MONTHLY BULLETIN

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.

CONTENTS.

BIRTHS FOR JANUARY, 1918.

Total births, 5,071 (stillbirths excluded); State rate, 20.8.

Males, 2,605; females, 2,466.

White males, 2,542; white females, 2,401.

Colored births, 128; males 63, females, 65.

Stillbirths, 140; white 133; colored, 7.

The Northern Sanitary Section, population 1,016,514, reports 2,068 births; rate 24.4.

The Central Sanitary Section, population 1,208,708, reports 1,832 births; rate 18.1

The Southern Sanitary Section, population 686,443, reports 1,171 births; rate 20.4.

The highest rate, Lake County, 42.0.

The lowest rate, Newton County, 7.9.

Total births to date for 1917, 5,514.

Total births to date for 1918, 5,071.

ABSTRACT OF MORTALITY STATISTICS FOR JANUARY, 1918.

Total deaths reported 3,502; rate 14.4. In the preceding month 3,221 deaths; rate 13.1. In the same month last year 3,666 deaths; rate 14.9. Deaths by important ages were: Under 1 year of age 470 or 13.4 per cent. of total; 1 to 10, 270; 10 to 20, 128; 65 and over, 1,309 or 37.7 per cent. of total.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 1,016,514, reports 1,229 deaths; rate 14.5. In the preceding month 1,067 deaths; rate 12.4 In the same month last year 1,267 deaths; rate 14.7.

THE CENTRAL SANITARY SECTION, population 1,208,708, reports 1,509 deaths; rate 14.9. In the preceding month 1,452 deaths; rate 14.3. In the same month last year 1,587 deaths; rate 15.6.

THE SOUTHERN SANITARY SECTION, population 686,443, reports 764 deaths; rate 13.3. In the preceding month 702 deaths; rate 12.0. In the same month last year 812 deaths; rate 13.8.

REVIEW OF SECTIONS: The Central Section presents the highest death rate, which is .5 higher than that for the entire State. The Central Section also presents the highest death rate for lobar and bronchopneumonia, cerebrospinal fever, external causes and smallpox. The Northern Section presents the highest death rate for diphtheria and croup, whooping-cough, diarrhea and enteritis, and cancer. The Southern Section presents the highest death rate for tuberculosis, typhoid fever, scarlet fever, measles, poliomyelitis, and influenza.

RURAL: Population 1,701,179, reports 1,814 deaths; rate 12.8. In the preceding month 1,455 deaths; rate 11.0. In the same month last year 2,060 deaths; rate 11.9.

URBAN: Population 1,210,486, reports 1,688 deaths; rate 16.5. In the preceding month 1,766 deaths; rate 15.5. In the same month last year 1,606 deaths; rate 13.8. The cities named present the following death rates: Indianapolis, 18.5; Evansville, 18.3; Fort Wayne, 12.3; Terre Haute, 16.0; South Bend, 15.1; Gary, 22.0; East Chicago, 20.3; Hammond, 14.0; Muncie, 18.5; Richmond, 15.5; Anderson, 19.1; Elkhart, 18.5; Michigan City, 8.0; Lafayette, 23.2; Kokomo, 15.4; Logansport, 18.8; New Albany, 16.9; Marion, 16.3.

SUMMARY OF MORBIDITY AND MORTALITY FOR JANUARY, 1918.

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

SMALLPOX: 1,003 cases in 58 counties with 3 deaths. The following counties reported smallpox present: Adams, 20 cases; Allen, 97; Benton, 2; Boone, 2; Cass, 2; Clay, 109; Dearborn, 7; Dekalb, 1; Delaware, 6; Elkhart, 10; Fayette, 3; Franklin, 1; Gibson, 8; Grant, 2; Greene, 28; Hendricks, 13; Henry, 6; Howard, 3 cases and 1 death; Huntington, 1 case; Jackson, 1; Jasper, 1; Jay, 15; Jefferson, 1; Jennings, 2; Johnson, 6; Knox, 9; Koscisuko, 2; Lagrange, 4; Lake, 2; Laporte, 11; Marion,

Montgomery, 9; Morgan, 34; Noble, 15; Orange, 9; Parke, 2; Perry, 3; Pulaski, 1; Putnam, 4; Randolph, 4; Rush, 6; Shelby, 15; Spencer, 2; Steuben, 3; St. Joseph, 1; Sullivan, 2; Tippecanoe, 6; Vanderburgh, 5; Vigo, 10; Wabash, 1; Warren, 6; Wayne, 53 cases and 1 death; Wells, 2 cases; Whitley, 2.

TUBERCULOSIS: 298 deaths, of which 262 are of the pulmonary form and 36 other forms. Male tuberculosis deaths numbered 154; females, 144. Of the males, 32 were married in the age period 18 to 40 and left 64 *orphans* under 12 years of age. Of the females, 74 were married in the same age period as above and left 74 orphans under 12 years of age. Total number of orphans made in one month by this preventable disease, 138. Number of homes invaded, 281.

PNEUMONIA: 470 deaths; rate 190.2 per 100,000. In the preceding month 335 deaths; rate 136.8. In the same month last year 607 deaths; rate 248.

DIPHTHERIA: 382 cases in 52 counties with 65 deaths. In the preceding month 530 cases in 57 counties with 63 deaths. In the same month last year 409 cases in 58 counties with 46 deaths.

TYPHOID FEVER: 48 cases in 18 counties with 17 deaths. In the preceding month 47 cases in 20 counties with 34 deaths. In the same month last year 130 cases in 21 counties with 35 deaths.

SCARLET FEVER: 694 cases in 67 counties with 22 deaths. In the preceding month 794 cases in 68 counties with 14 deaths. In the same month last year 490 cases in 58 counties with 13 deaths.

MEASLES: 820 cases in 64 counties with 8 deaths. In the preceding month 277 cases in 38 counties with 3 deaths. In the same month last year 4,145 cases in 72 counties with 32 deaths.

POLIOMYELITIS: 6 cases in 4 counties with 2 deaths. In the preceding month 1 case and 1 death. In the same month last year 4 cases in 4 counties with 4 deaths.

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

EXTERNAL CAUSES: Total, 156; males 106; females, 50.

SUICIDES; Total 18; males, 10; females, 8. Suicide by poison, 9; by hanging or strangulation, 2; by firearms, 4; by cutting or piercing instruments, 2; by jumping from high places, 1.

ACCIDENTAL OR UNDEFINED: Total, 131; males, 90; females 41. Poisoning by food, 4; other acute poisonings, 4; conflagration, 1; burns (conflagration excepted), 22; absorption of deleterious gases, 10; accidental drowning, 1; traumatism by fire arms, 3; traumatism by fall, 25; traumatism in mines, 5; traumatism by machines, 2; traumatism by other crushing, 4; railroad accidents and injuries, 23; street-car accidents and injuries, 5; automobile accidents and injuries, 8; injuries by animals, 1; starvation, 1; excessive cold, 6; electricity (lighting excepted), 1; other external violence, 5.

HOMICIDE: Total, 7; males, 6; females, 1. Homicide by firearms, 3; homicide by cutting or piercing instruments, 2; homicide by other means, 2.

HEALTH OFFICERS. ATTENTION.

Delayed Birth and Death Certificates.

Each month the statistical department receives certificates for births and deaths that have occurred during the preceding months, which are sent to this department in time to be tabulated with the report for the current month. With the report for January the following counties named below were delinquent in this matter:

BIRTHS.

Adams, 1; Allen, 6; Bartholomew, 1; Boone, 3; Cass, 1; Clark, 2; Clay, 3; Crawford, 1; Daviess, 2; Dearborn, 1; Decatur, 2; Delaware, 2; Dubois, 1; Elkhart, 1; Fulton, 7; Gibson, 2; Grant, 3; Greene, 1; Harrison, 1; Henry, 1; Howard, 5; Jackson, 1; Jay, 1; Jefferson, 3; Johnson, 3; Knox, 6; Lagrange, 2; Lake, 15; Laporte, 2; Madison, 6; Marion, 2; Marshall, 3; Miami, 1; Montgomery, 1; Morgan, 2; Noble, 1; Perry, 4; Porter, 1; Posey, 2; Ripley, 3; Spencer, 3; Scott, 1; Starke, 3; Steuben, 1; Sullivan, 1; Switzerland, 1; Tippecanoe, 4; Tipton, 1; Union, 1; Vanderburgh, 2; Vermillion, 4; Vigo, 3; Warren, 2; Warrick, 9; Washington, 4; Wayne, 3; White, 4; Whitley, 3.

DEATHS.

Allen, 3; Benton, 5; Carroll, 1; Clark, 3; Crawford, 2; Dearborn, 10; Decatur, 1; Dekalb, 1; Delaware, 1; Fulton, 1; Gibson, 1; Grant, 2; Greene, 1; Hendricks, 1; Howard, 1; Jackson, 1; Jefferson, 1; Knox, 3; Lake, 2; Lawrence, 1; Madison, 2; Marion, 1; Marshall, 1; Martin, 1; Montgomery, 3; Morgan, 1; Newton, 1; Noble, 1; Perry, 2; Posey, 2; St. Joseph, 1; Sullivan, 2; Vermillion, 1; Warrick, 5; White, 1.

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

WILL SHIMER, M. D., SUPERINTENDENT.

Sputum for tubercle bacilli—		
Positive	113	
Negative	264	
		377
Urine for tubercle bacilli—		
Negative	4	
		4
Pus for tubercle bacilli—		
Negative	5	
		5
Feces for tubercle bacilli—		
Negative	3	
		3
Pleural fluid for tubercle bacilli—		
Negative	1	
		1
Cerebrospinal fluid for tubercle bacilli—		
Negative	1	
		1

Widal tests for typhoid fever—		
Positive	3	
Negative	37	
		40
Widal tests for paratyphoid fever "A"—		
Negative	2	
		2
Widal tests for paratyphoid fever "B"—		
Negative	2	
		2
Throat cultures for diphtheria bacilli—		
Positive	211	
Suspicious	95	
Negative	283	
Unsatisfactory	12	
		601
Throat cultures for diphtheria epidemics—		
Positive	15	
Suspicious	22	
Negative	432	
		469
Brains for rabies—		
Dogs—		
Positive	2	
Negative	1	
Cats—		
Positive	1	
		4
Blood for counts	7	
		7
Blood for malaria plasmodia negative	5	
		5
Pus for gonococci—		
Females—		
Positive	7	
Suspicious	1	
Negative	26	
Males—		
Positive	6	
Negative	11	
		51
Pus for whooping-cough bacillus, negative	1	
		1
Pathological tissues—		
Carcinoma—		
Carcinoma of neck	1	
Carcinoma of breast	1	
Carcinoma of penis	1	
Carcinoma of cervix	3	
Carcinomá of rectum	2	
Carcinoma location not given	1	
Sarcoma—		
Sarcoma of arm	1	
Miscellaneous tissues	7	
Gasserian ganglions	2	
		19
Urine for chemical analysis	93	
		93
Urine for gonococci, negative	1	
		1
Stomach contents	1	
		1
Total number examinations made		1,687
Guinea pigs inoculated for rabies, negative	1	
Guinea pigs inoculated for T. B. negative	1	
		2

OUTFITS PREPARED AND SENT OUT DURING JANUARY, 1918.

Tuberculosis	401
Diphtheria	843
Diphtheria epidemics	1,550
Widals	156
Gonococci	177
Malaria	27
Blood count	23
Bile media	10
Total number of outfits sent out	3,187

PATIENTS TAKING "PASTEUR" TREATMENT JANUARY, 1918.

Name.	Town.	County.	Age.	Sex.	Treatment Began.	Treatment Finished.
Thresa Gratzer	Lincoln City.	Spencer	3	F	1- 6-18	1-24-18
Antonetta Gratzer	Lincoln City.	Spencer	6	F	1- 6-18	1-24-18
Robert Haskett	Greenfield	Hancock	4	M	1-24-18	2-10-18
T. E. Gooden	Oakland City.	Gibson	25	M	1-26-18	2-12-18
Jeanett Gooden	Oakland City.	Gibson	4	F	1-26-18	2-12-18

EPIDEMICS OCCURRING DURING JANUARY, 1918.

DIPHTHERIA: Owensville, Evansville, Bloomfield.

SCARLET FEVER: Nevada, Steuben County; Pike Township, Jay County; Winchester; Warsaw; Huntington; West Hartsville, Bartholomew County; Churubusco; Allen County; Vevay; Crandall, Harrison County; Hickville, Dekalb County; Portland; Hanover; Laporte County.

SMALLPOX: Paragon, Morgan County; Geneva; Adams County; Martinsville; Anderson; Clark Township, Johnson County; Bicknell; South Milford; Sullivan County; Albion; Bloomfield; French Lick.

MEASLES: Frankfort; Reelhorn, Wabash County; Columbus; Ft. Wayne; Shelbyville; Martinsville; Pleasant Lake; Greensburg.

WHOOPING COUGH: Vallonia, Jackson County; Marion.

RABIES—DOGS: Wabash Township, Parke County.

REGISTRATION OF TUBERCULOSIS.

The Indiana Registration of Tuberculosis Law, 1917, requires all physicians to report cases of tuberculosis WITHIN FIVE DAYS AFTER SUCH CASE COMES TO THEIR KNOWLEDGE.

The following suggestion will be helpful to physicians in reporting their cases of TUBERCULOSIS:

1.—Any person showing symptoms of tuberculosis infection, no matter what tissues or organs involved, or stage of the disease, should be reported as a case of TUBERCULOSIS.

2.—Every person mentioned in suggestion No. 1 should be REPORTED by the physician REGARDLESS OF ANY PREVIOUS REPORT of the case by other physicians.

We wish to call the attention of all Local Health Officers to their duty (Sec. 2, Registration of Tuberculosis, 1917), TO NOTIFY THE OWNER OF PREMISES OCCUPIED BY TUBERCULOSIS PATIENTS, IN WRITING, CONCERNING THEIR DUTY IN EVENT OF REMOVAL OR DEATH OF PATIENT.

Suggestion to LOCAL HEALTH OFFICERS concerning a case of TUBERCULOSIS:

1.—As soon as a case is reported, the LOCAL HEALTH OFFICER or his DEPUTY should visit the HOME and obtain the following information:
  (a) Is there proper disposal of the SPUTUM?
  (b) Are there other cases in the FAMILY?
  (c) What is the ECONOMIC and EDUCATIONAL STATUS of the patient and his family?
  (d) Are there young CHILDREN coming in contact with the patient?

2.—Ascertain the name of the Local Representative of the STATE ANTI-TUBERCULOSIS SOCIETY, the Local VISITING NURSE and the Director of the Local CHARITY ORGANIZATIONS.

  In case of POVERTY of patient, call the attention of the FAMILY PHYSICIAN to these agencies.

  Learn the Local or State SANITARIUMS for the ISOLATION and TREATMENT of cases of TUBERCULOSIS.

3.—In case the patient needs instruction as to how to keep from INFECTING OTHERS, tell the physician of the patient that free literature can be obtained through YOU from the STATE BOARD OF HEALTH.

DISEASE REPORTS, MORBIDITY STATISTICS AND THEIR SIGNIFICANCE TO PUBLIC HEALTH ADMINISTRATION.

The purpose of a health department is to maintain the population, in so far as possible, in a condition of physical well-being or, what amounts to the same thing, to prevent the occurrence of disease.

Either to maintain the health of the population or to prevent the further occurrence or spread of disease, it is necessary that the places in which cases of disease are occurring and the conditions under which they occur be known and investigated. Not only must the places and conditions where disease is occurring be known, but the times of the year when disease is most prevalent and the sex and age, as well as the occupations, of those most frequently attacked must be known. In localities having satisfactory registration of deaths health officers have in the past been in the habit of studying these things as regards cases of disease which happen to terminate fatally. There has usually been no similar study of the far more numerous cases which terminate in recovery. Study has been limited to the fatal cases because there were usually available what were believed to be fairly dependable data regarding the deaths, while similar data regarding the nonfatal cases were supposed to be, and usually were, less complete.

For the purpose of the health department the study of fatal cases only has always been recognized to be at best a half-way measure. The health officer and the epidemiologist have studied mortality because of whatever value it possessed as an index of the prevalence of morbidity. While the life insurance company is naturally interested in the frequency of death, the health officer and the sickness insurance company are interested in the frequency of disease. Disease is represented by the cases and is as prevalent as the cases, and nothing short of a study of all cases will ever be satisfactory to the epidemiologist, nor will anything less than a study of all the known cases give to the health department the information it should have in order to attain a reasonable efficiency.

At the present time many municipalities and a number of States are getting reports of a considerable proportion of their cases of certain diseases. The time has come, therefore, when the health departments of these municipalities and States may begin to study intelligently and carefully the actual prevalence and distribution of these diseases in their respective territories.

While realizing that the mortality data represented only the relatively small proportion of cases which by chance were fatal, these data have been in the past carefully analyzed to get all the possible information they would yield of the prevalence of disease. They have been studied by sex distribution, by age distribution, by geographic distribution, by chronological distribution, and by occupational distribution. Wherever reasonably complete data of cases are available, an intelligent health department will study at least as carefully and as minuetely the distribution of disease as shown by the occurrence of cases. In fact, the cases would warrant a more extensive study by the health department, for the cases represent the thing being studied and are not merely an index of the prevalence of the thing. Statistically the detailed analysis of cases as a study of disease prevalence and distribution rests upon a much sounder basis than the study of deaths by causes.

The action taken by the recent conference of state and territorial health authorities with the Public Health Service in adopting minimum standard morbidity tables for publication in annual reports of state and territorial authorities is of special moment. The standard adopted calls for the publication of data showing the distribution of cases of the notifiable diseases (1) chronologically by months, (2) by sex, (3) by 5-year age groups up to 25 years, and by 10-year age groups after 25 years, (4) by termination (recovery or death), and (5) geographically by counties and municipalities. Undoubtedly municipal health departments will also adopt these as minimum data to be given in their annual tabulations and publications.

The cumulative information which will be made available by the adoption of these tables and the publication of the specified data in annual reports will be of the greatest value to health administration. How great the value will be can hardly be appreciated at the present time.

SCHOOL LUNCHES AND FEEDING SCHOOL CHILDREN.

By the State Board of Health.

Few indeed are the schoolrooms, rural and urban, in which poorly or even very badly nourished children cannot be found. Many pupils are "slow" because of wrong feeding and even lack of food. Nutrition is fundamental for all lines of child development. The lunch hour in all too many Indiana schools is a wasted opportunity and the parent of disorder, indigestion and general discomfort. Luncheons are brought wrapped in newspaper and in tin buckets or cardboard boxes. The to-be-pitied child, sits down on the coal box, the school steps, at his desk or elsewhere, and hurriedly gulps his cold and frequently miserable food. He scatters fragments about, soils his clothing, and creates untidiness and insanitary conditions. Manners, health and morals are injured.

What shall be done? Obviously, parents, teachers and school authorities are to blame. The child is almost helpless. It is a pity that so few parents, school authorities and teachers, do not know and understand the great importance of the proper feeding of children. *Eventually the child is what he eats, how much he eats and how he eats.*

MODEL SCHOOL LUNCHEONS.

For Children Over Six Years.

Monday.—Two bread sandwiches, one meat and the other jam or jelly. Cup of custard. Two sugar cookies. One apple. Half pint of milk.

Tuesday.—One buttered bread cheese sandwich with lettuce leaf or thin shavings of dill pickle. One buttered bread sandwich with jam or jelly. One cup of boiled rice with sugar and butter sauce. One slice of jelly cake. Half pint of milk. One orange.

Wednesday.—One buttered bread sandwich with a thin slice of broiled ham. One buttered bread sandwich with cup of apple sauce. One cup of grits with jelly. Half pint of milk. One banana.

Thursday.—One buttered bread sandwich with slices of hard-boiled egg. One buttered bread sandwich with jam. Two ounces of homemade fudge. Half pint of milk. One apple.

Friday.—One buttered bread sandwich with jelly. One cup of tapioca with apple. One piece of sponge cake. Half pint of milk. One orange.

The above are ideal sample lunches, for strong, healthy, normal children. For such children the quantity in each is not too great. However, the quantity is too great for weak, undersized delicate children. For such one sandwich should be omitted, or one of the other articles.

Milk should be in every child's lunch every day. Milk is the food of foods, and children who have a dislike for it or say they have, should be urged and taught to eat it. Milk should be eaten, not drunk down in large swallows. A bite of cracker or cake or other foods may be chewed with milk. Stop and think how a baby or calf drinks in little streams and you will understand how nature intends this sovereign food should be taken.

Obviously, the ideal or model lunches here given may be changed in many ways. For instance, if the family has had hash for breakfast, a hash sandwich may be made which will take the place of meat, cheese or egg sandwich. Peanut butter sandwiches are excellent. A cold boiled Irish or sweet potato may be substituted for some other article. Raw vegetables as radishes, celery, slaw, lettuce, onions, carrots, are always excellent for lunches. It is good dietetics to eat raw vegetables, for they add materially to right nutrition. A cup of boiled or baked beans, also cottage cheese, make splendid substitutes for meat.

Of course, sandwiches made with chicken, veal or beef loaf, or boiled ham may be used.

Put in every lunch fruit of some kind; an apple, orange, banana, tomato, peach, pear, cherries, grapes.

It is suggested that one of the sandwiches or the apple or other fruit may be eaten at recess if the pupil is hungry.

For the proper nutrition of the child and to maintain general health, an abundant supply of pure cool water is necessary. It is an assault upon children not to supply them with plenty of pure water.

NEW METHODS OF VACCINATION. In a recent pamphlet published by the U. S. Public Health Service three methods which might be called new are given for vaccination and are here set forth. The pamphlet says the cross-scratching method should never be used. The site of vaccination must be thoroughly cleansed with soap and water and then wiped off with cotton and alcohol.

(a) *The method of incision, or linear abrasion.*—By means of a sterilized needle or other suitable instrument, held in the right hand, a scratch, not deep enough to draw blood, is made through the drop of virus, one-quarter of an inch long and parallel with the humerus. The virus is then gently rubbed in with the side of the needle or other smooth, sterile instrument. Some blood-tinged serum may ooze through the abrasion as the virus is rubbed in, but this should not be sufficient to wash the virus out of the wound.

(b) *The drill method.*—A sterile drill, such as is used for the von Pirguet cutaneous tuberculin test, shaped like a very small screw driver with a moderately sharp end not more than 2 millimeters wide, is held between the thumb and middle finger, and with a twisting motion and moderately firm pressure, a small circular abrasion, the diameter of the drill, is made through the drop of virus; this should draw no blood.

(c) *The multiple puncture method.*—A sterile needle is held nearly parallel with the skin and the point pressed through the drop of virus so as to make about six oblique pricks or shallow punctures, through the epidermis to the cutis, but not deep enough to draw blood. The punctures should be confined to an area not more than one-eighth of an inch in diameter.

With methods (a) and (b) it is advisable to expose the arm after vaccination to the open air, but not to direct sunlight, for 15 minutes before the clothing is allowed to touch it. With method (c) the virus may be wiped off immediately.

MAXIMS FOR PROLONGING ACTIVE AND USEFUL LIFE.

1. The commercial value of a life lies solely in its productive period; the other periods are a burden upon this.

2. This period should be prepared for from infancy, protected in adult life, and extend as long as possible into old age.

3. Constitutional vigor is created mainly by proper food and proper hygiene in youth.

4. No person over forty years of age should subsist mainly on animal foods, which are very good in early life. The reason for this is contained in maxim 14. The elasticity of some of the most important tissues in the body cannot be preserved by a person over forty years of age who continuously loads up the body with the waste products of nitrogenous foods in excess, even if he had the best food in youth. Fruits and cereal foods should be largely and generally used by all persons over forty years of age.

5. Nerves are exceedingly important. They grow best in the country. Let youth be passed as much as possible away from the crowded centers of population.

6. Education may be misdirected, and may be overdone. A good machine may be ruined by making it too elaborate. A good knife may be rendered useless by sharpening it all away.

7. Regular, moderate, physical exercise is essential, and is generally neglected.

8. Do not make a burden of amusements. They may, and often are, made worse than overwork or undue worry.

9. Do not set an impossible ideal of life. It results in disappointment, and that ages.

10. Cultivate a serene mental attitude, and develop a capacity for deliberate enjoyment of whatever is at hand. The greatest pleasure often comes from little things easily and often overlooked.

11. Avoid every excess. Do not overwork, overplay, overeat, overdrink, or oversmoke, or allow yourself to become overinactive.

12. Do not assume obligations that you cannot discharge. This is the secret not only of much physical, but of much moral and mental disaster.

13. Study your diet, and your hours of labor, sleep, and relaxation, and conform to your constitutional requirements.

14. Take particular precaution to preserve by daily actions the elasticity of all of the tissues.

15. Maintain self-respect, avoid sordidness and gloom, and "grow old *gracefully.*"

16. It is desirable to diversify your interests; have one or two restful diversions, using a portion of your time away from your regular occupation and habitation.

Teachers' Sanitary Bulletin.

"INTERNATIONAL PEACE will be greatly aided in the future by preventive medicine" is a declaration made by President Emeritus Eliot of Harvard University. Dr. Eliot further said: "Preventive medicine is capable in the future of doing away with poverty and misery, of remedying industrial disputes, and of contributing to the cause of international peace." The medical practitioner of the future, he declared, would be one who prevented disease rather than cured. More than half the physicians of the country, he believes, will eventually be engaged in preventive rather than curative medicine. We may well add to the above that preventive medicine, and it alone, can control the insane and feeble-minded conditions, for it may be emphatically stated that insanity and moral problems cannot be solved by building hospitals, prisons and reformatories. It is also true that the highest and noblest form of charity is the prevention of poverty and immorality. Relief and amelioration are necessary because prevention is not practiced. Let us reorganize most of our charity and relief societies into prevention societies.

EXTINCTION OF VENEREAL DISEASES. A surgeon of the Austrian army proposes that soldiers with venereal diseases be sentenced to the front lines and front trenches and made to bear the first shocks. This would prevent to a good degree the loss of well men who now are made to carry the burdens of the army, including the burden of those who have chosen to have syphilis and gonorrhea. This is in accord with scripture which says: "They who sin shall surely die."

"FRESH AIR is the most important single factor in the treatment of tuberculosis", is the declaration of Dr. L. B. Morse, physician in charge of the Dr. Morse Sanatorium, Hendersonville, N. C. Then follows in the order named: rest, proper feeding, evacuation, and cleanliness of body. Lastly then must be fortitude and firm mental determination to get well.

THE STATE BOARD OF HEALTH WINS.

The State board of Health rejoices over another decision for the people. April 13, 1917, the State Board of Health condemned the Union Center schoolhouse, Huntington County, Union Township, after a thorough survey and examination had disclosed the building to be unfit, insanitary and a menace to the health and lives of the pupils. The trustee, Lewis S. Thomas, at once called the Advisory Board and requested an appropriation to construct a new building, which was refused. The Advisory Board took the position that a new building was not necessary, that the present building could be repaired at small expense and that the State Board of Health had no legal authority to enforce its condemnation or to prohibit the building being used for school purposes. The Union Center school is both a grade and high school, having an attendance last year of forty-five in the high school and eighty-two in the grades. When the time came to open school this year, the trustee was denied permission by the State Board of Health to use the present building, whereupon he brought a mandamus suit against his Advisory Board to compel them to make the necessary appropriation for a new building. The Advisory Board then filed a cross-complaint asking that the condemnation of the State Board of Health be set aside and the trustee be required to make a "few repairs" and hold school in the building. The case was heard in the Huntington Circuit Court before Judge Samuel E. Cook, the trial occupying two days, October 23 and 24.

Before deciding the case Judge Cook made a personal inspection of the building and, as he said, found the building in far worse condition than was brought out in the evidence. He therefore sustained the condemnation of the State Board of Health and ordered the Advisory Board to make the necessary appropriation for a new building at once. The court stated that certain powers are vested in the State Board that no judge has the right to overrule unless their decisions are found "plainly in error."

Dr. King, Superintendent of the Child and School Hygiene Division of the State Board of Health says: "It is strange indeed that school officials must be ordered by courts before they will make proper provisions for the health, safety and efficiency of school children. Dollars are still measured against human life and partisan politics still set over against official duty. It is well that the State has taken a definite stand for progress and better things and that courts, without exception, uphold every reasonable effort to require parents, taxpayers and school officials to provide proper protection and care for the children of the State."

A SHORT TIME before his death, Robert Louis Stevenson wrote the following on his memorandum pad: "Now do take warning by me. I am set up by a beneficent providence at the corner of the road, to warn you to flee from the hebetude that is to follow. So remember to keep well; and remember rather anything than not to keep well; and again I say, anything rather than not to keep well."

"I THINK the development and health of the people and fitting them to do their work in the world is quite as important as increasing the crops and protecting the hog."—David F. Houston, Secretary of Agriculture, U. S. A.

IMPORTANT DECISION BY THE APPELLATE COURT

DISEASE PREVENTION EXPENSE—HOW PAID

Counties and cities and towns shall pay the expenses incident to quarantine and disinfection work when occurring within their various areas is the judgment of the Appellate Court rendered the 8th day of February 1918. The judgment was given in the case of the Board of Commissioners in Pike County v. John T. Kime. Dr. John T. Kime was employed by the Health Commissioner of Pike County, Dr. E. S. Imel, to attend a family that was smitten with smallpox and was under quarantine. He presented a bill of $102.55 against the county. The bill was not considered exorbitant but the county authorities refused to pay it from county funds upon the ground that under the law the same should be paid by the township.

The decision of the court clearly sets forth the points in the case, quotes the various sections of law bearing upon the same, and then speaks as follows: "They (health officers) are required to enforce health laws, rules and regulations within their respective jurisdictions. They are given broad discretionary powers in determining when to act and the means and measures to be employed to accomplish the end in view. They may establish quarantine, and are expressly authorized in connection therewith to order what is reasonable and necessary for the prevention and suppression of disease. * * * and in all reasonable and necessary ways to protect the public health. In carrying out the measures deemed necessary to protect the public health, each commissioner may act either in person or by deputy and may completely isolate the entire family afflicted with a disease liable to affect the public health. The law takes cognizance of the fact that worthy, though indigent persons, as well as persons who belong to the pauper class, and likewise those who are financially well to do, may be the victims of contagious or infectious diseases, and that their prompt isolation, care and treatment, may be reasonable and necessary means of preventing the spread of the disease and protecting the public health.

It is not the purpose of the law to pay for the care and treatment of afflicted persons who are amply able to pay such expenses themselves, but it is the humane purpose of the health laws of this State to draw no fine distinctions which may prevent prompt action and delay efficient means designed to stamp out dangerous diseases and safeguard the public health. Where persons are so afflicted and so stated as in the case at bar, and are indigent and unable to pay for their necessary care and treatment, and the health commissioner has taken cognizance of the situation, appointed a competent physician to care for and treat the persons so isolated, maintain the quarantine and protect the public health, the jurisdiction and control of the health commissioner is complete and the county may be held liable for all expenses reasonably necessary to the protection of the public health. The decision of the health commissioner with reference to the necessity for action and the means to be employed, in the absence of connivance or fraud, is conclusive and final. * * *

In this opinion the court has held we are dealing with a case where the afflicted persons are poor and unable to pay for medical treatment, but even in cases where the afflicted and quarantined persons are able to pay for their care and treatment, under the present law, the decision of the health commissioner as to the means to be employed to protect the public health, including the care and treatment of such afflicted persons, is final and conclusive and binding upon the county, unless the commissioner has abused the discretionary power lodged in him by the statute."

In regard to the above we wish to say that the question is now settled. The ruling heretofore made by the attorney for the State Board of Accounts to the effect that all quarantined people by the act of quarantine become paupers and the expenses incident to the quarantine and the protection of the public health shall therefore be paid from township funds, is abrogated. The decision of the court absolutely overrules the ruling of the attorney of the State Board of Accounts. Health officers may now proceed with their work of protecting the public health, knowing that the Appellate Court has decided, as stated in the beginning of this article, that all reasonable bills legally incurred in protecting the public health shall be paid by the county when the necessity of the expenditure is outside of the corporation of cities and towns, and shall be paid by cities and towns when within their respective corporations.

TO HEALTH OFFICERS

DEAR DOCTOR:

Prevention is your slogan. Epidemics start in certain ways; they are founded on certain causes. Look to ways and causes and remove them. If you are an efficient man your greatest activities will not be during epidemics but before they begin. It is your business to diagnose public ills and prescribe treatment with the community as your patient. The private physician often fails to convince a patient that he is threatened with disease and likewise a health officer must frequently make extra effort to convince his people of impending dangers to the public health.

The time to cure consumption is before it begins. This is not a paradox. Tell your people over and over that "SANITARY PROBLEMS CANNOT BE SOLVED BY CARING FOR THE VICTIMS OF INSANITATION." Hospitals and cure will not abate the causes of disease. The capable trained health officer sees disease dangers far off. He must tell his people what he sees and show them the wisdom of arming themselves.

In time of health keep healthy. Epidemics are terribly expensive. Tell your people you want to save child life and totally destroy the trade in short coffins, and they must listen and cooperate with you if this is to be done. Preach the gospel of health unceasingly. Health will win the war. Food cannot and will not make sick or diseased men fight. Sick men cannot fly aeroplanes and fight in the air. Sick men cannot dig trenches, they can't "go over the top", they can't handle machine guns, they can't match the cunning of the enemy. And so it is in everyday life; sick men are no account. They can't succeed as preachers or teachers, they can't succeed in business nor be of use in promoting happiness and good government.

Health officers! your responsibilities are great. Are you equal to them? Not only do your "Bit", but do your "Best." Your opportunities are certainly great, will you measure up to them? Time will tell.

Don't ask where your profit comes in, for then your worthlessness will be declared.

Very sincerely yours,

THE INDIANA STATE BOARD OF HEALTH.

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

NORTHERN SANITARY SECTION.

Total population	1,016,514
Total deaths	1,229
Death rate per 1,000	14.5
Pulmonary Tuberculosis, rate per 100,000	82.6
Other forms of Tuberculosis, rate per 100,000	5.9
Typhoid Fever, rate per 100,000	5.9
Diphtheria and Croup, rate per 100,000	29.5
Scarlet Fever, rate per 100,000	9.4
Measles, rate per 100,000	3.2
Whooping Cough, rate per 100,000	18.5
Lobar and Broncho-Pneumonia, rate per 100,000	190.2
Diarrhoea and Enteritis (under 2 yrs.), rate per 100,000	23.0
Cerebro-Spinal Fever, rate per 100,000	1.2
Acute Anterior Poliomyelitis, rate per 100,000	.8
Influenza, rate per 100,000	28.0
Puerperal Septicemia, rate per 100,000	11.5
Cancer, rate per 100,000	88.6
External causes, rate per 100,000	64.2
Smallpox, rate per 100,000	1.2

CENTRAL SANITARY SECTION.

Total population	1,208,708
Total deaths	1,509
Death rate per 1,000	14.9
Pulmonary Tuberculosis, rate per 100,000	117.1
Other forms of Tuberculosis, rate per 100,000	20.8
Typhoid Fever, rate per 100,000	6.9
Diphtheria and Croup, rate per 100,000	28.7
Scarlet Fever, rate per 100,000	7.9
Measles, rate per 100,000	1.9
Whooping Cough, rate per 100,000	10.9
Lobar and Broncho-Pneumonia, rate per 100,000	203.5
Diarrhoea and Enteritis (under 2 yrs.), rate per 100,000	19.8
Cerebro-Spinal Fever, rate per 100,000	1.9
Acute Anterior Poliomyelitis, rate per 100,000	.9
Influenza, rate per 100,000	23.8
Puerperal Septicemia, rate per 100,000	8.9
Cancer, rate per 100,000	91.3
External causes, rate per 100,000	74.4
Smallpox, rate per 100,000	1.9

SOUTHERN SANITARY SECTION.

Total population	686,443
Total deaths	764
Death rate per 1,000	13.3
Pulmonary Tuberculosis, rate per 100,000	129.3
Other forms of Tuberculosis, rate per 100,000	17.4
Typhoid Fever, rate per 100,000	8.7
Diphtheria and Croup, rate per 100,000	19.2
Scarlet Fever, rate per 100,000	10.4
Measles, rate per 100,000	5.2
Whooping Cough, rate per 100,000	17.4
Lobar and Broncho-Pneumonia, rate per 100,000	180.0
Diarrhoea and Enteritis (under 2), rate per 100,000	15.7
Cerebro-Spinal Fever, rate per 100,000	....
Acute Anterior Poliomyelitis, rate per 100,000	1.7
Influenza, rate per 100,000	41.9
Puerperal Septicemia, rate per 100,000	17.1
Cancer, rate per 100,000	55.9
External causes, rate per 100,000	54.1
Smallpox, rate per 100,000	....

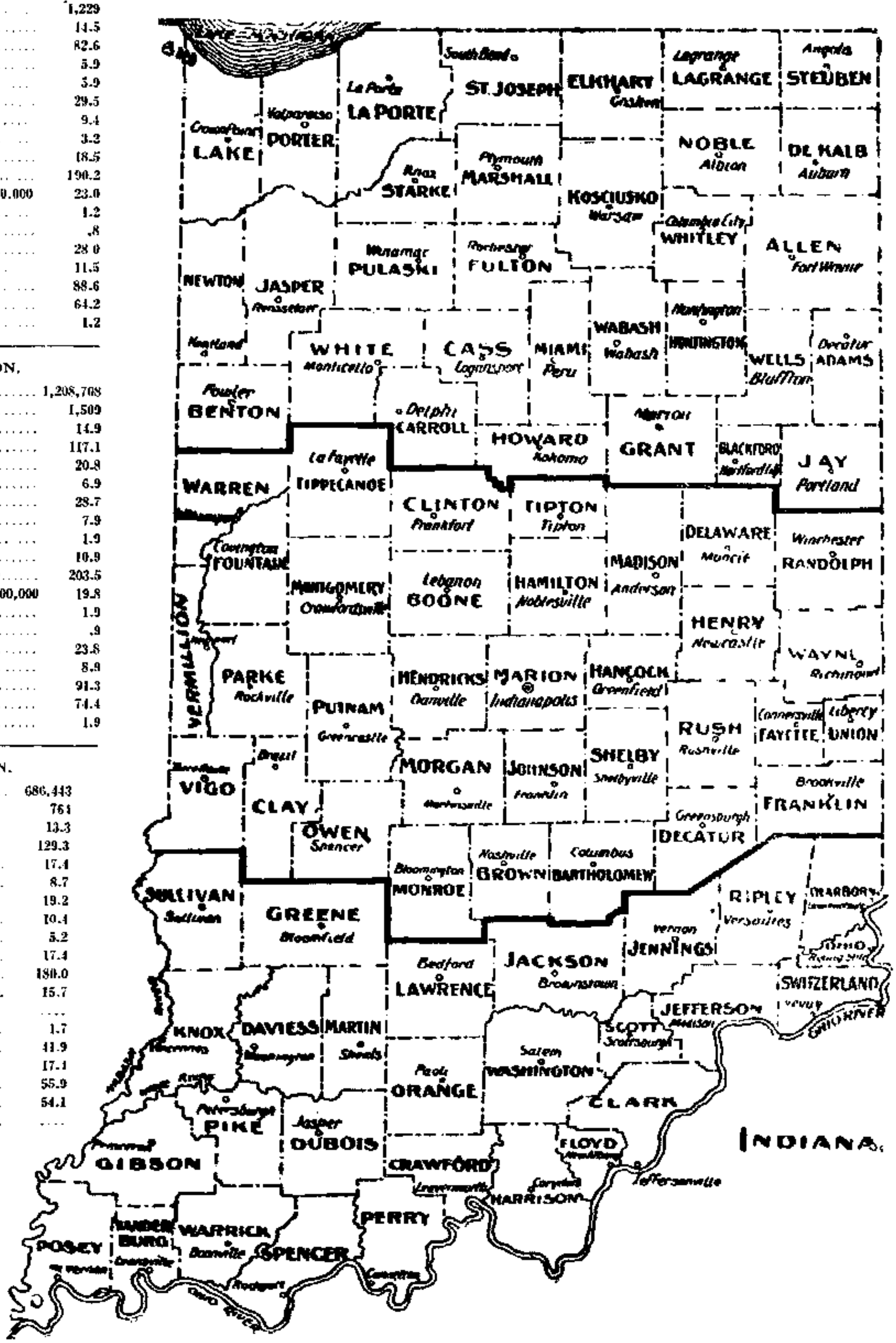

TABLE 1. Deaths in Indiana by Counties and Sections During the Month of January, 1918. (Stillbirths Excluded.)

State and Counties	1918 Population, United States Census Bureau.	Total Deaths Reported for January, 1918.	Total Deaths Reported for January, 1917.	Total Deaths Reported for the Year 1918 to Date.	Total Deaths Reported for the Year 1917 to Same Date.	Annual Death Rate per 1000: January, this Year.	Annual Death Rate per 1000: January, last Year.	Important Ages: Under 1 Year.	Important Ages: Age 1 to 10.	Important Ages: Age 10 to 20.	Important Ages: 65 Years and Over.	Deaths from Important Causes: Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria and Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis (under 2 years).	Cerebro-Spinal Fever.	Acute Anterior Poliomyelitis.	Influenza.	Puerperal Septicemia.	Cancer.	External Causes.	Smallpox.	Deaths of Non-Residents.	Births: Total Births.	Births: Rate per 1,000 Population.
State of Indiana	2,911,665	3,502	3,666			14.4	14.9	470	270	128	1,309	262	36	17	65	22	8	45	470	56	3	2	68	28	216	156	3	14	5,071	20.8
Northern Counties	1,016,514	1,229	1,287			14.5	14.7	205	87	37	469	70	5	5	25	8	3	24	162	27	1		20	9	91	50	1	6	2,068	24.4
Adams	21,840	14	19			7.2	10.9	4		1	5			1				2	2				1						46	25.2
Allen	106,781	109	107			12.2	12.0	18	6	4	46	2		2	2			1	18	1			1	3	8	1			220	24.7
Benton	12,688	10	12			9.4	11.1	1	1		6														1				9	8.5
Blackford	15,820	12	20			9.1	14.4	5			4												1		1				43	32.6
Carroll	17,970	14	26			9.3	17.0	1			9								1						1				22	14.6
Cass	37,881	50	64			15.8	19.7	3	2		24	4					1	5					4	1	3				70	22.1
Dekalb	25,054	32	35			15.3	16.1	2	5	1	11	3			2			1	7				1			2			34	16.2
Elkhart	52,205	82	69			18.8	15.6	15	3	1	42	5						1	15	1			2		10				100	22.9
Fulton	16,879	15	24			10.6	16.7	1	2		7	2		1									2		1	2			19	13.5
Grant	51,426	85	71			19.8	15.8	7	4	3	44	5			2			3	6		1		2		9	1		3	103	24.0
Howard	37,002	39	55			12.6	17.4	6	3	1	11	3			2			1	5				1		4		1		87	28.2
Huntington	29,048	43	35	SEE COLUMN ONE.	SEE COLUMN TWO.	17.7	13.9	5	5	1	19	2			1	1	1		7						5	1			49	20.2
Jasper	13,044	7	12			6.4	10.7	1	1		2								2										28	25.7
Jay	24,961	38	23			18.2	10.7	9	4	2	16	5				3		3	5	1			2		1	1			49	23.5
Kosciusko	27,936	26	30			11.1	5.4	2	1	1	18				1				8						5	1			82	26.6
Lagrange	15,148	21	19			16.6	14.7	4	1		9	3	1						2						1	2			26	20.6
Lake	120,245	187	170			18.6	17.7	56	25	8	27	14	2	1	7		1	3	30	13				1	8	24		1	421	42.0
Laporte	51,956	42	52			9.7	12.2	5	3	1	22	2			1				6						3	2			101	23.3
Marshall	24,175	33	40			16.3	19.4	6	1	1	17	1				1			5	1					5				51	25.3
Miami	30,186	40	40			15.9	15.2	11	2	1	11	1				1		1		6			1	1					56	22.2
Newton	10,549	10	9			11.3	9.9		2		5					1			1						1	1			7	7.9
Noble	24,403	19	45			9.3	21.1	2			9														6				38	18.6
Porter	21,673	28	22			15.5	12.3	2	1		11				1				8						3	1			34	18.8
Pulaski	13,312	10	16			9.0	14.1	1	2		3								2	1									18	16.2
Starke	10,680	10	18			11.2	19.8	2	1	1	4								2	1					1				15	16.8
Steuben	14,274	22	26			18.4	21.0	1			14	2						1	2				1		1				13	10.9
St. Joseph	105,450	133	107			15.1	12.6	18	7	6	40	9	1		2			2	19	2				3	8	9		2	228	25.9
Wabash	26,926	34	32			15.1	13.9	5	1	1	13	3			4										2	1			49	21.8
Wells	22,418	19	14			10.1	7.2	2	2		11	1							4							1			25	13.3
White	17,602	25	22			17.0	14.6	3	1	1	15	2	1						3				1		2				23	15.6
Whitley	16,892	20	24			14.2	16.4	7	1	2	4	1				1			2						1				22	15.6
Central Counties	1,208,708	1,509	1,587			14.9	15.6	174	115	67	586	118	21	7	29	8	2	11	205	20	2	1	24	9	92	75	2	7	1,832	18.1
Bartholomew	24,993	29	31			13.9	14.4	1	8	2	11	2		1	4			1	4				2	1	3				43	20.6
Boone	24,673	27	28			13.1	13.0	1	8	2	12	2			2	1		2	1				1		1				38	18.4
Brown	7,975	9	5			13.5	7.3	3			4	1							1										6	9.0
Clay	32,535	36	35			13.2	11.9	2	2		13	3	1	1					5				1		3	3			49	18.0
Clinton	26,674	32	35			14.3	14.9	5	1	2	15	1	2						6										47	21.1
Decatur	16,793	28	32			17.8	19.8	2	2	2	13	4	1						3					1	1				23	14.6
Delaware	52,901	59	62			13.3	13.7	8	5	2	28	3			1		1	2	13				1		2	1			101	22.9
Fayette	15,178	9	33			7.1	25.9	1			2												1						22	17.3
Fountain	20,439	22	27			12.9	15.3	3	1		9				1				4				2			2			25	14.6
Franklin	15,335	11	21			8.6	16.1		1	1	8	1			1										2				13	10.1
Hamilton	27,026	29	22			12.8	9.5	4			14	1	1	1	1				2						2	1			42	18.6
Hancock	19,030	20	14			12.6	8.6	1	1		3	2	1					1					1		4				27	17.0
Hendricks	20,840	26	28			14.9	15.8	1		1	12	4							2				3		1				22	12.6
Henry	33,640	27	43			9.6	15.7	4	1	1	11		1	1		2			5							1			53	18.9
Johnson	20,535	23	17			13.4	9.8	2	5	2	11	1	1		1			1	2	1					1	2			25	14.6
Madison	65,224	88	72			16.1	12.8	15	7	1	32	9	1	1	1			1	13	2					6	1			97	17.8
Marion	318,881	458	466			17.2	18.0	53	40	23	151	32	10	1	11	3		1	69	9	1		2	3	30	33	1	2	500	18.8
Monroe	25,547	18	25			8.4	11.8	1	1		9	3							2					1					42	19.7
Montgomery	29,296	36	49			14.7	18.6	4	4		15	2							7				1		3	1			40	16.3
Morgan	21,783	29	13			15.9	7.0	5	1		12	3		1	1		1		3				1		3				27	14.8
Owen	14,053	11	12			9.3	10.0	2	1		8								1										11	11.9
Parke	22,214	27	39			14.5	20.6	1	3	2	9	7				1			5				2			1			34	18.3
Putnam	20,520	31	28			18.1	15.9	4	1		13	2			1				6					1	2	1			24	14.0
Randolph	29,312	36	43			14.7	17.0	7	2	3	16	1						2	7				2		4	1			57	21.3
Rush	19,349	27	24			16.7	14.4	4			18	1							3	1					1	1			31	19.2
Shelby	27,059	31	28			13.7	11.6	3	3	2	14	5	1			1			3	1			1		2	3			30	13.3
Tippecanoe	41,229	68	67			19.7	19.0	6	2	2	29	5							5	1					5	7		1	65	18.9
Tipton	17,459	17	15			11.6	10.0	5		2	6	3							2			1							21	14.4
Union	6,280	4	5			7.6	9.4				3																		9	17.2
Vermillion	21,868	29	31			15.9	17.3	6	3	1	7	5							3	1				1	1	3			52	28.5
Vigo	109,452	134	136			14.6	15.3	13	11	5	38	12	1		4				20	3	1		1	1	5	11		1	162	17.7
Warren	10,890	6	15			6.6	16.2				4														1				16	17.6
Wayne	47,736	72	85			18.0	21.4	7	1	1	38	3							8	1			2		9	2	1	3	75	18.8
Southern Counties	686,443	764	812			13.3	13.8	91	68	34	254	74	10	5	11	6	3	10	103	9		1	24	10	32	31		1	1,171	20.4
Clark	30,260	50	38			19.8	14.8	4	3		21	1		1					8	1			1	1	1	1			34	13.4
Crawford	12,057	8	13			7.9	12.7	2		1	4	1						1	1				1						24	23.8
Daviess	27,747	29	43			12.5	18.2		2		15	1	1		1				2				1		1	3			51	22.0
Dearborn	21,396	22	31			12.3	16.6	2	2	2	6	2						1	3					1	3	2			38	21.3
Dubois	19,843	26	18			15.7	10.8	5	3	5	3	5			1		2		5	2			2			3			44	26.6
Floyd	30,439	39	40			15.3	15.4	3	3	1	13	8											5	2		1			51	20.1
Gibson	30,168	24	34			9.5	13.1	1	2	1	13	1	1						3							3			56	22.2
Greene	43,808	38	46			10.4	12.9	9	6	3	10	2	1		3	1			6	1				1	1	2			77	21.0
Harrison	20,232	26	22			15.4	12.8	2	1	5	9					2			9	1					1				14	8.3
Jackson	24,727	22	25			10.6	11.9	3			9	4											1		2	2			46	22.3
Jefferson	20,463	34	35			19.9	20.0	4		2	11	6							4						1				44	25.7
Jennings	14,203	9	11			7.6	9.0	3	1		3	1								1			1			1			32	27.0
Knox	44,533	52	60			14.0	16.3	9	9	4	12	5	1		1	2	1	1	9	1			1		4	2			84	22.6
Lawrence	34,694	27	31			9.3	10.8	4	1	2	12	1							3				3		1	2			48	16.6
Martin	12,950	15	14			13.8	12.2	1	1		4	2							3						1	1			26	24.0
Ohio	4,329	4	5			11.0	13.6				2												1						7	19.4
Orange	17,471	19	28			13.0	15.9	3	2	1	8	1			1				3				2		1				25	17.1
Perry	18,078	18	25			11.9	15.9	1	2		5	3							3			1							35	23.2
Pike	19,684	36	21			21.9	12.5	6	5	2	11	3						5		1			1			2			43	26.2
Posey	21,670	22	12			12.1	6.4	2	4		6	5			1				3	1					2				47	26.0
Ripley	19,452	20	20			12.3	10.7	4	1		8	1	1	2					3				1	1	2				23	14.1
Scott	8,336	6	6			8.6	8.0	1			4	1							1						1				12	17.2
Spencer	20,676	19	17			11.0	9.6	5			5	3							2					1	2				34	19.7
Sullivan	37,787	29	34			9.2	11.0	4	2	2	8	2			1	1			6					1		1			60	19.0
Switzerland	9,914	9	12			10.9	14.1	2	1		6		2						2										20	24.2
Vanderburgh	82,150	130	135			18.9	18.6	6	12	3	32	11	3	2	2			1	22				3	2	6	4		1	149	21.7
Warrick	21,911	16	19			9.8	9.9	3	4		8	2						1	1						1	1			27	14.7
Washington	17,445	13	17			8.9	11.4	2	1		6	2							1						1				20	13.7

TABLE 2. Deaths in Indiana by Cities During the Month of January, 1918. (Stillbirths Excluded.)

CITIES.	1918 Population, United States Census Bureau.	Total Deaths Reported for January, 1918.	Total Deaths Reported for January, 1917.	Total Deaths Reported for the Year 1918 to Date.	Total Deaths Reported for the Year 1917 to Same Date.	Annual Death Rate per 1000: January, This Year.	Annual Death Rate per 1000: January, Last Year.	Important Ages: Under 1 Year.	Important Ages: Age 1 to 10.	Important Ages: Age 10 to 20.	Important Ages: 65 Years and Over.	Deaths from Important Causes: Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria and Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Lobar and Broncho-Pneumonia.	Diarrhœa and Enteritis (under 2 years).	Cerebro-Spinal Fever.	Acute Anterior Poliomyelitis.	Influenza.	Puerperal Septicemia.	Cancer.	External Causes.	Smallpox.	Deaths of Non-Residents.	Births: Total Births.	Births: Rate per 1,000 Population.
State of Indiana	2,911,665	3,502	3,666			14.4	14.9	470	270	128	1,309	262	38	17	65	22	8	45	470	56	3	2	68	28	215	156	3	14	5,071	20.8
Rural	1,701,179	1,814	2,060	SEE COLUMN ONE.	SEE COLUMN TWO.	12.8	11.9	234	140	69	779	141	15	10	36	15	5	29	228	24	...	2	50	10	111	64	...	8	2,510	17.7
Urban	1,210,486	1,688	1,606			16.5	13.8	236	130	59	530	121	21	7	29	7	3	16	242	32	3	...	18	18	104	92	3	6	2,561	15.3
Cities of the First Class Population 100,000	289,577	488	403			18.5	17.4	51	40	23	146	31	10	1	11	3	...	1	68	8	1	...	2	3	30	33	1	2	492	20.0
Indianapolis	289,577	448	403			18.5	17.4	51	40	23	146	31	10	1	11	3	...	1	68	8	1	...	2	3	30	33	1	2	492	20.0
Cities of the Second Class Population 45,000 to 100,000	299,257	365	333			15.4	13.5	37	25	16	109	27	5	4	6	...	...	3	59	6	1	...	3	8	22	21	...	2	608	24.3
Evansville	77,854	110	105			18.3	15.8	4	12	3	30	9	3	2	2	...	...	1	20	...	...	...	2	1	5	3	...	...	133	20.4
Fort Wayne	79,846	82	85			12.3	13.2	11	3	3	33	1	...	2	1	...	...		15	1	...	...	1	3	7	1	...	...	187	28.1
Terre Haute	68,639	92	85			16.0	14.0	9	6	4	21	8	1	...	1	...	...	...	14	3	1	...	...	1	3	10	...	...	105	18.3
South Bend	72,888	92	58			15.1	10.4	13	4	6	25	9	1	...	2	...	...	2	10	2	...	...		3	7	7	...	2	183	30.1
Cities of the Third Class Population 20,000 to 45,000	320,018	477	446			17.8	16.8	97	39	13	141	35	1	1	9	...	2	10	69	14	1	...	7	4	26	26	2	2	833	31.2
Gary	30,000	55	48			22.0	16.2	17	10	4	3	3	1	...	6	...		...	10	2	...	...	...	1	...	6	...	...	150	60.0
East Chicago	31,829	54	38			20.3	15.6	23	9	1	6	5	...	1	...		1	1	11	5	...	...		...		6	...	...	124	46.7
Hammond	27,861	41	49			14.0	22.1	12	3	1	6	1	...	...	...	...		1	5	5	...	...	...	...	2	7	...	1	91	39.1
Muncie	25,882	40	35			18.5	15.9	8	3	1	18	2	...	...	1	...	...	2	7	...	...	...	...	...	2	...	...	...	67	31.0
Richmond	25,463	33	36			15.5	17.1	4	1	...	20	1	...	...	...	...	...		4	1	...	...	1	...	4	1	1	...	46	21.6
Anderson	24,464	39	37			19.1	18.2	7	4	1	12	3	...	...	1	...	...	1	8	...	...	...	...	...	3	...	...	...	28	13.7
Elkhart	22,688	35	29			18.5	15.6	6	1	1	17	2	...	...	...	...	...	...	8	...	...	...	...	...	4	...	...	...	45	23.8
Michigan City	22,314	15	19			8.0	10.3	2	1	...	7	...	...	...	...	...	...	...	4	...	...	...	...	...	1	1	...	...	33	17.7
Lafayette	21,676	42	35			23.2	19.3	5	1	2	13	4	...	...	...	...	...	...	2	1	...	...	...	...	3	4	...	1	46	25.4
Kokomo	22,569	29	35			15.4	19.7	6	1	...	9	3	...	...	...	...	...	1	4	...	...	...	1	...	2	...	1	...	64	34.0
Logansport	21,630	34	30			18.8	17.0	1	1	...	15	4	...	...	...	...	1	3	...	...	...	...	1	1	2	...	...	...	48	26.6
New Albany	23,029	33	29			16.9	16.5	2	3	1	9	7	...	...	...	...	...	...	4	...	...	...	2	2	...	1	...	...	47	23.8
Marion	20,013	27	26			16.3	14.8	4	1	1	6	...	...	...	1	...	...	1	2	...	1	...	2	...	3	...	...	...	44	26.3
Cities of the Fourth Class Population 10,000 to 20,000	165,854	190	218			13.0	16.8	30	12	3	65	13	3	1	...	3	1	...	27	4	...	...	2	1	14	3	...	...	298	21.5
Vincennes	17,679	26	33			17.6	21.8	5	3	...	5	3	1	...	...	1	...	...	5	1	...	...	1	...	2	...	...	...	29	19.6
Mishawaka	17,781	20	16			13.4	12.0	3	2	...	4	...	...	...	...	...	...	...	4	...	...	...	...	...	1	1	...	...	34	22.9
Peru	12,572	16	19			15.2	16.8	4	1	1	5	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	21	20.0
Laporte	13,042	11	21			9.4	19.6	2	...	...	7	1	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	33	28.4
New Castle	14,801	7	17			5.6	16.4	3	...	...	2	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	35	28.3
Elwood	11,028	12	17			13.0	18.0	3	1	...	4	1	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	33	35.9
Crawfordsville	11,722	14	21			14.3	24.6	1	1	...	6	1	...	...	...	...	...	...	1	...	...	...	...	...	3	...	...	...	16	16.3
Shelbyville	11,437	12	14			12.5	15.1	3	1	1	2	2	...	...	...	1	...	...	1	1	...	...	...	...	1	1	...	...	14	14.6
Huntington	11,034	16	16			17.4	17.4	2	...	1	8	...	...	...	...	...	1	...	1	...	...	...	...	...	3	...	...	...	28	28.2
Jeffersonville	10,412	22	7			25.3	7.9	2	...	...	8	1	...	...	...	...	...	...	5	1	...	...	1	...	...	...	...	...	7	8.0
Bedford	10,877	5	15			5.5	17.1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	10	11.0
Brazil	10,630	17	9			19.1	10.2	1	2	...	6	1	1	1	...	...	...	...	1	...	...	...	...	...	2	...	...	...	20	22.5
Bloomington	11,939	12	13			12.0	14.8	1	1	...	5	3	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	19	19.1
Cities of the Fifth Class Population 5,000 to 10,000	135,780	168	206			14.8	15.0	21	14	4	69	15	2	...	3	1	...	2	19	...	...	...	4	2	12	9	...	...	330	28.1
Frankfort	10,000	15	14			18.0	17.2	2	1	...	8	...	1	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	27	32.4
Columbus	9,379	9	14			11.5	17.7	...	3	1	3	2	...	...	1	...	...	1	2	...	...	...	...	...	1	...	...	...	20	25.5
Goshen	9,098	17	15			22.4	19.6	3	...	...	6	1	...	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...	51	67.2
Wabash	8,744	13	11			17.8	14.8	3	...	1	3	1	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	22	30.1
Connersville	8,278	7	24			10.1	32.6	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	30.4
Clinton	8,215	11	6			16.0	8.5	2	2	...	2	3	...	...	...	...	...	...	1	...	...	...	...	1	...	2	...	...	15	21.9
Whiting	8,147	7	9			10.3	12.9	2	1	...	1	...	...	...	1	...	...	...	2	...	...	...	...	...	1	1	...	...	32	47.1
Washington	7,854	10	19			15.2	16.2	...	...	...	7	1	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	18	27.5
Linton	7,604	5	5			7.8	7.7	...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	14	22.0
Valparaiso	7,407	12	9			19.4	14.3	1	...	...	5	...	...	...	...	...	...	...	3	...	...	...	...	...	2	...	...	...	9	14.5
Lebanon	7,071	9	13			15.2	21.5	...	4	...	4	1	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	6	10.1
Madison	6,934	7	11			12.1	18.5	2	...	1	3	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	13	22.4
Princeton	6,658	8	9			14.3	15.8	...	1	...	6	...	1	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	16	28.7
Hartford City	6,637	7	7			12.6	12.3	3	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	22	39.7
Seymour	6,309	10	7			19.0	13.0	1	...	...	5	1	...	...	...	...	...	...	...	...	...	...	1	...	2	1	...	...	5	9.5
Kendallville	5,943	4	9			8.0	17.8	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	11	22.2
Mt. Vernon	5,821	7	6			14.4	12.1		2		2	3	...		...	...	...	...	1	...	...	...	...	...	...	...	...	...	4	2.0
Greensburg	[illegible]	10	15			[illegible]	37.1	1			5	2							1										24	50.9

Mortality of Indiana, January, 1918 (Stillbirths Excluded.)

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

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Pulmonary Tuberculosis. Number.	Pulmonary Tuberculosis. Death Rate.	Other Forms Tuberculosis. Number.	Other Forms Tuberculosis. Death Rate.	Typhoid Fever. Number.	Typhoid Fever. Death Rate.	Diphtheria and Croup. Number.	Diphtheria and Croup. Death Rate.	Scarlet Fever. Number.	Scarlet Fever. Death Rate.	Measles. Number.	Measles. Death Rate.	Whooping Cough. Number.	Whooping Cough. Death Rate.	Lobar and Broncho Pneumonia. Number.	Lobar and Broncho Pneumonia. Death Rate.	Diarrhœa and Enteritis. (Under 2 Years.) Number.	Diarrhœa and Enteritis. (Under 2 Years.) Death Rate.	Cerebro-Spinal Fever. Number.	Cerebro-Spinal Fever. Death Rate.	Acute Anterior Poliomyelitis. Number.	Acute Anterior Poliomyelitis. Death Rate.	Influenza. Number.	Influenza. Death Rate.	Puerperal Septicemia. Number.	Puerperal Septicemia. Death Rate.	Cancer. Number.	Cancer. Death Rate.	External Causes. Number.	External Causes. Death Rate.	Smallpox. Number.	Smallpox. Death Rate.
State	262	105.9	36	14.6	17	7.0	65	26.7	22	9.0	8	3.2	45	18.5	470	190.2	56	23.0	3	1.2	2	.8	68	28.0	28	11.5	215	88.6	156	64.2	3	1.2
Northern Counties	70	82.6	5	5.9	5	5.9	25	29.5	8	9.4	3	3.5	24	28.3	162	192.2	27	31.8	1	1.1			20	23.6	9	10.6	91	107.4	50	59.0	1	1.1
Central Counties	118	117.1	21	20.8	7	6.9	29	28.7	8	7.9	2	1.9	11	10.9	205	203.5	20	19.8	2	1.9	1	.9	24	23.8	9	8.9	92	91.3	75	74.4	2	1.9
Southern Counties	74	129.3	10	17.4	5	8.7	11	19.2	6	10.4	3	5.2	10	17.4	103	180.0	9	15.7			1	1.7	24	41.9	10	17.4	32	55.9	31	54.1	...	...
All Cities	121	119.9	21	20.8	7	6.9	29	28.7	7	6.9	3	2.9	16	15.8	242	239.9	32	31.7	3	2.9			18	17.8	18	17.8	104	103.0	92	91.2	3	2.9
Over 100,000	31	128.4	10	41.4	1	4.1	11	45.5	3	12.4			1	4.1	68	28.1	8	33.1	1	4.1			2	8.3	3	12.3	30	124.3	33	136.7	1	4.1
45,000 to 100,000	27	108.2	5	20.0	4	16.0	6	24.1					3	12.0	59	236.5	6	24.1	1	4.0			3	12.0	8	32.0	22	88.2	21	84.2		
20,000 to 45,000	35	131.2	1	3.7	1	3.7	9	33.7			2	7.4	10	37.4	69	258.7	14	52.4	1	3.7			7	26.2	4	14.9	26	97.4	26	97.4	2	7.4
10,000 to 20,000	13	94.5	3	21.7	1	7.2			3	21.7	1	7.2			27	195.3	4	28.9					2	14.4	1	7.2	14	101.2	3	21.6		
Under 10,000	15	132.5	2	17.6			3	26.5	1	8.8			2	17.6	19	167.9							4	35.3	2	17.6	12	106.0	9	79.5		
Country	141	99.4	15	10.5	10	7.0	36	25.3	15	10.5	5	3.5	29	20.4	228	160.8	24	16.9			2	1.4	50	35.2	10	7.0	111	78.2	64	45.1		

U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of January, 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.
13.2	−15.7	Rome	50	25	Marengo	−27	20

PRECIPITATION—IN INCHES AND HUNDREDTHS.

Section Average.	Departure from the Normal.	Extremes.			
		Station.	Greatest Monthly Amount.	Station.	Least Monthly Amount.
3.55	+2.36	Cambridge City	5.35	Goshen	1.15

SUGGESTIONS TO HEALTH OFFICERS

Don't close schools to stop epidemics. Read Sec. 2, pages 120-121, of Red Book.

Co-operate with School Physicians in every way possible. They have precedence in school medical matters. Read Medical Inspection Law, page 123, Red Book.

The diagnosis of an attending physician shall be accepted by health officers unless there are very strong reasons for suspecting deception.

Health officers cannot be legally employed by counties, cities or towns for medical treatment, nor can they be paid fees for disinfecting or establishing quarantines. Such are court rulings.

The collection of accurate vital statistics, their careful recording and prompt reporting are the first and most important duties of health officers.

Don't neglect to keep your minute book. Page 8, Paragraph Records—Minutes Red Book. If your acts and orders are not duly entered in your minute book you are liable.

Quarantine: In establishing quarantine follow exactly Rules 11, 12, 13, 14, 15 and 16, pages 23 and 24, Red Book.

Birth Certificates shall be reported to health officers within 36 hours after occurrence. Read Sec. 1 of law, page 126, Red Book.

Read carefully the directions on the back of death certificate.

Don't fail to send all your birth and death certificates to the State Board by the fourth of each month. If doctors don't report promptly to you, you must give the facts to the prosecutor in writing. Read Vital Statistics Law, page 106, Red Book.

Don't fail to read the law on page 101 of Red Book. Turn to said page, count down eighteen lines and read, beginning: "The State Board shall have power," etc.

The Governor directs the State Board as follows: "See to it that the health laws are enforced to the letter. Every health officer must do his duty."

The next Legislature will be asked to allow adequate salaries and fees to health officers. When your county nominates candidates in the fall, be sure to pledge them to favor all reasonable health legislation.