	1
Marion	17,209	35	26.4	1	5	6	6	3	1	1	3	.....	.....	.....	.....	7	.....	.....	.....	.....	.....	2	1
Michigan City	18,441	13	9.1	1	3	.....	1	1	.....	1	.....	1	.....	.....	.....	2	.....	.....	.....	.....	1	.....	.....
Muncie	15,574	27	22.5	.....	7	1	5	4	2	.....	1	.....	.....	.....	.....	4	.....	.....	.....	.....	.....	1	.....
New Albany	19,232	30	20.2	1	1	2	9	6	1	3	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....	.....	.....
Richmond	16,464	26	20.5	2	3	1	9	3	2	.....	1	1	.....	.....	1	.....	.....	1	.....	.....	.....	1	.....
Vincennes	12,722	24	24.5	1	1	5	5	5	.....	.....	1	.....	.....	.....	.....	9	.....	.....	.....	.....	.....	.....	.....
Cities from 5,000 to 10,000 Population	**140,568**	**187**	**17.2**	**8**	**26**	**14**	**43**	**26**	**6**	.....	**2**	.....	**1**	.....	**1**	**27**	.....	**2**	**4**	.....	**10**	**7**	**2**
Alexandria	5,712	5	11.3	1	2	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bedford	5,138	3	7.5	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Bloomington	5,820	3	6.7	.....	.....	.....	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Brazil	8,186	5	7.9	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Columbus	7,536	16	27.6	.....	3	2	3	3	.....	.....	.....	.....	.....	.....	.....	7	.....	1	.....	.....	.....	.....	.....
Connersville	5,656	11	25.2	.....	.....	1	3	2	1	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	2	1	.....
Crawfordsville	5,995	5	10.8	.....	.....	.....	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....
Frankfort	6,377	13	26.5	1	3	.....	2	1	2	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	2
Goshen	6,884	14	26.4	2	3	.....	2	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hartford City	6,055	7	15.0	.....	2	1	1	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Huntington	8,956	12	17.4	.....	2	1	4	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Laporte	9,565	8	10.8	.....	.....	.....	5	1	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	2	1	.....
Madison	8,211	23	36.4	.....	3	.....	8	5	.....	.....	.....	.....	.....	.....	.....	2	.....	1	.....	.....	1	.....	.....
*Mt. Vernon	6,485	9	18.0	4	1	.....	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Peru	8,235	10	15.7	.....	2	2	2	.....	.....	.....	.....	.....	1	.....	.....	3	.....	.....	.....	.....	.....	2	.....
Princeton	5,855	5	11.1	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Seymour	6,328	9	18.4	.....	1	.....	2	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	1	.....	1	1	.....
Shelbyville	6,496	11	22.0	.....	1	1	2	3	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Wabash	8,620	10	15.0	.....	2	2	.....	1	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	1	.....	.....	.....	.....
Washington	8,459	8	12.2	.....	.....	3	1	2	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	.....	.....
Cities under 5,000 Population	**132,075**	**163**	**16.3**	**12**	**27**	**13**	**44**	**17**	**3**	**1**	**1**	.....	**1**	.....	.....	**25**	**1**	**3**	**3**	.....	**3**	**10**	.....
Attica	2,341	1	5.5	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Aurora	3,535	6	22.0	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Bluffton	4,322	4	12.0	.....	.....	1	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Cannelton	2,569	3	15.1	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Clinton	2,261	7	40.2	.....	5	.....	1	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....	.....	.....	.....
Columbia City	2,873	No deaths.																					
Covington	2,919	1	4.4	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Decatur	4,637	4	11.2	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delphi	1,907	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dunkirk	3,951	2	6.5	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
East Chicago	2,726	4	19.0	.....	3	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Franklin	3,909	3	9 9	1	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Garrett	3,321	4	15.6	.....	1	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....
Gas City	3,637	6	21.4	1	1	2	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Greencastle	3,286	7	27.6	2	1	.....	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greenfield	4,525	3	8.6	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Greensburg	4,599	6	16.9	.....	.....	.....	2	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Huntingburg	3,006	2	8.6	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Kendallville	2,915	4	17.8	1	1	1	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Lawrenceburg	4,406	9	26.5	1	.....	.....	6	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	1	1	.....
Lebanon	4,452	6	17.5	.....	1	.....	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ligonier	1,834	4	28.3	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Martinsville	3,524	10	36.8	.....	1	1	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....
Montpelier	2,985	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mishawaka	4,774	6	16.3	1	1	1	2	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Noblesville	4,427	8	23.4	.....	.....	.....	2	2	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
North Vernon	2,632	8	39.5	.....	2	1	1	2	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Plymouth	3,941	8	26.3	.....	2	1	1	.....	1	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	1	.....	.....
Portland	4,476	4	11.6	.....	.....	1	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	2	.....
Rensselaer	2,436	4	21.3	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	.....	.....
Rising Sun	1,445	4	35.9	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Rushville	4,364	6	17.8	.....	1	1	1	2	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1	.....	.....
Tell City	3,237	5	20.0	.....	1	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tipton	3,762	2	6.9	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Union City	2,516	1	5.1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Valparaiso	4,956	4	10.4	1	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Vevay	1,477	1	8.8	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Warsaw	3,671	3	10.6	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Winchester	3,521	3	11.0	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Total Urban Population	**790,522**	**1,073**	**17.6**	**47**	**188**	**77**	**224**	**139**	**31**	**15**	**22**	**4**	**4**	.....	**5**	**145**	**5**	**17**	**17**	.....	**33**	**42**	**30**
Total Rural Population	**1,854,458**	**1,659**	.....	**64**	**275**	**121**	**470**	**200**	**25**	**33**	**28**	**13**	**10**	**1**	**15**	**256**	**4**	**41**	**48**	**7**	**45**	**45**	**51**

* One death from smallpox.

Mortality of Indiana for February, 1900.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population Based on School Census, 1899, Multiplied by 3½.	Total Deaths Reported for February, 1900.	Annual Death Rate per 1,000 Population.	Stillbirths.	Important Ages.						Deaths and Annual Death Rates per 100,000 Population from Important Causes.									
					Under 1.		1 to 4.		65 and Over		Consumption.		Other Tuberculosis.		Typhoid Fever.		Diphtheria.		Croup.	
					Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State	**2,644,980**	**2,732**	**13.4**	**111**	**463**	**22.7**	**208**	**10.2**	**694**	**34.1**	**339**	**166.6**	**56**	**27.5**	**48**	**23.5**	**50**	**24.5**	**17**	**8.3**
Northern Co's	892,418	811	11.9	32	143	20.8	62	.9	204	29.7	71	103.4	21	30.5	11	16.0	20	29.1	10	14.5
Central Co's	1,022,694	1,109	14.0	48	189	24.0	71	9.0	264	33.5	142	180.5	27	34.3	20	25.4	19	24.1	5	6.3
Southern Co's	729,838	812	14.4	31	131	23.3	65	11.5	226	40.2	126	224.5	8	14.2	17	30 2	11	19.5	2	3.5
All cities	**790,522**	**1,073**	**17.6**	**47**	**188**	**30.9**	**77**	**12.6**	**224**	**37.1**	**139**	**228.5**	**31**	**50.9**	**15**	**24.6**	**22**	**36.1**	**4**	**6.5**
Over 50,000	192,189	275	18.6	8	58	39.2	22	14.8	45	30.4	38	251.0	2	13.5	3	20.2	4	27.0	1	6.7
25,000 to 50,000	114,824	133	15.0	5	29	32.8	6	6.7	24	27.1	18	203.7	4	45.2	4	45.2	4	45.2	.....	.....
10,000 to 25,000	210,866	315	19.4	14	48	29.5	22	13.5	68	41.9	40	246.0	16	98.6	7	43.1	11	67.8	3	18.4
5,000 to 10,000	140,568	187	17.2	8	26	24.0	14	12.9	43	39.7	26	240.4	6	55.4	.....	.....	2	18.4	.....	.....
Under 5,000	132,075	163	16.3	12	27	26.5	13	32.4	44	43.3	17	167.3	3	29.5	1	9.8	1	9.8	.....	.....
Country	1,854,458	1,659	11.6	64	275	19.2	121	8.4	470	32.9	200	140.2	25	17.5	33	23.1	28	19.6	13	9.1

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Deaths and Annual Death Rates per 100,000 Population from Important Causes.																			
	Scarlet Fever.		Measles.		Whooping Cough.		Pneumonia.		Diarrheal Diseases, Under 5 Yrs		Cerebro-Spinal Meningitis.		Influenza.		Puerperal Septicemia		Cancer.		Violence.		Smallpox.	
	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State	**14**	**6.8**	**1**	**.4**	**20**	**9.8**	**401**	**197.0**	**9**	**4.4**	**58**	**28.5**	**65**	**31.9**	**7**	**3.4**	**78**	**38.3**	**87**	**42.7**	**4**	**1.9**
Northern Co's	4	5.8	.....	.....	9	13.1	102	148.5	3	4.3	8	11.6	16	23.3	3	4.3	27	39.3	36	52.4	.....	.....
Central Co's	8	10.1	.....	.....	8	10.1	176	223.7	2	2.5	31	39.4	29	36.8	3	3.8	34	43.2	29	36.8	2	2.5
Southern Co's	2	3.5	1	1.7	3	5.3	123	219 0	4	7.1	19	33.8	20	35.6	1	1.7	17	30.2	22	39.1	2	3.5
All cities	**4**	**6.5**	.....	.....	**5**	**8.2**	**145**	**238.4**	**5**	**8.2**	**17**	**27.9**	**17**	**27.9**	.....	.....	**33**	**54.2**	**42**	**69.0**	**1**	**1.6**
Over 50,000	2	13.5	.....	.....	2	13.5	40	270.5	1	6 7	7	47.3	7	47.3	.....	.....	8	54.1	9	60.8	.....	.....
25,000 to 50,000	.....	.....	.....	.....	1	11.3	13	147.1	.....	.....	2	22.6	1	11.3	.....	.....	4	45.2	6	67.9	.....	.....
10,000 to 25,000	.....	.....	.....	.....	2	12.3	40	246.6	3	18.4	3	18.4	3	18.4	1	6.1	7	43.1	10	61.6	.....	.....
5,000 to 10,000	1	9.2	.....	.....	1	9.2	27	249.7	.....	.....	2	18.4	4	36.9	.....	.....	9	83.2	6	55.4	1	9.2
Under 5,000	1	9.8	.....	.....	.....	.....	25	246.0	1	9.8	3	29.5	3	29.5	.....	.....	3	29.5	10	98.4	.....	.....
Country	10	7.0	1	.7	15	10.5	256	179.4	4	2.8	41	28.7	48	33.6	7	4.9	45	31.5	45	31.5	3	2.1

Indiana Climatic Data for February, 1900, Furnished by U. S. Department of Agriculture.

C. F. R. Wappenhans, Local Forecast Official and Section Director.

SECTIONS.	Temperature—Degrees Fahrenheit.				Precipitation in Inches.				Sky.			Prevailing Direction of the Wind.
	Monthly—Mean.	Departure from the Normal.	Mean—Maximum.	Mean—Minimum.	Average—Monthly.	Departure from the Normal.	Total Snowfall, (Unmelted.)	No. of Days with Precipitation.	No. of Clear Days.	No. of Partly Cloudy Days.	No. of Cloudy Days.	
Northern counties	.....	.....	63	—7	.....	.....	15.4	11	8	8	12	W.
Normal	27.5	.....	.....	.....	2.56	.....	.....	.....	.....	.....	.....	.....
Average	23.1	—4.4	.....	.....	3.74	+1.18	.....	.....	.....	.....	.....	.....
Central counties	.....	.....	64	—7	.....	.....	2.4	10	7	9	12	N. W.
Normal	29.6	.....	.....	.....	3.00	.....	.....	.....	.....	.....	.....	.....
Average	26.4	—3.2	.....	.....	3.59	+0.59	.....	.....	.....	.....	.....	.....
Southern counties	.....	.....	65	—4	.....	.....	4.7	11	7	8	13	N. W.
Normal	33.2	.....	.....	.....	3.84	.....	.....	.....	.....	.....	.....	.....
Average	30.1	—3.1	.....	.....	3.97	+0.13	.....	.....	.....	.....	.....	.....
Averages for the State	.....	.....	64	—6	.....	.....	7.5	11	7	8	13	N. W.
Normal	30.3	.....	.....	.....	3.31	.....	.....	.....	.....	.....	.....	.....
Average	26.5	—3.8	.....	.....	3.77	+0.46	.....	.....	.....	.....	.....	.....

SOME SANITARY ASPECTS OF SYPHILIS.*

Probably ten per cent. of all cases of syphilis are of extragenital origin. The medical profession, unfortunately, as a rule look upon this disease as solely venereal. It is true that genital chancres are often so small and nonsensitive as to scarcely excite suspicion in the mind of the patient. This is also true of extragenital chancre. Great numbers, most likely thousands of cases, of extragenital chancres never come to the physicians' attention, and hundreds go undiagnosed even when seen by physicians.

Extragenital chancre may have a wide area of distribution. Given the virus, and anywhere upon the body or within the cavities an abrasion of the epithelial covering an infection occurs.

It is certainly generally true that during the first two years after infection all syphilitic lesions may be bearers of infectious material. In 6,450 recorded cases of extragenital chancre 51 per cent. were of the oval cavity. One shudders at the thought of the army of syphilitics about us, who, through mediate or immediate agencies, may infect innocent persons. A sanitary problem confronts us, the importance of which is not generally realized—not fully by the physician, not at all by the laity. Almost one in every ten admitted to our hospitals bears evidence of syphilis. In addition we are to consider the large contingent treated in private practice. Next to eczema in frequency comes syphilis as a dermatological malady. Like tuberculosis, it is constantly with us. From the large centers of infection it is rapidly becoming disseminated to the smaller cities, towns, and the country. The practical sanitary point to be borne in mind in reference to the syphilitic is that, no matter what his station in life, for the entire secondary period his oval secretions are a constant source of danger and may lead to the infection of innocent persons.

Syphilitic infection of the oral secretions may be conveyed by pencils, pens and chewing gum which children exchange; through pipes and plug tobacco; from whistles, the tubes used in glass blowing, wind instruments, etc., which pass from mouth to mouth; by eating and drinking utensils.

The common drinking cups at schools, hotels, railway coaches and public drinking fountains may be carriers of infection. The roller towel may also be a source of infection. In our domestic relations we condemn, unhesitatingly, the use in common of eating or drinking utensils, but in partaking of the Holy Sacrament thousands of lips moisten with their saliva the rim of the communion cup, until its dregs are a veritable museum of bacteria and epithelial debris. A penitent syphilitic may kneel at the altar next an innocent child, nor does Deity hold in abeyance the law of contagion. The role of physicians and dentists as mediate agents in the spread of syphilis from lesions in the mouth is worthy of serious consideration. Thermometers and tongue depressors are all too frequently uncleaned, not to say unsterilized. Nose and throat specialists frequently encounter contagious specific lesions of the pillars of the fauces, tonsils, pharynx and larynx, and their instruments are not always clean, not to speak of being sterile. Much can be done toward preventing the spread of syphilis by teaching children that miscellaneous kissing is dangerous; that the passing of pencils, chewing gum or other articles from one mouth to another is not only filthy, but may communicate vile disease. The common pipe should be abolished. Physicians should give vigorous moral advice to all syphilitic patients, laying stress upon his obligations to those with whom he is associated. The public drinking cup should not be used, the roller towels in hotels should be abolished, and the unwholesome and nasty common communion cup should give place to the sanitary individual cup.

Let physicians, surgeons and dentists always use sterilized instruments. Let all barber shops, especially those patronized by the poor, be conducted on strictly sanitary principles. Lastly, the syphilitic is a nuisance and should be quarantined during the entire secondary period.

* Abstract of a paper by Dr. F. B. Wynn.

FORMALDEHYDE DISINFECTION, which is efficient, may be accomplished as follows:

CLOTHING (as here described or as below, under sick room)—Into a trunk or box having a cover, place the garments one at a time, sprinkling each one with one or two tablespoonfuls of 40 per cent. formaldehyde, mixed with an equal amount of water. Allow the trunk or box to remain closed for five hours, then open and hang the garments in the open air. If the formaldehyde odor persists, sprinkle the garments lightly with diluted aqua ammonia.

BED CLOTHES AND BED FURNISHINGS—Sheets, pillow cases and blankets should be boiled in water for at least thirty minutes. Comforts may be treated as described for clothing, or submitted to the action of formaldehyde gas in the sick room Straw ticks, husk and cotton mattresses should be burned, as they are too inexpensive to trouble with. Hair mattresses and feather beds should first be subjected in the sick room to the action of formaldehyde gas and afterward sent to be steamed and renovated. Pillows should be treated as described for mattresses and feather beds. All bed clothes, except bed linen, may also be treated in the sick room as described below.

SICK ROOM—Make as air-tight as possible, open closet doors, drawers, and all closed receptacles; scatter their contents about the room; suspend clothing and bed clothes upon lines stretched across the room, or spread out on chairs or other objects; books must be opened and the leaves spread—in short, the room and its contents so disposed as to secure free access of gas to all parts as freely as possible. Now for each 1,000 cubic feet of space take eight ounces of 40 per cent. formaldehyde, mix with one pint of water, and with a small sprinkling pot having a very fine sprinkler—a child's toy sprinkling pot is satisfactory—sprinkle the disinfectant over carpet, clothes, mattresses, stuffed furniture and sides of the room. Before sprinkling place a damp towel over mouth and nose. Close the room and allow it to remain so for not less than

five hours, but ten if possible, then open, remove all articles to the open air and clean the room thoroughly.

Books—Processes which may be trusted to disinfect books with certainty without injuring them are few; there is apparently but one such process. Formaldehyde gas is entirely harmless to paper, print, and bindings, and when the books are placed in a gas-tight casket or box with the leaves separated as much as possible and a comparatively large quantity of the gas is used, the experiments of Prof. Robinson, Dr. Horton, and others, have shown that books may be disinfected. For each cubic foot of space in the enclosed box, one ounce of formalin may be poured upon a rag at the side of the books, or upon a tray, or into the bottom of the box itself if it is tight and the books are slightly raised upon a false bottom. The box should then be closed twenty-four hours.

COMPARATIVE MORTALITY.

The Michigan Bulletin of Vital Statistics for March, gives a table of comparative mortality of Michigan, Indiana, Connecticut, New York and Ontario for the fourth quarter of 1899. In this table Indiana compares favorably with the States named in regard to death rate, the figures being as follows, and are per 1,000 of population per annum:

STATES.	October.	November.	December.
Michigan	12.1	12.2	12.3
Indiana	12.4	11.8	11.6
Connecticut	15.6	12.9	15.4
New York	16.0	14.7	16.5
Ontario	10.2	9.0	10.0

In the matter of pulmonary consumption, typhoid fever and diphtheria, Indiana does not compare favorably as shown in table herewith. The figures represent annual rates per 100,000 estimated population.

	Mich.	Ind.	Conn.	N. Y.	Ont.
Pulmonary Consumption—					
October	73.0	126.2	126.9	183.4	.....
November	72.6	124.1	136.0	175.4	.....
December	83.6	134.7	170.8	182.6	.....
Typhoid Fever—					
October	58.0	140.1	38.8	34.8	45.6
November	34.2	91.8	32.3	28.9	23.0
December	23.5	61.6	29.8	26.0	14.5
Diphtheria—					
October	30.5	49.9	34.9	43.8	17.6
November	32.7	59.0	57.9	52.4	23.0
December	36.5	47.7	41.4	55.5	21.8

The marked difference in favor of Michigan over Indiana in the matter of the three preventable diseases tabulated, is certainly mainly due to better sanitary conditions. And these conditions most probably have been brought about by the almost twenty years of excellent sanitary teachings of the Michigan State Board of Health. On account of lack of funds the Indiana State Board can not print sanitary circulars in greater quantities than 5,000, and this amount for a population of 2,650,000 can make but a feeble impression. There is a bright light ahead, however, and we feel certain the health department will soon be permitted to enter into sanitary education with its enormous attendant profits, on a scale commensurate with our population.

MEASLES.

There has not been a single month during the last ten years in which measles has not been reported as occurring somewhere in the state, often to the extent of between 2,000 and 3,000 in the month, although sometimes only a few dozen. The number last month undoubtedly far exceeded 1,000. There is an increasing prevalence of the malady since the year began. It is a serious error and very widespread in the public mind that measles is a comparatively trivial disorder and the precautions to prevent its spread are unimportant and not worth the trouble. To show the fallacy of this belief and how dangerous it is to act upon it, it is only necessary to refer to the published reports of vital statistics.

In the last four years there were only 239 deaths from scarlet fever in Connecticut, while there were 427 deaths from measles. Yet both diseases have been prevalent through the state all that time.

In the report of the Registrar-General of England for the decade 1888 to 1897, the deaths from scarlet fever numbered 57,226, while those from measles were 128,043, more than double the mortality of scarlet fever.

The report of the Registrar-General of Ireland for the same period is similar—scarlet fever 5,272, measles 8,842. It is true the direct mortality from measles is not large in proportion to the whole number ill with it, but it has been observed for generations that following an epidemic of measles there is always an increased mortality from pneumonia, bronchitis and consumption. Is it a trivial disease that destroys more lives in ten consecutive years throughout both England and Ireland than the united victims of scarlet fever and diphtheria? Deaths from measles in those countries were 136,885. Deaths from scarlet fever and diphtheria together, in England and Ireland during the same ten years, were 135,681.

From these facts it must be conceded that measles is not a trivial malady, but that its importance as a factor in public health ranks well up among the most dangerous diseases.

Is it a preventable disease? Yes. Inasmuch as its continued prevalence depends upon contagion, it is preventable. But it is not so easily prevented as some other diseases. Its prevention and restriction depend much upon the ready and willing co-operation of parents and physicians.

It is a highly contagious disease in every stage of its progress. Hence its seed is often sown in a community before its presence even is suspected. In its incipient stage, although already infectious, it presents no distinctive characteristics to justify a positive diagnosis. It then apparently differs in no respect from a common "cold"

affecting the mucous surfaces of the nose, eyes and lungs. It is not until the eruption appears that the diagnosis is confirmed. During that period of from two to four days the patient is not usually restricted in his liberty, but associates freely with his school-fellows and others, and plants an epidemic. The control of measles therefore is largely dependent upon the prudent care of suspected cases.

Physicians should not hesitate to acknowledge that they can not identify measles before the eruption is seen. Parents should not send their children to school or to their neighbors, if suffering with a recent cough, watery eyes and a nasal catarrh; and teachers should be instructed to exclude pupils with such symptoms from the school rooms and send them home.

Primary cases of measles should be cared for as vigilantly as smallpox. Isolation and disinfection should be practiced unremittingly. And a placard should be placed upon the entrance of every house in which there is a case. The numerous instances related in the annual reports of the Local Health Officers in this State, prove that the spread of measles can be controlled in large degree if the primary cases are taken care of. But when an epidemic has become general in a community, quarantining of all the cases will be impossible.—Bulletin of Connecticut State Board of Health.

CITY AND TOWN HEALTH OFFICERS AND DEPUTIES—Continued.

SWITZERLAND COUNTY.

County Health Officer.

DR. J. W. SMITH, Vevay, Ind.

Health Officers.

Moorefield	Dr. G. W. Copeland.
Patriot	Dr. R. A. Jamieson.

Deputies.

East Enterprise	E. G. Seymour.
Jay	J. M. Clements.

TIPPECANOE COUNTY.

County Health Officer.

DR. J. V. LITTELL, Lafayette, Ind.

Health Officers.

Lafayette	Dr. Washburn Tilson.
West Lafayette	Dr. F. T. Hiner.
Clark's Hill	Dr. Helfrick.
Battle Ground	Dr. F. M. Biddle.

Deputies.

Dayton	A. C. Baker.

TIPTON COUNTY.

County Health Officer.

DR. A. S. DICKEY, Tipton, Ind.

Health Officers.

Tipton	Dr. H. G. Read.
Windfall	Dr. T. W. Longfellow.

Deputies.

Kempton	Jerry McMullin.
Goldsmith	N. M. Campbell.
Sharpsville	James M. Reams.

UNION COUNTY.

County Health Officer.

DR. A. C. FOSDICK, Liberty, Ind.

Health Officers.

Liberty	Dr. A. C. Fosdick.
West College Corner	

Deputies.

College Corner	Miller & James.
College Corner	Weidner & Wilson.

VANDERBURGH COUNTY.

County Health Officer.

DR. W. S. PRITCHETT, Evansville, Ind.

Health Officers.

Evansville	Dr. T. E. Powell.

Deputies.

Kasson	G. R. Montoax.
McCutchanville	W. F. Clippenger.
Howell	D. A. Cox.

VERMILLION COUNTY.

County Health Officer.

DR. ED. C. LOOMIS, Perrysville, Ind.

Health Officers.

Dana	Dr. G. W. Tucker.
Newport	Dr. M. L. Hall.
Cayuga	Dr. W. P. Darroch.
Clinton	Dr. A. A. Washburn.

Deputies.

Perrysville	M. C. Jones.

VIGO COUNTY.

County Health Officer.

DR. J. M. TALBOTT, Terre Haute, Ind.

Health Officers.

Terre Haute	Dr. L. J. Willien.
West Terre Haute	Dr. Geo. Bennet.

Deputies.

Lewis	C. G. Stock.
Riley	John Fox.
Prairie Creek	Robert Hawger.
Fontanet	Mr. Lambert.

WABASH COUNTY.

County Health Officer.

DR. J. B. WILLIAMS, Wabash, Ind.

Health Officers.

Wabash	Dr. L. W. Smith.
North Manchester	Dr. M. O. Lower.
Lagro	Dr. Uriah Renner.
Roann	Dr. W. P. Carpenter.

Deputies.

Lincolnville	John Holloway.
Somerset	Oscar Lawshe.
Laketon	Henry Ogden.
LaFontaine	J. C. Snyder.
Liberty Mills	A. Haines & Son.

WARREN COUNTY.

County Health Officer.

DR. G. L. COFFMAN, Williamsport, Ind.

Health Officers.

Williamsport	Dr. J. DeHart.
West Lebanon	Dr. I. H. Dunaway.
State Line City	Dr. Theo. Pragan.
Pine Village	Dr. J. W. McMullen.

Deputies.

Rainsville	Dr. Benard.
Green Hill	Dr. Vick.

WARRICK COUNTY.

County Health Officer.

DR. THOS. WRIGHT, Boonville, Ind.

Health Officers.

Boonville	Dr. D. A. DeForest.
Newburgh	Dr. O. A. Lett.
Tennyson	Dr. J. A. Billips.

Deputies.

Elberfeld	J. M. Kohlmeyer.
Lynnville	D. W. Thompson.
Folsomville	E. A. West.
Weltes	J. N. Schuck.
Chandler	W. A. Nevins.
Canal	W. N. Mills.
Selvin	N. M. Spradley.
Pelzer	M. Shaul.
Yankeetown	W. & D. Wilson.

WASHINGTON COUNTY.

County Health Officer.

DR. M. MAYFIELD, Salem, Ind.

Health Officers.

Salem	Dr. R. W. Martin.
Campbellsburg	Dr. L. W. Paynter.
Livonia	Dr. J. F. Kelly.
Hardinsburg	Dr. J. T. Barnett.
Fredericksburg	Dr. B. M. Armstrong.
Little York	Dr. W. B. Morris.

Deputies.

Martinsburg	W. E. Wright.
Lesterville	T. W. Herron.
Chestnut Hill	G. Sturdavant.
New Philadelphia	J. H. Oatley.
Pekin	T. H. B. Baker.
Halo	A. E. Bradshaw.

WAYNE COUNTY.

County Health Officer.

DR. GEO. H. GRANT, Richmond, Ind.

Health Officers.

Boston	Dr. J. J. Rife.
Cambridge City	Dr. J. E. Wright.
Centreville	Dr. S. H. Kersey.
Dublin	Dr. W. F. McCray.
East Germantown	Dr. A. E Ehle.
Fountain City	Dr. T. W. Taylor.
Hagerstown	Dr. V. G. Shiltneck.
Milton	Dr. I. F. Sweeney.
Mt. Auburn	Dr. H. B. Boyd.
Richmond	Dr. T. Henry Davis.
Whitewater	Dr. A. H. Jones.
Williamsburg	Dr. O. G. Davis.

WELLS COUNTY.

County Health Officer.

DR. BROSE S. HORNE, Bluffton, Ind.

Health Officers.

Bluffton	Dr. Brose S. Horne.
Vera Cruz	Dr. M. W. McClain.
Poneto	Dr. Shoemaker.
Keystone	Dr. Roy E. Dewees.
Ossian	Dr. H. N. Newman.

Deputies.

Kreps	Wm. French.
Uniondale	Jesse Hite.
Zanesville	Dr. J. L. McBride.
Petroleum	Dr. Jesse E. Saunders.
Tocsin	Dr. C. L. Blue.

WHITE COUNTY.

County Health Officer.

DR. M. T. DIDLAKE, Monticello, Ind.

Health Officers.

Monticello	Dr. J. D. McCann.
Monon	Dr. R. M. Reagan.
Wolcott	Dr. W. H. Cook.
Brookston	Dr. F. E. Lister.
Burnettsville	Dr. C. H. McCulley.
Reynolds	Dr. R. M. Delzell.
Chalmers	Dr. S. D. Sluyter.

Deputies.

Idaville	J. H. McCully.
Buffalo	A. G. Coonrod.

WHITLEY COUNTY.

County Health Officer.

DR. O. V. SCHUMAN, Columbia City, Ind.

Health Officers.

Churubusco	Dr. T. Ray Morrison.
South Whitley	Dr. W. D. Barnhill.

Deputies.

Hecla	Geo. J. Wickliffe.
Larwill	W. S. Smith.
Churubusco	D. A. Roberson, Undertaker.