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Indiana State Board of Health.

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CLARK COOK, M. D.	Fowler.

ABSTRACT OF MORTALITY STATISTICS FOR MAY, 1901.

The total number of deaths reported for the month was 2556, making a death rate of 11.9 per 1000. For the corresponding month last year there were 2558 deaths. Compared with the preceding month (April), there is a decrease in the death rate of 1.8. This corresponds satisfactorily with the morbidity reports which show a decreased sickness rate of almost 10%. The number of deaths reported under 1 year of age was 347, which is 14.3% of the total deaths. The number of deaths reported from 1 to 4 was 151 or 6.2% of the total. The important causes of death were as follows:

Pulmonary tuberculosis 354, rate 165.9 per 100,000; other forms of tuberculosis 48, rate 22.5; typhoid fever 33, rate 15.4; diphtheria 21, rate 9.8. Strange to say no deaths from croup were reported for the month. The number of deaths from measles was 35, a rate of 6.4; scarlet fever 7 deaths, rate 3.2; pneumonia 250, rate 17.2; diarrhoeal diseases 13, rate 6.0; cerebro spinal meningitis, deaths 27, rate 12.6; influenza deaths 40, rate 18.7; puerperal fever, deaths 17, rate, 7.9 cancer, deaths 76, rate 35.6; violence, deaths 136, rate 63.7. The death rate from cancer is quite constant. The preceding month it was 37.8 per 100,000 and this month, is 35.6, while for May of last year, the rate was 46.9. Cancer each month, exceeds in cause of death typhoid fever, diphtheria and scarlet fever combined. The slight decrease in deaths from diarrhoeal diseases is to be noted. In April there were 15 deaths from this cause and in May but 13. We have three deaths from smallpox to record. One in Lawrence, one in Madison and one in Dubois County.

COUNTIES: The counties in May which had a death rate above the average for the State, 11.9, were: Adams, 14.3; Allen, 14.2; Cass, 14.3; Dekalb, 15.6; Grant, 12.2; Jay, 12.7; Laporte, 12.6; Marshall, 13.6; Starke, 16.9; Steuben, 13.9; St. Joseph, 13.2; Bartholomew, 17.2; Decatur, 15.7; Fayette, 17.4; Franklin, 12.9; Hendricks, 13.3; Henry, 13.6; Madison, 16.2; Marion, 13.8; Monroe, 13; Montgomery, 12.4; Morgan, 13.2; Owen, 13.2; Putnam, 14.2; Randolph, 18.5; Rush, 15.2; Tippecanoe, 13.4; Vermillion, 17; Vigo,

12.3; Wayne, 14.5; Clark, 12.9; Crawford, 15.7; Dearborn, 13.2; Floyd, 13.3; Gibson, 12.9; Jackson, 15.9; Jefferson, 16.4; Jennings, 12.7. Knox, 13.6; Orange, 12.6; Pike, 13.2; Scott, 14.2; Spencer, 15.2; Sullivan, 12.2. Forty-four counties out of the 92 thus show a rate higher than the average of the State. The following counties show the following low rates for the month: Fulton, 5.4; Lagrange, 5.4; Pulaski, 4.2; Wabash, 6.6; Fountain, 7.7; Parke, 6.6; Shelby, 5.7; Warren, 3.1; Ohio, 4.9; Ripley, 6.5.

SANITARY SECTIONS: The Northern Sanitary Section, having a population of 839,835, and numbering 31 counties, reports 800 deaths, which is a death rate of 11.2. Compared with the corresponding month last year this is an increase in rate of 2.7.

The Central Sanitary Section, 33 counties, with 1,024,791 population, reports 1,112 deaths, which is a rate of 12.8. In the corresponding month last year 963 deaths were reported, which is a rate of 11.5.

The Southern Sanitary Section, 28 counties, 651,836 population, reports 644 deaths, which is a rate of 11.6. In the corresponding month last year there were reported from this section 616 deaths and the rate is 10.2, which is an increase this month of 1.4.

Pneumonia prevailed more extensively than during the corresponding month last year, the rates of this disease being respectively: Northern Section, 105.3 for May, 1901, and 41.2 for May, 1900. Central Section a rate of 126.6 and 66.9. Southern Section, rate 115.8 and 26.7. Pulmonary tuberculosis shows an increase in the various sections as follows: Northern Section, May, 1901, 151.7, May, 1900, 118.2; Central Section, rate 160 and 137.5; Southern Section, rate 193.6 and 155.2. It seems fair to presume that the continued inclement weather during May, 1901, accounts for the increase in consumption and pneumonia over the corresponding month of last year.

CITIES: All the cities in the State having a total population of 847,302 report 1,028 deaths, which is a rate of 14.3. Compared with the preceding month this is a decrease of 2.1 in the rate, and compared with the corresponding month last year its decrease is exactly the same. The number of deaths under 1 year of age in the cities was 139, which is 14.2 per cent. of the total. For the corresponding month last year these figures were 208 and 181 respectively. The number of deaths from 1 to 4 years of age was 57, which is 5.8 per cent. of the total, and last year these figures were 70 and 6.1 respectively. From 65 and over the deaths numbered 224, which is 22.9 per

cent. of the total. The corresponding month last year the figures were 314 and 27.4 respectively. The deaths from influenza in the cities were 17, while for the corresponding month last year numbered 91.

COMPARISON OF CITIES AND COUNTRY: The country deaths numbered 1528, which is a rate of 10.8, and this is 3.5 less than the city rate. The death rate from tuberculosis in cities was 186.6 per 100,000, and for the country 155.5. The typhoid rate was 16.7, cities; 14.8, country. The diphtheria rate was 12.5, cities; 8.4, country. It is to be particularly noted that almost every month the deaths from puerperal fever outnumber those in the city ten to one. The cancer death rate, however, is generally greater in the cities and this is also true of cerebro spinal meningitis, but diarrhoeal diseases are found in the country to exceed those in the cities.

CITIES, BY CLASSES: Cities, Class A: Having over 50,000 population, including Indianapolis and Evansville, report 254 deaths, a rate of 13.1. This rate is 2.3 less than the preceding month and .5 more than the same month of last year.

Cities, Class B: Having from 25,000 to 50,000 population, report 143 deaths, a rate of 14.3 which is 3.2 less than the preceding month and 3 less than the corresponding month last year. This class includes Fort Wayne, South Bend and Terre Haute.

Cities, Class C: Having from 10,000 to 25,000 population, report 306 deaths, a rate of 16.5, which is .6 less than the preceding month and .8 less than the corresponding month last year. This class includes 14 cities.

Cities, Class D: Having from 5,000 to 10,000 population, numbering 23 cities, report 185 deaths, a rate of 13.4, which is 4 less than the preceding month.

Cities, Class E: Having a population under 5,000, comprising 36 cities, report 140 deaths, which is a rate of 13.6, which is .7 less than the preceding month.

Comparisons by sanitary districts are given with the chart on page —.

MORBIDITY IN MAY.

Reports to the State Board from all counties show a decrease in sickness during May. The following diseases materially decreased: Tonsillitis, measles, pneumonia, influenza, intermittent fever, typhoid fever, pleuritis, erysipelas, whooping cough, cerebro spinal meningitis and dysentery. There was a very slight increase in rheumatism, scarlet fever, inflammation of bowels, cholera morbus, cholera infantum, diphtheria and puerperal fever. The mortality reports corroborate the morbidity reports.

SMALLPOX IN MAY.

Smallpox was reported from nineteen counties, as follows: Dubois, 10 cases, 1 death; Madison, 15 cases, 1 death; Lawrence, 12 cases, 1 death; Perry 10 cases, Howard 6, Hancock 4, Clay 20, Vanderburgh 17, Fulton 2, Knox 7, Union 1, Dekalb 18, Dearborn 4, Lake had probably 60, Elkhart probably 10, Jefferson reported 5,

Floyd 3, Porter 4, Switzerland probably had 10. The disease is now more frequently reported in semi and confluent form, with an occasional hemorrhagic case. These facts, together with the deaths, show that even very mild smallpox is a dangerous disease and must not be played with. Many persons, not trained in medicine, and who have never seen smallpox, and have not seen the cases in dispute, unhesitatingly declare their belief there is no smallpox. Health officers are advised to be patient and long suffering with such ignorance and viciousness, and simply to go ahead and perform their duty according to the law and the rules.

ELEVENTH ANNUAL CONFERENCE OF INDIANA HEALTH OFFICERS.

The Eleventh Annual Conference of State Health Officers was held in Indianapolis, May 27 and 28, under the auspices of the State Board of Health. Over one hundred registered, all parts of the State being represented. The first session began at 10:00 A. M., Monday, the 27th, the conference being called to order by Dr. John H. Forrest, president of the State Board.

Governor Durbin welcomed the conference and assured the members of his interest in health work, and pledged his co-operation for the promotion of the public health and the amelioration of the bodily ills of mankind. He said in part:

* * *

"My disposition is to encourage practical methods in business, in the administration of State affairs and in the guardianship of public health. Theorists are useful, but experience and common sense furnish the better rule and guide; hence your meeting for the purpose of exchanging ideas and discussion is certainly to be commended. The city and town health officials are important factors in promoting an improved condition of affairs.

"The State Board of Health, with the assistance of an energetic and progressive secretary, are performing a service in behalf of the people that is worthy of commendation, but the most important results they are seeking can not be achieved without intelligent, capable and earnest co-operation of city, town and other health officials throughout the State. Every man among you is charged with weighty responsibilities, and I sincerely trust you will regard these obligations as a sacred trust. The prevention of diseases, especially those of an epidemic character, is now receiving more consideration than means of cure, and it is well that it is so.

"To the good work like this in which you, gentlemen, are engaged can be ascribed the fact, as shown by statistics, that the period of longevity is being gradually yet surely extended and the spectre of old age does not appear as early as in former years. We all remember, in the days of our youth, as looking upon the man of fifty or sixty as a patriarch, but it is not so in this age.

"Now one may have passed the half century mark and beyond without perceptible loss of the vigor or enthusiasm of youth—without sign of physical or mental decay. This is because of the benefits derived from modern sanitation, stricter regard for the laws of health, and facilities afforded by the genius of your profession for harnessing and controlling epidemics in their incipiency. There is a divine injunction that "Cleanliness is Next to Godliness," and this is a truism that is being heeded

more and more every day. The people everywhere are realizing the beneficent results of pure food, pure water and proper sanitation, together with timely precaution against contagious diseases by the aid of scientific skill which insures immunity."

President Forrest, of the State Board, followed the Governor in an address as chairman of the conference. He offered congratulations upon the success of the eleven annual meetings which had been held, and the recommendation was made that they no longer be held under the auspices of the State Board, but that the members organize into an independent society. The recommendation was accepted, and upon motion of Dr. Horne the President was authorized to appoint a committee on constitution and by-laws, and a committee on arrangements for a permanent organization. The committees were accordingly appointed and duly reported, and the organization was effected. At the first session the following day the matter was reconsidered and a resolution prevailed that the conference would continue as heretofore.

The first subject considered was "The Education and Training of Health Officers." The subject was admirably presented by Dr. Cowing, of Muncie. He declared: "The health officer of to-day and to-morrow must be a man who is specially educated in hygiene and sanitary science." The subject was discussed by Drs. Proegler, Powell, Boswell, Earp, Dodds, Horne and Hurty.

At the second session Dr. H. D. Cox, health officer of Owen County, read a paper entitled "Contagious Disease Outbreaks Among School Children; How Best to Deal With Them." The discussion was made by Dr. Kennedy and Dr. Bence.

Dr. Bence offered a resolution that a telegram of greetings and best wishes be sent to Dr. Jas. F. Hibbard, of Richmond, the grand old health officer of the State. The telegram was sent and this reply was received:

"Your greetings bring gladness to me; may your labors bring gladness to the people.

"JAS. F. HIBBARD."

A recess of twenty minutes was then taken in order that the members might pay their personal respects to Governor Durbin, who had signified his desire to meet them in the Governor's parlor.

A paper, "The Aristocracy of Health," by Dr. Fairfield, health officer of Anderson, met with extended discussion. So also did "The Opposition to the Practical Applying of Sanitary Science," by Dr. Horne, health officer of Wells County.

"Some Experiences with the Recent Smallpox Epidemic in Delaware County," by Dr. Spickerman, health officer of Muncie, was a humorous and satirical account of the many funny and interesting incidents he had met.

This paper was discussed by Drs. Hunston, Powell, Hunter, Gammel and Smith.

The question box was next opened. The questions found were as follows: "Do we have to have a burial permit for bodies shipped into the State?" The conclusion was in the affirmative. "Can a member of a city health board be removed from office by the State board for refusing to report contagious diseases or births in his

own practice?" The conclusion, he could not be. He is only liable at law in a fine.

QUESTION: What are the duties of a secretary of a board of health besides collecting vital statistics?

The answer by Dr. Hurty was: To enforce the health law, to enforce the rules of the State board and to enforce all rules and orders of his own board; also to diligently study hygiene and sanitary science and become familiar with its precepts, and try to be sufficiently practical to apply his knowledge.

QUESTION: If town or city health authorities fail or refuse to elect a secretary, and the county health officer performs the duties, is he entitled to pay as provided under Section 8 of the law?

Dr. Powell thought the question a legal one and should be referred to the district prosecutor or attorney-general.

QUESTION: How may we secure vaccination of exposed persons who refuse to be vaccinated?

Dr. Fairfield answered: Vaccination can not be imposed upon any person against refusal.

QUESTION: If a board of health is created by a city ordinance, and the ordinance is repealed, does that remove the secretary?

Dr. Powell was of the opinion this was another legal question and it should be referred to legal authority.

QUESTION: Will Dr. Hurty please explain how and why glycinated virus so easily loses its power to produce vaccinia?

The reply was to the effect that glycinated vaccine lymph gradually loses its power under the very best conditions, and if allowed to be in a temperature of 80 to 100 degrees for a few hours it was rendered worthless. Lymph should not be used after the limit date upon the package has passed. The fresh lymph always contains pyogenic organisms, and it is by mixing with glycerin and placing in cold storage for about 60 days that such organisms are killed. When the lymph is by culture found to be free from pyogenic forms it is marketed, being first stamped ahead 90 days as the time limit for using it. Sometimes in transportation vaccine lymph is placed near to or against hot radiators, or druggists keep it behind stoves or against hot walls, or doctors carry it in their pockets or place their hand bags containing it near a stove, and under all such circumstances it is apt to become worthless.

QUESTION: Is it lawful to remove a corpse from Indiana to another state without a permit?

This was a strange question. The answer is an emphatic no.

QUESTION: May a county officer appoint a deputy in a town having a health officer?

Dr. Hurty in answer said: A county officer may appoint an undertaker living in an incorporated town as deputy, but not to issue burial permits in the town, only to do so outside of all corporations. The first and emphatic requirement to be made under such circumstances is that all certificates of death received by such a deputy shall be immediately turned over to the county officer. Such a deputy appointment would be made to facilitate the enforcement of the law by making it more convenient for an

undertaker from a town or city to transact business out in the country.

QUESTION: In case of an interment of a body dead of a listed communicable disease, which is buried without a permit, shall the coroner disinter and hold an inquest?

ANSWER: The law is plain. It says: In the event of a burial without a permit, the coroner shall disinter the body, hold an inquest and make report.

The third session was held in the evening at 8 o'clock. The session was given up to a discussion of sewage disposal. Charles Carrol Brown, editor of "Municipal Engineering" and ex-city engineer of Indianapolis, first gave a lecture upon the subject, and this was followed by discussion and questions. The evening was most profitably spent as the present status of sewage disposal was most thoroughly considered.

The fourth session opened by a reconsideration of the action of the day before in regard to forming an independent health association. As before said, after reconsideration the resolution creating new organization was repealed and the idea abandoned.

Dr. Bitting, State Veterinarian and Food and Milk Inspector for Lafayette, gave an account of his work of food and milk inspection for his city. He entered into details, giving much valuable information and offering his experience. He was decidedly of the opinion that much good had been accomplished.

QUESTION: Quarantine, what is it, and how should it be conducted?

This question was well and fully answered by Dr. Bence, health officer of Putnam county. Dr. Bence said in part: The diseases to be quarantined are named in the rules of the State Board, and quarantine means the isolation and confinement of persons with said diseases in such rational way as to prevent the communication of the malady. Some people are so inconsiderate and so unmindful of the rights of others that they insist upon the privilege of running the risk of transmitting disease to others, and such always declare quarantine to be an outrage.

Dr. Taylor agreed with Dr. Bence that at the present time it is impossible to hold strict quarantine against measles, and therefore we may only do the best we can, which is to card the house and give instructions to the people. Dr. Hunter said he had come to the same conclusion and simply established partial quarantine by carding and instructing. Dr. Kennedy said he did not believe measles infection could be borne in clothing upon the person. Dr. Hurty asked: If you were to remove the clothing from a child in the eruptive stages of measles and place upon a well but unprotected child, do you think there would be danger of transmission? Dr. Ross acknowledged there would be danger, but thought the case extraordinary.

QUESTION: What is a nuisance? How shall health officers go about abolishing nuisances?

Dr. Hurty was called upon for answer and said: We must look to the law for the definition of a nuisance, and our Indiana law says: "Whatever is injurious to health, or indecent, or offensive to the senses, or an obstruction to the free use of property, so as to essentially interfere with the comfortable enjoyment of life or property, is a nuisance and

the subject of an action." The courts have ruled that boards of health have to do only with nuisances which affect the public health. If, therefore, it can be proved that an unsanitary condition exists, such is a nuisance which affects the public health, and may be summarily removed by health boards, and those responsible for the nuisance may be fined. The proper procedure is for health officers to make in writing a full report of the conditions which cause the nuisance which affects the public health, add to this report his conclusions and recommendations and present to his board. The power to abolish lies with the board, and its orders are to be executed by the health officer. The subject was further discussed by Drs. Smith, Stanley, Von Osinski, Derbyshire, Taylor, Hunter, Tucker, Sheets and Ross.

QUESTION: To what extent, if any, shall the State Board of Health be expected to furnish diagnosis of infectious and contagious diseases?

The discussion was very full, and the general conclusion to the effect that the State board should only be called upon to settle disputes and to insure quick and right action when the local authorities meet with ugly opposition.

QUESTION: How shall garbage be disposed of in towns?

The general conclusion was that all towns should have a health ordinance, and in it, among other proper requirements, ordain that garbage shall be kept in covered galvanized cans, and either fed to hogs kept in a sanitary way, or hauled out of town. Burying in the garden would be allowable in small towns when one had a good sized garden. A small crematory is within the reach of every town, and would be an economical investment.

After various resolutions of thanks the conference adjourned.

It was generally regretted that Dr. Probst, of Ohio, and Dr. McCormick, of Kentucky, who were expected to attend, sent word at almost the last minute they could not be present.

* * *

LACKS PRINCIPLE: Charley Zenor, of Collinsville, Ill., knew when he broke quarantine at Collinsville that he had been exposed to smallpox and probably was infected, for he had fever, headache and backache; yet he came to Hymeria to call on his sweetheart, Miss May Dorothy. Miss Dorothy now has a severe attack of smallpox. One who is so thoughtless or so devoid of principle as to expose others to disease and possible death, is unworthy of respect and should be considered an enemy to society.—Sullivan Democrat.

* * *

PREVENTION OF INFLUENZA: In some respects influenza resembles consumption in its mode of propagation, therefore, the same precautions with regard to the secretions of the nose, mouth and throat should be observed. These secretions literally team with influenza bacilli, and should be immediately destroyed or thoroughly disinfected. The rooms, bedding, clothing, etc., of influenza patients should also be thoroughly disinfected.—Bulletin of Chicago Board of Health.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES.

NORTHERN SANITARY SECTION.

Total population	839,835
Total deaths	800
Death rate per 1,000	11.2
Consumption, rate per 100,000	151.7
Typhoid, rate per 100,000	14.0
Diphtheria, rate per 100,000	11.2
Scarlet fever, rate per 100,000	2.8
Diarrhoeal diseases, rate per 100,000 .....	.0

CENTRAL SANITARY SECTION.

Total population	1,024,791
Total deaths	1,112
Death rate per 1,000	12.8
Consumption, rate per 100,000	160.0
Typhoid, rate per 100,000	13.8
Diphtheria, rate per 100,000	9.2
Scarlet fever, rate per 100,000	2.3
Diarrhoeal diseases, rate per 100,000	4.6

SOUTHERN SANITARY SECTION.

Total population	651,836
Total deaths	644
Death rate per 1,000	11.6
Consumption, rate per 100,000	193.6
Typhoid, rate per 100,000	19.9
Diphtheria, rate per 100,000	9.0
Scarlet fever, rate per 100,000	5.4
Diarrhoeal diseases, rate per 100,000	14.4



TABLE No. I. Deaths in Indiana by Geographical Sections and Counties During the Month of May, 1901.

STATE AND COUNTIES.	Population, Census 1900.	Total Deaths Reported for May, 1901.	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.	2,516,462	2,556	11.9	137	347	151	640	354	48	33	21	7	35	15	250	13	27	40	17	76	136	123	
Northern Co's.	839,835	800	11.2	34	100	46	241	108	8	10	8	2	6	6	75	1	9	15	7	27	38	47	
Adams	22,232	27	14.3	3	4	3	8	3							2						2	2	
Allen	77,270	93	14.2	4	9	4	28	8	1	1		1			10		2		1	3	2	12	
Benton	13,123	8	7.1		1	1	2	1							1					1	1		
Blackford	17,213	14	9.5	2	2	2	2	2	1						1				1	1	3		
Carroll	19,953	21	12.4	2	3	4	11	11							1					1	2	1	
Cass	34,545	42	14.3	3	3	4	10	8							1				1	1	2	9	
Dekalb	25,711	34	15.6	4	2	2	11	6							1					1	1		
Elkhart	45,052	40	10.4	4	2	2	14	6							1					1	1		
Fulton	17,453	8	5.4				5	5													1		
Grant	54,693	57	12.2	5	3	1	18	6	2		1			1						1	4	17	
Howard	28,575	23	9.4		3	5	4	4							1					2	2		
Huntington	28,901	23	9.3	2	3	3	3	3							1						2		
Jasper	14,292	11	9.0		1	1	2	2													1		
Jay	26,818	29	12.7	4	3	3	8	3	3						2						2		
Kosciusko	29,109	24	9.7	2	2	10	4	4							1								
Lagrange	15,234	7	5.4			2	4	4													1		
Lake	37,892	28	8.7	1	7	2	5	2	2	2	2				4				1		4	3	
Laporte	38,386	41	12.6	1	4	5	8	2		2					4						1		
Marshall	25,119	29	13.6	2	4	10	5	5	1						5						2		
Miami	28,344	23	9.5	1	1	11	2	2							5								
Morgan	10,448	9	10.1	1	1	1	1	2			2										2	3	
Noble	23,533	20	10.0	1	1	11	2	2							3						2		
Porter	19,175	19	11.6	3	1	6	1	1							3						1		
Pulaski	14,033	5	4.2			3	3	2							3								
Starke	10,431	15	16.9		2	1	4	4							4						2		
Steuben	15,219	18	13.9	5	2	4	8	2							1				1	1	2	3	
St. Joseph	58,881	66	13.2	11	4	14	7	7	1	2				2	9				1	2	4	3	
Wabash	28,236	16	6.6	1	4	2	3	5							1						2		
Wells	23,449	23	11.5	4	4	4	6	2							1						2		
White	19,138	14	8.6	3	1	4	4	2							1						1		
Whitley	17,228	13	8.9	2		5	3	3													1		
Central Co's.	1,024,791	1,112	12.8	70	158	54	259	139	24	12	8	2	19	6	111	4	12	19	6	29	60	60	
Bartholomew	24,594	36	17.2	4	7	2	9	6	1		1				2			1			2		
Boone	26,321	20	8.9	2	3	7	4	3							5			1			1	2	
Brown	9,727	8	9.7				4	2			1												
Clay	34,285	34	11.7	2	6	6	6	6	3						1				1		1	1	
Clinton	28,202	28	11.7	1	2	2	6	6	2	1					4				1		2	1	
Decatur	19,518	26	15.7	1	2	6	6	4	1	1					3				1		1		
Delaware	49,624	45	10.7	5	1	1	6	6	1						4					4	3		
Fayette	13,495	20	17.4		1		2	4	1						1								
Fountain	21,446	14	7.7		2	2	2	1							2				1				
Franklin	16,388	18	12.9	1	1		8	2							1							1	
Hamilton	29,914	30	11.8	2	2	8	8	3	1	1					4			2	1				
Hancock	19,189	16	9.8		2		3	4							2						2	1	
Hendricks	21,292	24	13.3	1	4	6	6	4	1						2						2		
Henry	25,088	29	13.6	3	2	8	5	1							2						3		
Johnson	20,223	17	9.9	1	1	8	8	1	4		2				10				1		1	1	
Madison	70,470	97	16.2	12	13	8	14	13	3						29				3		5	29	
Marion	197,227	232	13.8	7	17	17	43	33	3	2	2				1				1		15	1	
Monroe	20,873	23	13.0	1	2	1	6	4	1						4				1		2		
Montgomery	29,388	31	12.4	1	1	13	3	3							2						1	1	
Morgan	20,457	23	13.2	1	1	10	1	1							1						1		
Owen	15,149	17	13.2	2	4	2	4	2							1								
Parke	23,000	13	6.6	1	2	2	2	2			1				1								
Putnam	21,478	26	14.2	1	3	4	3	3		1	1				1						3		
Randolph	28,653	45	18.5	5	7	3	11	5	2						1						3	2	
Rush	20,148	26	15.2	1	1	1	5	3							2						2	1	
Shelby	26,491	13	5.7		1	1	3	4							1						1	9	
Tippecanoe	58,659	44	13.4	4	1	10	3	3							1				2		1		
Tipton	19,116	14	8.6	2		1	1	3		1					1						1		
Union	6,748	5	8.7		3	1	1	1															
Vermillion	15,252	22	17.0	1	9	3	9	2							1						1		
Vigo	62,035	65	12.3	5	9	3	20	3	1		2				11				1	2	10	6	
Warren	11,371	3	3.1	1	1		1																
Wayne	38,970	48	14.5	4	4	1	13	4	2						7						2	7	
Southern Co's.	651,836	644	11.6	33	89	51	140	107	16	11	5	3	10	3	64	8	6	6	4	20	38	16	
Clark	31,825	35	12.9	1	5	1	10	6	3	2					5						1	4	
Crawford	13,476	18	15.7		1	3	5	3													2		
Daviess	29,914	18	7.1			4	4	4	4						1						3	4	
Dearborn	22,194	25	13.2	1	3	1	4	2	1	1					3						1		

Mortality of Indiana for May, 1901.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Census 1900.	Total Deaths Reported for May, 1901.	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 Forms 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.	Number.	Death Rate.
State	2,516,462	2,556	11.9	137	347	14.3	151	6.2	640	26.4	354	165.9	48	22.5	33	15.4	21	9.8	.....	.....
Northern Co's	839,835	800	11.2	34	100	13.0	46	6.0	241	31.4	108	151.7	8	11.2	10	14.0	8	11.2	.....	.....
Central Co's	1,024,791	1,112	12.8	70	158	15.1	54	5.2	259	24.8	139	160.0	24	27.6	12	13.8	8	9.2	.....	.....
Southern Co's	651,836	644	11.6	33	89	14.5	51	8.3	140	22.9	107	193.6	16	28.9	11	19.9	5	9.0	.....	.....
All cities	847,302	1,028	14.3	54	139	14.3	57	5.8	224	22.9	134	186.6	33	45.9	12	16.7	9	12.5	.....	.....
Over 50,000	228,171	254	13.1	13	29	12.0	17	7.0	48	19.9	34	175.8	3	15.5	3	15.5	2	10.3	.....	.....
25,000 to 50,000	117,787	143	14.3	10	20	15.0	6	4.5	37	27.8	9	90.1	1	.....	.....	20.0	3	30.0	.....	.....
10,000 to 25,000	218,623	306	16.5	15	41	14.0	14	4.8	66	22.6	42	226.6	9	48.5	6	32.3	2	10.7	.....	.....
5,000 to 10,000	161,751	185	13.4	9	31	17.6	13	7.3	31	17.6	29	211.5	4	29.1	.....	.....	2	14.5	.....	.....
Under 5,000	120,970	140	13.6	7	18	13.5	7	5.2	42	31.5	20	195.0	16	156.0	1	.....	.....	.....	.....	.....
Country	1,669,160	1,528	10.8	83	208	14.3	94	6.5	416	28.7	220	155.5	15	10.6	21	14.8	12	8.4	.....	.....

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.		Small-pox.	
	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	7	3.2	35	16.4	15	7.0	250	117.2	13	6.0	27	12.6	40	18.7	17	7.9	76	35.6	136	63.7	3	1.4
Northern Co's	2	2.8	6	8.4	6	8.4	75	105.3	1	.....	9	12.6	15	21.0	7	9.8	27	37.9	38	53.3	.....	.....
Central Co's	2	2.3	19	20.7	6	6.9	111	128.6	4	4.6	12	13.8	19	21.8	6	5.7	29	33.3	60	67.9	1	.....
Southern Co's	3	5.4	10	18.1	3	5.4	64	115.8	8	14.4	6	10.8	6	10.8	4	7.2	20	36.2	38	68.7	2	3.6
All cities	3	4.1	14	19.1	5	6.9	116	161.5	2	2.7	9	12.5	17	23.6	3	4.1	35	48.7	68	94.7	1	.....
Over 50,000 .....	.....	.....	1	.....	.....	.....	28	144.8	.....	.....	1	.....	4	20.6	.....	.....	8	41.3	20	103.4	.....	.....
25,000 to 50,000	2	20.0	.....	.....	2	20.0	21	210.3	.....	.....	2	20.0	.....	30.0	1	.....	7	70.1	12	120.2	.....	.....
10,000 to 25,000 .....	.....	.....	2	10.7	.....	.....	35	188.6	.....	.....	.....	16.1	.....	28.9	.....	.....	11	59.3	15	80.9	.....	.....
5,000 to 10,000 .....	.....	.....	10	72.9	.....	.....	14	102.1	.....	.....	.....	21.8	.....	29.1	.....	.....	3	21.8	.....	.....	1	.....
Under 5,000	1	.....	1	.....	.....	.....	18	175.5	.....	.....	.....	.....	.....	.....	.....	.....	.....	58.5	13	126.8	.....	.....
Country	4	2.8	21	14.8	10	7.0	134	94.7	11	7.7	18	12.7	23	16.2	14	9.8	41	28.9	68	48.0	.....	.....

Indiana Climatic Data for May, 1901, 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— Normal..... Average.....	60.8 58.4	-2.4	87	35	4.04 3.16	-0.88	T.	12	12	11	8	W.	
Central Counties— Normal..... Average.....	62.3 60.3	-2.0	87	37	3.88 2.49	-1.39	T.	10	10	8	13	N.	
Southern Counties— Normal..... Average.....	64.8 63.3	-1.5	89	38	3.87 1.96	-1.91	O.	9	13	8	10	N. W.	
Averages for the State— Normal..... Average.....	62.6 60.7	-1.9	88	37	3.97 2.54	-1.43	T.	10	12	9	10	N. W.	