MONTHLY BULLETIN

Indiana State Board of Health

(Entered as second-class matter at the Indianapolis Postoffice.)

VOLUME XIV. INDIANAPOLIS, MARCH, 1911. NUMBER 3

25 Cents a Year.

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.

	Page
Births for February, 1911	33
Abstract of Mortality Statistics for March, 1911	33-34
Summary of Morbidity and Mortality for March, 1911	34
Report of Bacteriological Laboratory for March, 1911	34
Report of the Department of Food and Drugs for March, 1911	34-35-36
The Spread of Contagious Diseases by Means of the Common Drinking Cup	36
A False Birth Report	37
The New Milk Law	38
Teach in the Schools	38
Medical Inspection in the Princeton Schools, 1910-1911	39
Medical Inspection—Physical Defects of 923 Graded School Children, Ages 6-16	40
Outdoor Colony Assured for Ft. Wayne	41
Some Don'ts for Health Officers, by Dr. Chas. A. Carter	41
Our Greatest Loss	41-42
The Ophthalmia Neonatorum Law	42
Preventograms	43
Abstract of Paper on Epidemiology of Diphtheria	43
Suggestions for Vaccination	44
Which Is the Most Cruel?	44
Chart Showing Geographical Distribution of Deaths from Certain Communicable Diseases for March, 1911	45
Table No. 1, Showing Deaths in Indiana by Counties for March, 1911	46
Table No. 2, Showing Deaths by Cities in Indiana for March, 1911	47
Table of Deaths by Geographical Sections for March, 1911	48
Weather Report for March, 1911	48

BIRTHS FOR FEBRUARY, 1911.

Birth reports are always a month late because the law gives twenty days in which doctors and midwives may report.

Total births, 4365, stillbirths excluded. Males, 2,230; females, 2,135.

Stillbirths, 129; white, 124; colored, 5.

White males, 2,198; white females, 2,100.

Colored males, 32; colored females, 35.

State rate, 21.0. Excess of birth rate over death rate, 7.0.

Highest birth rate, Brown County, 37.4.

Lowest birth rate, Putnam, 11.4.

ABSTRACT OF MORTALITY STATISTICS FOR MARCH, 1911.

Total number of deaths, 3,238; rate, 14.1. In the same month last year, 3,469 deaths; rate, 14.8. In the preceding month, 2,909 deaths; rate, 14.

Deaths by important ages were: Under 1 year, 423; or 13.0 per cent. of the total; 1 to 4, 187; 5 to 9, 70; 10 to 14, 45; 15 to 19, 86; 65 and over, 1,134; or 35.0 per cent. of the total.

SANITARY SECTIONS: The Northern Sanitary Section, population, 927,229, reports 988 deaths; rate, 12.5. In the same month last year, 1,121 deaths; rate, 14.2. In the preceding month, 944; rate, 13.2.

THE CENTRAL SANITARY SECTION, population 1,114,087, reports 1,452 deaths; rate, 15.3. In the same month last year, 1,520 deaths; rate, 16.1. In the preceding month, 1,221 deaths; rate, 14.2.

THE SOUTHERN SANITARY SECTION, population 659,560, reports 798 deaths; rate 14.2. In the same month last year, 828 deaths; rate, 13.5. In the preceding month, 740 deaths; rate, 14.5.

REVIEW OF SECTIONS: The Central Section shows the highest death rate, 15.3, being 1.2 higher than for the whole State.

THE NORTHERN AND SOUTHERN SECTIONS show the highest death rate for typhoid, both being 17.86 per 100,000.

The highest pneumonia rate appeared in the Central Section, 180.0 per 100,000.

The highest influenza rate appeared in the Southern Section, 93.0 per 100,000.

The highest rate for cancer appeared in the Northern Section, 73.8.

CITIES: Total population, 1,140,710, report 1,496 deaths; rate, 15.4. In the same month last year, 1,689; rate, 18.5. In the preceding month, 1,359; rate, 15.4.

The death rates of the cities named, were: Indianapolis, 16.5; Evansville, 17.9; Ft. Wayne, 12.1; Terre Haute, 18.4; South Bend, 13.6; Muncie, 11.3; Anderson, 18.9; Richmond, 11.1; Hammond, 19.7; New Albany, 13.7; LaFayette, 17.6.

COUNTRY: Population, 150,166, reports 1,732 deaths; rate, 13.0. In the same month last year the country death rate was 12.4.

SUMMARY OF MORBIDITY AND MORTALITY FOR MARCH, 1911.

Measles was reported as the most prevalent disease and influenza second. Influenza was reported as the most prevalent disease for the preceding month. The order of prevalence was as follows: Measles, influenza, tonsilitis, rheumatism, bronchitis, scarlet fever, tuberculosis, pul. pneumonia, lobar pneumonia, bronchial, diphtheria and croup, erysipelas, typhoid fever, diarrhoea, smallpox, whooping cough, chickenpox, tuberculosis, other forms, fever, intermittent and remittent, malaria fever, puerperal fever, inflammation of bowels, dysentery, cerebrospinal meningitis, cholera infantum, cholera morbus, anterior poliomyelitis.

POLIOMYELITIS: The number of cases were not reported. One death reported in Howard County, a male, 8 years old.

SMALLPOX: 117 cases in 21 counties with 2 deaths. Cass, 11; Clark, 9; Clay, 1; Delaware, 2; Fountain, 2; Howard, 8; Huntington, 3; Knox, 3; Lake, 1; Madison, 13; Marion, 1; Monroe, 1; Montgomery, 3; Shelby, 25; St. Joseph, 4; Sullivan, 1; Tippecanoe, 1; Vigo, 1; Wabash, 17; Warren, 1; Wayne, 6; Wells, 3.

TUBERCULOSIS: Four hundred and ten deaths. Pulmonary form, 353; other forms 57. Males 202, females, 208. Of the males, 29 were married in the age period of 18 to 40 and left 58 orphans under twelve years of age. Of the females, 62 were married in the same age period as above and left 124 orphans. Total orphans made in one month by tuberculosis, 182, number of homes invaded, 359.

Pneumonia: Three hundred and fifty-seven deaths, males, 188; females, 171. Twelve counties escaped deaths from pneumonia. In the preceding month, 398 deaths. In the same month last year, 461 deaths.

TYPHOID FEVER: 91 cases in 26 counties with 36 deaths. In the same month last year, 71 cases in 30 counties, with 33 deaths. In the preceding month, 94 cases in 26 counties, with 36 deaths.

DIPHTHERIA: 209 cases, with 21 deaths, in 34 counties. In the preceding month, 187 cases in 38 counties, with 31 deaths. In the same month last year, 120 cases in 38 counties, with 29 deaths.

SCARLET FEVER: 641 cases in 57 counties, with 31 deaths.

VIOLENCE: Number of deaths, 152. In the same month last year, 221. Of the deaths by violence, there were 10 murders, 29 suicides, 113 accidental deaths. Of the murders, 6 males and 2 females were killed by gunshots; 2 homicides not given. Of the suicides, 25 were males and 5 females. The methods chosen were: Gunshots, 8 males; drowning, 2 males, 1 female; hanging, 2 males; carbolic acid, 9 males, 2 females; concentrated lye, 1 male, 1 female; strychnine, 2 males; jumping from window, 1 female; stepping in front of train, 1 male.

Of the accidental deaths, steam railroads caused 24; interurbans, 1; street-cars, 4; automobiles, 6; fracture of skull, 2; fracture of femur, 3; fracture of other bones, 1; crushing injuries, 4; machinery, 2; mining, 6; falls, 16; burns and scalds, 19; drowning, 2; gunshots, 5; horses and vehicles, 7; electricity, 2; strangulation, 1; asphyxiation and suffocation, 3; carbolic acid and other poisons, 2; tetanus, 1; not named injury, 1.

REPORT OF BACTERIOLOGICAL LABORATORY FOR MARCH, 1911.

J. P. SIMONDS, SUPERINTENDENT.

Sputum for tuberculosis, positive, 87, negative, 296; throat cultures for diphtheria, positive, 36, negative, 86, unsatisfactory, 1; blood for Widal test, positive, 2, negative, 76; blood for malaria, positive, 1, negative, 13; miscellaneous blood smears, 10; pus for gonococci, males, positive, 16, negative, 16, females positive, 5, negative, 7, sex not given, positive, 1, negative, 3; pus for tubercle bacilli, positive, 2 (one from rectal fistula, the other from bone lesion in a child proved tuberculous by injecting a guinea pig), negative, 6; miscellaneous pus specimens, 16; smears for spirochetes, negative, 1; crusts from skin, 3 (one from case of favus); for rabies, dog's heads, positive, 11, negative, 9, hog's head, negative, 1; milk, 5; carcinoma, 9; epulis, 1; miscellaneous pathological specimens, 20; post mortem, 1; pleural fluid, 3 (tubercle bacilli found in 1); water, 3; feces, 4; stomach contents, 1; cerebro-spinal fluid, 5 (3 contained streptococci); urine, 33.

Total 789.

Outfits sent out: Sputum, 524; diphtheria, 230; Widal, 121; malaria, 24; special, 65. Total 964.

REPORT OF THE DEPARTMENT OF FOOD AND DRUGS, INDIANA STATE BOARD OF HEALTH, FOR MARCH, 1911.

H. E. BARNARD, STATE FOOD AND DRUG COMMISSIONER.

One hundred and four samples of food were analyzed during the month of March, of which 67 were legal and 37 illegal. The illegal samples which were chiefly milk or milk products were usually so classed because of the fact that they were below the standards set by law. Sixteen of the 39 milk samples were either deficient in butter fat by reason of skimming or watering, or were dirty. Of the 6 samples of cream analyzed, 3 contained less than the required amount of butter fat.

RESULTS OF ANALYSES OF FOOD AND DRUGS DURING MONTH OF MARCH, 1911.

CLASSIFICATION.	Number Legal.	Number Illegal.	Total.
FOODS.			
Beverages—			
Tonics	2	0	2
Whiskey	0	1	1
Baking powder	1	0	1
Butter color	2	0	2
Candy	1	0	1
Corn meal	1	0	1
Fish—			
Cod	3	1	4
Flaked	1	0	1
Flour	1	0	1
Fruits—Canned	5	1	6
Jam	6	2	8
Jelly	5	1	6
Konut oil	1	0	1
Maple syrup	2	7	9
Maple sugar	1	0	1
Milk products—			
Milk	23	16	39
Evaporated milk	0	2	2
Butter	3	0	3
Cream	3	3	6
Ice cream	0	1	1
Preservative	1	0	1
Vinegar—			
Cider	3	2	5
Distilled	2	0	2
Total	67	37	104
DRUGS.			
Calcium sulphate tablets	2	0	2
Extracts—			
Lemon	1	3	4
Vanilla	2	3	5
Essence of Jamaica ginger	0	3	3
Olive oil	2	2	4
Paregoric	2	1	3
Spirits of camphor	2	4	6
Tincture of iodine	2	5	7
Tincture of iron	3	5	8
Total	16	26	42

Of the 42 drug samples analyzed during the month, 16 were legal and 26 illegal.

Six of the 9 flavoring extracts did not contain the required amount of essential oils or were misbranded as to composition.

Of the three essences of jamaica ginger examined, all were illegal.

Two of the 4 olive oils purchased from drug stores, and sold as sweet oil, proved upon analysis to be cotton seed oil.

Four of the spirits of camphor examined contained less than the required amount of camphor gum.

Five of the 7 tinctures of iodine were low in iodine content.

Five of the 8 tinctures of iron were low in ferric chloride.

This brief summary must be taken as an indication that the average retail druggist does not use sufficient care in the preparation of his pharmaceuticals.

NOTICES OF CONDEMNATION DURING MONTH OF MARCH, 1911.

CLASSIFICATION.	Reasons for Condemnation.		Total.
	Unsanitary Conditions.	Improper Construction.	
Bakeries	4	4	4
Dairies	2	2	2
Grocery and meat market	1	1	1
Hotel	1	1	1
Meat market	1	1	1
Pasteurizing station	1	1	1
Restaurants	2	2	2
Total			12

LIST OF PROSECUTIONS DURING MONTH OF MARCH, 1911.

COUNTY.	Lab. No.	Name and Address of Defendant.	Why Prosecuted.	Date of Trial.	Final Disposition.
Allen	15275	Lindsley Baldwin, Ft. Wayne	Lemon extract, misbranded, artificially colored and below standard in oil content	3- 4-11	Not guilty.
Elkhart	19963	A. P. Shetler, Goshen	Dirty milk	3-16-11	Fined $10 and costs.
Elkhart	19959	L. A. Sarbaugh, Goshen	Olive oil, containing cottonseed oil	3-16-11	Fined $10 and costs.
Elkhart	19965	Chas. Ulery, Goshen	Dirty milk	3-16-11	Fined $10 and costs.
Marion	19673	Henry J. Huder	Paregoric, no statement concerning alcohol or opium content	3-30-11	Fined $10 and costs.
Marion	19812	J. Sattinger, Indianapolis	White soda containing saccharin	3-15-11	Fined $10 and costs.
Marion	20000	Mike Spanos, Indianapolis	White soda containing saccharin and dirt	3-15-11	Fined $10 and costs.
Miami	19376	O. C. Bates, Bunkerhill	Spirits of camphor below standard	3-13-11	Fined $10 and costs.
Montgomery	21019	W. H. Galey, Crawfordsville	Milk containing sand and organic matter	3-16-11	Fined $30 and costs.
Montgomery		Thomas Lynch, Crawfordsville	Filthy cream	3-16-11	Fined $30 and costs.
Floyd	19607	C. W. Bruheck, New Albany	Cream below standard fat content, dirty	2-16-11	Fined $10 and costs.
Floyd	19613	Charles H. Miller, New Albany	Milk below standard fat content	2-16-11	Fined $10 and costs.
Sullivan	19894	B. T. McAtel, Farmersburg	Cider containing saccharin and artificially colored	3- 8-11	Fined $10 and costs.
Vigo	17939	Fred Asperger, Riley	Paregoric below standard in morphine content	3- 8-11	Fined $10 and costs.

INSPECTORS' REPORT FOR THE MONTH OF MARCH, 1911.

One thousand seventy-five inspections, covering forty-nine cities and towns, were made during the month of March. Of this number 24 were graded as excellent, 598 good, 396 fair, 42 poor and 15 bad. Fourteen of the 15 bad places were dairies, and since but 14 dairies were inspected the evidence points overwhelmingly to the fact that the dairies are dirty, unsanitary and operated in violation of the Pure Food and Sanitary Food Law. The section of the Pure Food Law regulating dairies and the sale of milk was so amended by the General Assembly recently adjourned, that ample power is now given health officers and officials to prosecute the careless and ignorant dairyman who produces his milk in a dirty barn and handles it under unsanitary conditions.

Of the 371 grocery stores visited 14 were excellent, 223 good. 124 fair, 10 poor and none bad. This is a very satisfactory showing and is an indication of constant improvement of the sanitary condition of the grocery store.

The same improvement is noted in the case of bakeries and confectioneries. Of the 112 places visited 2 were excellent, 66 good, 37 fair, 7 poor and none bad.

Of the 154 hotels and restaurants visited, 66 were in good sanitary condition, 76 were fair, 11 poor and one bad.

Nine of the 13 poultry houses visited were in fair condition. Eight of the 11 slaughter houses were similarly rated. Much still remains to be done in this class of establishments before they are in full compliance with the Pure Food Law.

During the month 12 notices of condemnation were issued, in every case both because of the unsanitary conditions and improper construction.

Fourteen prosecutions were brought during the month for violation of the Food and Drug and Sanitary Food Laws, and 13 convictions were obtained.

Four cases were brought against dealers in dirty milk or cream. In two cases the proprietors of dairies were fined the maximum amount, thirty dollars and costs. One dealer selling a milk low in fat content was fined ten dollars and costs.

Three druggists were prosecuted, one for the sale of paregoric containing less than the required amount of morphine, another for selling spirits of camphor below the standard, and the other for failing to declare the alcohol and opium content in a paregoric.

Two cases involving the sale of sodas sweetened with saccharin were settled by a payment of ten dollars and costs. Another case of similar nature involved the sale of cider sweetened with saccharin and artificially colored. The total fines and costs amounted to 308.30.

SUMMARY OF INSPECTIONS MADE DURING THE MONTH OF MARCH, 1911.

INSPECTIONS.	No. Inspected.	No. Excellent.	No. Good.	No. Fair.	No. Poor.	No. Bad.
Dairies	14	0	0	0	0	14
Grocery stores	371	14	223	124	10	0
Meat markets	195	4	88	94	9	0
Drug stores	122	2	101	19	0	0
Bakeries and confectioneries	112	2	66	37	7	0
Hotels and restaurants	154	0	66	76	11	1
Poultry houses	13	0	3	9	1	0
Slaughter houses	11	0	2	8	1	0
Fish markets	2	0	0	2	0	0
Bottling works	4	0	2	1	1	0
Wholesale groceries	7	2	3	2	0	0
Ice cream parlors	25	0	12	12	1	0
Creameries	3	0	3	0	0	0
Milk station	1	0	1	0	0	0
Pasteurizing station	1	0	0	0	1	0
Flour mills	16	0	15	1	0	0
Fruit houses	3	0	2	1	0	0
Cold storage plants	3	0	0	3	0	0
Brewing company	1	0	1	0	0	0
Produce company	1	0	0	1	0	0
Commission houses	2	0	1	1	0	0
Liquor houses	2	0	0	2	0	0
Hominy companies	2	0	2	0	0	0
Wholesale drug houses	2	0	1	1	0	0
Wholesale oyster houses	1	0	0	1	0	0
Ice cream company	1	0	1	0	0	0
Canning factories	6	0	5	1	0	0
Total number inspections	1,075	24	598	396	42	15

THE SPREAD OF CONTAGIOUS DISEASES BY MEANS OF THE COMMON DRINKING CUP.

J. P. SIMONDS, SUPERINTENDENT, BACTERIOLOGICAL LABORATORY.

Most contagious diseases are acquired either from direct contact with another person sick of the disease or handling some object which the sick person has handled. In syphilis, diphtheria, scarlet fever, measles, whooping-cough and influenza, the secretions of the mouth and nose of the patient may be fairly reeking with the germs of the disease. Persons who are not suffering from any symptoms at all, may often carry in their mouths the germs of diphtheria, influenza and probably syphilis. This is easily accounted for because the mouth is constantly moist and of a somewhat raised, equable temperature, a ready-made hot-bed for the growth of most disease producing germs. Any object placed in the mouth of such a person would become covered with germs ready to produce disease in any one who puts the same object into his mouth. Among all the inanimate spreaders of disease, few, if any, will equal the common drinking cup in effectiveness. Such a cup in a public place if used by three or four hundred persons, in the course of twenty-four hours, would have deposited on it germs of one or all the above mentioned diseases. These general statements in regard to the common drinking cup are so frequently made that it will be well to examine the evidence on which they are based. The following extracts from the writings of recognized authorities tell the story of how the common drinking cup may assist in transmitting various infectious diseases and furnish concrete examples of the truth of the general statement.

SYPHILIS: "Certain of the contacts of every-day life (contagion from DRINKING CUPS, kissing, etc.) may account for many extra-genital chancres." (Osler) "Epidemics of syphilis have been caused by dental instruments, blow pipes, and anything which may pass from mouth to mouth such as pipes, cigars. CUPS spoons, etc. The practical conclusion to be drawn from what we know of extra-genital syphilis is an appreciation of the danger of taking into one's mouth ANYTHING which has recently been in the mouth of another. For, unhappily, syphilis may be transmitted not only *to* an innocent person, but also *from* an innocent person, i. e. from one who does not know he has the disease or who thinks that its active manifestations are past. The disease can only be transmitted by inoculation with secretions containing the virus. Theoretically, at least, an unbroken skin is sufficient protection against infection, but one can never be absolutely sure that a patient in the first two or three years of syphilis has not some insignificant unsuspected sore in the mouth, nor can one be absolutely sure he has an unbroken skin" (Keyes). The mouth, tongue, and lips are the seat of the most highly contagious of all syphilitic sores, the so-called mucous patch. Hence, the secretions from the mouth of such a person would be especially rich in the germs of this disease and he could hardly drink from a cup without depositing hundreds and probably thousands of them on its edge. "The skin covering the red substance of the lips is thin and delicate, and particularly prone to cracks and fissures, fitting portals for the entry of the virus" (D'Arcy Power). Numerous cases are on record of persons acquiring syphilis by inoculation with secretions from the mouth of another. Keyes tells of "a kindly lady who bound up the scratched knee of a little child with a handkerchief saturated with her saliva and gave it syphilis." Rollet describes the case of a lady and her cook who were in the habit of tasting, out of the same spoon, food prepared for the table. The lady acquired syphilis of the lip and the cook was found to have numerous syphilitic sores in her mouth.

DIPHTHERIA: Fully virulent diphtheria bacilli have frequently been found in the throats of perfectly healthy persons. "In urban communities, at least 1 to 2 per cent. of *well* persons among the general public are infected with diphtheria bacilli, and where persons are exposed to diphtheria, as in families, schools, etc., where cases exist, the number of infected *well* persons is much larger and may range from 8 to 50 per cent." (Report of Committee of the Massachussetts Association of Boards of Health). "The continued presence of virulent diphtheria bacilli in the throats of patients after the disappearance of all symptoms of the disease, has been repeatedly demonstrated. In one case they persisted with full virulence for eight months. * * * Virulent diphtheria bacilli have been found on DRINKING CUPS, candy, slate pencils, etc. * * * On slate and lead-pencils, as well as on paper money, the bacilli may live for several weeks" (Park). They could be expected to live just as long on ordinary drinking cups.

MEASLES: The specific germ which causes this disease has not been discovered. The skin and the secretions of the mouth, and nose, contain the virus of the disease. "The disease may be transmitted from the time of the first catarrhal symptoms and possibly before. The infectiousness is very marked early" (Ruräh). While measles is in most cases transmitted by direct contact, it may also be transmitted by objects handled by a patient, such as drinking cups, toys, etc., especially if they contain secretions from the mouth or nose.

SCARLET FEVER: "It is an undeniable fact that walking (i. e. mild) cases of scarlet fever are responsible for many outbreaks of the disease. * * * A child may transmit scarlet fever during the initial stage of sore throat. * * * Discharges from the nose (mouth), and ears of scarlet fever patients are undoubtedly infectious. * * * The poison of scarlet fever remains active for a long time and may be transmitted by articles used by the patient" (McCollom). This means that this disease may be transmitted by a public drinking cup used by a patient suffering from such a mild attack that he may be walking the streets.

TUBERCULOSIS: "It has been estimated, from carefully obtained data, that a patient suffering from phthisis (consumption) may expectorate from 500,000,000 to 3,000,000,000 tubercle bacilli in twenty-four hours" (Jordan). Not only the purulent material which a consumptive coughs up from his lungs but also the saliva always present in his mouth is often literally loaded with the germs of the disease. Tubercle bacilli "may find entrance into the human body by two principal gateways, the air passages and the alimentary canal. * * * In addition, they can be received through a wound in the skin" (McVail), such as cracks and fissures in chapped lips. "Tubercle bacilli may live in the dried state for nine months" (McFarland). "Infection through the alimentary tract is especially frequent in children. Demme recounts the case of a tuberculous nurse who fed her charges with a spoon she constantly put in her own mouth, with the result that four died with primary isolated intestinal tuberculosis" (Ravanel). The same thing might easily occur among school children who use daily the same DRINKING CUP with consumptive children or teachers. "Infants have acquired tuberculosis from the nipples of feeding bottles moistened in the mouths of unclean and infected nurses. * * * The necessity for caution in the matter of using the CUPS and GLASSES at PUBLIC fountains, at the stands of lemonade "fakers", and the like should be mentioned" (McFarland and Babcock).

A FALSE BIRTH REPORT.

Some physicians are short in understanding. Some physicians do not appreciate the gravity of the situation and the responsibility which lies upon them when they fail to report births, and sometimes when they report them. Mrs. Carson English of Bloomingdale writes to us as follows:

"My physician did not give the right birthday of my child. He was born January 20, 1911, instead of January 22. The father's full name is Samuel Carson English and the mothers full name, Martha Cleta Sweim. My physician failed to give these names."

Mothers are being informed all over the State how important it is to have legal records made of the birth of their children. Enough mothers have called for transcripts of birth records which were not supplied on account of failure of their physician to report, to show to the people the importance of the situation. Hence, these mothers are constantly writing the State Board of Health to know whether or not we have received full records of the birth of their children. The last legislature passed a law that births shall be reported within thirty-six hours after occurrence by the professional attendant, and failure to do this makes bills for services null and void, and also imposes a fine of from ten to fifty dollars. It is more than probable that this law will bring about a full and complete understanding in the mind of certain delinquent physicians and midwives as to the importance of making out birth certificates and sending them in promptly.

THE NEW MILK LAW.

For the past four years it has been impossible to enforce Section 3 of the Pure Food Law regulating the sale of milk because of the fact that in the final copying of the Act the word "himself" was omitted by the enrolling clerk, so that the bill as signed by the Governor provided that it should be in violation of the law for the servant or agent of a milk man to sell adulterated milk, but it was not in violation of the law for the proprietor of the dairy himself to sell milk which was skimmed, watered, dirty or otherwise adulterated. This section was amended by the General Assembly of 1911 so that the proprietor is now responsible and forbidden to sell adulterated milk.

The section was further amended by adding the words "or which contains visible dirt." This phrase carries with it splendid possibilities, and we believe that it in a large measure solves the problem of pure milk. It is now a simple matter for the consumer, the inspector, the judge and the jury to determine whether or not milk is adulterated simply by holding the glass bottle up to the light and looking carefully at the bottom of the bottle. If the milk is dirty the smallest particles will be deposited in the bottom of the bottle. If the milk is clean there will be no sediment. Inasmuch as it is impossible to produce clean milk in a dirty dairy from dirty cows, milked by careless and dirty milkers, and put in dirty bottles, the dairymen, in order to produce a legal milk, will be compelled to use great care at the dairy and at the milk house. Because of the small force of inspectors that have been in the field, it has been almost impossible to make progress by educating the dairymen, but under this new amendment if the consumers and health officers make use of its splendid provisions for determining whether or not their milk is clean or dirty simply by looking at the bottom of the bottle, the quality of the milk supply is bound to be greatly improved. Several cases have already been tried in different parts of the State in which the dealer was held for selling adulterated milk because of the fact that it contained "visible dirt." In every instance the court has found the defendant guilty and attorneys for the defense have freely admitted not only the violation of the law but the responsibility of their client.

Another amendment to the same section provides that skim milk may be sold when it is plainly labeled "skim milk."

TEACH IN THE SCHOOLS.

1. That as a rule diseases are preventable. We usually bring sickness and disease upon ourselves by wrong and irrational living.

2. That as a rule diseases are curable if detected in time.

3. That as a rule if a person gets sick, he or she is to blame for it, either through ignorance, carelessness or accidents.

4. That dirt should be avoided, not that it necessarily means disease, but that disease harbors in it.

5. That flies, like many forms of living things, are scavengers, but any good they may do is far overbalanced by the diseases they spread. They fly from the manure heap, the privy, the festering sore, the clot of sputum, etc., and alight on the butter, molasses, sugar, cream and milk jug, and plunge into the tea, or coffee cup, the pudding-sauce boat, or bread and butter, with their padded feet loaded with particles of what they last rested on.

6. That mosquitoes in cold countries are a nuisance chiefly, but in warmer climes they form the intermediary host for the propagation of the germs of malaria, a most serious malady, and in the tropics and hot countries another variety of mosquito is the sole cause of dreaded yellow fever, it being the intermediary host of the germ of that malady. That they can only reproduce by hatching in still water-swamps, lagoons, water barrels, or old tin cans, filled with rain water. That they can be controlled by removing the water or by covering it with oil which prevents the larvae from breathing. That the mosquito net properly used can protect a person from malignant types of these insects.

7. That rats, in addition to all their objectionable qualities, are the most active agents in disseminating the fatal bubonic plague; any good they may do is inappreciable.

8. That insects are, with few exceptions, unmitigated evils, not only to the farmer, but any other person.

9. That birds of all kinds are our best friends, even the crow and the hawk. Any tax they collect from the barn, cherry tree, fruit garden or field is more than amply repaid by their destruction of in-

sects, small animals and consumption of weed seeds that would over-run our tillable fields to a greater extent than they do.

10. That to kill a wild bird (unless when needed as food) is a sin.

11. That we are our brother's keeper, for we are likely to suffer if he be diseased mentally or physically.

12. That pure (out of door) air is the best tonic.

13. That milk need not be poisonous.

14. That infectious diseases can be eradicated, and they are chargeable with 90 per cent. of sickness, expense and death in the community.

15. That coarse food is not necessarily bad food, very often quite the reverse. Eat moderately of plain food and chew thoroughly.

16. That choice, rich viands require care in their use. They are dangerous.

17. That pure water is the only fluid required for health.

18. That stimulants of any kind are rarely required and rarely do any good as ordinarily used.

19. Stimulants are risky to use, and hence should be avoided unless ordered by the physician.

20. That the body must be kept clean and all its functions kept in order.

MEDICAL INSPECTION IN THE PRINCETON SCHOOLS, 1910-1911.

Medical inspection in the Princeton schools has been carried on with a great deal of interest manifested by the local physicians. The inspection was begun last fall, and was completed about the 15th of March.

The general plan pursued this year was the same as the plan last year. Early in the fall sixteen local physicians met and decided to inspect the school children, using an inspection blank that was prepared by the superintendent and approved by a number of the physicians. Dr. C. A. Miller was made chairman of the inspection committee and under his direction the inspection was carried to completion.

The total number of pupils examined was 923, boys 462, girls 461. Of the total number of boys examined there were found to be 260 with defects, or putting it upon a per cent. basis there were 56.2 per cent.; of the total number of girls, 252 were defective, or 54.6 per cent. of the total. The total number of defective pupils was 512; total number of defects, 762. This statement shows that some pupils were accredited with more than one defect. The following table gives some of the most common defects:

	Number.			Per Cent.		
	B.	G.	T.	B.	G.	T.
Hypertrophied tonsils	104	102	206	22.4	22.1	44.5
Diseased glands	70	47	117	15 +	10.1	25.1
Obstructed nasal breathing	52	50	102	11.2	10.9	22.1
Defective vision or hearing (figures include disease of eye or ear)	105	94	199	22.8	20.4	43.2
Malnutrition	27	29	56	5.8 +	6.3	12.1
Adenoids	29	28	57	6.3	6.0	12.3
Total	387	350	737	83.5	75.8	159.3

Some of the most common defects by grades are as follows:

Grade.	Hypertrophied Tonsils.			Diseased Glands.			Obstructed Nasal Breathing.			Malnutrition.			Adenoids.		
	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.
First	26	19	45	20	8	28	15	11	26	9	12	21	5	2	7
Second	14	20	34	9	11	20	8	10	18	8	5	13	2	8	10
Third	18	10	28	14	3	17	9	5	14	3	1	4	5	5	10
Fourth	16	8	24	9	8	17	6	8	14	3	6	9	7	5	12
Fifth	9	19	28	7	8	15	6	7	13	4	5	9	6	2	8
Sixth	10	9	19	5	7	12	3	5	8	....	....	....	1	3	4
Seventh	7	12	19	6	2	8	2	1	3	....	....	....	2	3	5
Eighth	4	5	9	....	....	....	3	3	6	....	....	....	1	0	1
Total	104	102	206	70	47	117	52	50	102	27	29	56	29	28	57

The greatest number of cases of Malnutrition is found in the first grade, and continues to decrease until no case appears above the fifth grade. There is a gradual decrease in diseased glands.

The number of Adenoids found this year is considerably smaller than the number found last year. There were more grade pupils examined this year, and yet only 57 cases of adenoids were reported; last year 110 were reported. No doubt some had outgrown the adenoids, but quite a number of pupils had them removed as a result of the examination last year. We know of many cases of removal due to this year's work; some of the pupils were so proud of them that they brought them to school in alcohol so that others might go and do likewise.

52 boys and 50 girls were found to have obstructed nasal breathing, which, of course, means insufficient amount of air carried to the lungs, which in turn means sickness and lack of mental ability. There were 2 boys and 2 girls which appeared to have deformed palate. This being known to a teacher would no doubt relieve a nervous strain concerning distinct pronunciation of words by these pupils.

Many interesting observations were made that were both pitiful and instructive. In one room two pupils were found that could not see but a few inches from their faces, and then only big objects. Upon examination it was found that the pupil had all but lost the sight of one eye.

MEDICAL INSPECTION—PHYSICAL DEFECTS OF 923 GRADED SCHOOL CHILDREN—AGES SIX TO SIXTEEN.

Princeton, Indiana, 1910–11.

Grade.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
First	21	28	....	1	....	1	....	3	8	26	....	45	7	2	....	....	11	1
Second	13	20	1	....	1	....	....	10	4	18	....	34	10	1	....	....	6	....
Third	4	17	1	....	....	....	....	14	6	14	1	28	10	....	....	....	16	2
Fourth	9	17	....	2	....	1	....	15	6	14	2	24	12	....	....	....	10	3
Fifth	9	15	....	....	....	....	....	9	3	13	....	28	8	....	....	....	14	....
Sixth	....	12	1	....	....	....	....	10	3	8	....	19	4	....	....	....	16	....
Seventh	....	8	....	....	....	....	....	7	3	3	....	19	5	....	....	....	8	....
Eighth	....	....	....	....	....	....	....	10	2	6	1	9	1	....	....	....	5	....
Total	56	117	3	3	1	2	....	78	35	102	4	206	57	3	....	....	86	6

Grade.	Number Examined.	Without Defects.	Having Defects.
First	156	54	102
Second	128	56	72
Third	115	39	76
Fourth	121	45	76
Fifth	121	56	65
Sixth	99	46	53
Seventh	102	55	47
Eighth	81	60	21
Total	923	411	512

Note—
1 = Malnutrition.
2 = Diseased anterior or posterior cervical glands.
3 = Chorea.
4 = Cardiac disease or heart disease.
5 = Pulmonary disease.
6 = Skin disease.
7 = Deformity of spine, chest or extremities.
8 = Defective vision.
9 = Defective hearing.
10 = Obstructed nasal breathing.
11 = Deformed palate.
12 = Hypertrophied tonsils.
13 = Posterior nasal growths or adenoids.
14 = Stupid.
15 = Tuberculoses.
16 = Disease of kidneys.
17 = Disease of ear or eye.
18 = Goiter.

	Boys.	Girls.	Total.
Total number examined	462	461	923
Total number without defects	202	209	411
Total number having defects	260	252	512

OUT-DOOR COLONY ASSURED FOR FT. WAYNE.

Health Week Meetings Bring About Desired Result.

A shack colony for the out-door treatment of tuberculosis is now practically assured for Fort Wayne and a general meeting of the members of the Anti-Tuberculosis society will be held at the court house assembly room within the next ten days at which arrangements will be made for commencing work on the same. The recent health week meeting which proved an unbounded success, both from a monetary standpoint and from the amount of interest created, netted the society $275, according to the report of the finance committee, made at a meeting held yesterday afternoon. The society has approximately $500 coming from the Red Cross society as the result of the sale of Red Cross stamps in this city during the holidays, which will also be applied to the erection and maintenance of the colony.

The receipts from the stamp sale could not be secured until the Red Cross society was given practical assurance that the colony would receive support and would be kept upon its feet. This now seems to be an assured fact and the committee will take up the matter with the Red Cross society in time for the discussion of tentative plans before the general meeting. It is the intention to erect the shacks near the county infirmary, where the county has offered a site. It is one of the most likely locations in the county. Four shacks will probably be set up and if present plans do not miscarry, the colony will be in operation during the middle of May or perhaps earlier. The committee reported yesterday that 225 new members were taken into the society during the progress of the health week meetings.

SOME DONT'S FOR HEALTH OFFICERS.

DON'T issue a burial permit for a certificate made out with a lead pencil.

DON'T issue a burial permit unless the exact place of death is given.

DON'T issue a burial permit until an earnest attempt has been made to obtain full name of deceased.

DON'T issue a burial permit unless the sex and color of deceased is given.

DON'T issue a burial permit until an earnest attempt has been made to obtain the date of birth of deceased.

DON'T issue a burial permit unless age is approximated (when unable to obtain date of birth and age).

DON'T issue a burial permit until an earnest attempt has been made to ascertain whether deceased was single, married, widowed or divorced.

DON'T issue a burial permit until an earnest attempt has been made to obtain the exact birthplace of deceased.

DON'T issue a burial permit until an earnest attempt has been made to obtain the full name and birthplace of father of deceased.

DON'T issue a burial permit until an earnest attempt has been made to obtain the full maiden name and birthplace of mother of deceased.

DON'T issue a burial permit until an earnest attempt has been made to obtain the occupation of deceased (occupation should be given for all persons who pursue some gainful employment).

DON'T issue a burial permit unless the name of informant is given, with his or her address.

DON'T issue a burial permit unless the date of death is given.

DON'T issue a burial permit unless a definite disease or injury is given as the cause for death (when possible to obtain the same).

DON'T issue a burial permit unless the name of the attending physician, coroner, or householder is given.

DON'T issue a burial permit unless the place and date of burial is given.

DON'T issue a burial permit unless the name and address of the undertaker or person acting as undertaker is given.

DON'T fail to number each certificate of death beginning with *No. 1* for the first certificate filed in each calendar year.

DON'T fail to sign your name as health officer issuing burial permit.

DON'T fail to send all your certificates to the State Board of Health on the 4th day of each month.

DON'T hold certificates until the following month if filed after you have sent your report. Send them in at once.

DON'T fail to enclose a monthly statement card when forwarding certificates.

DON'T fail to send a monthly statement card from each deputy health officer.

OUR GREATEST LOSS.

In the United States, during the time required for you to read this article—three or four minutes—ten or twelve people will die; the next sixty minutes will be the hour of death for 175 others, and today's sun will set on 4,000 new-made graves, while as many undertakers will make preparation for tomorrow's repetition of today's tragedy.

This means, according to the United States Census Reports, 2,500,000 deaths in the United States every year. It means, in addition, an amount of sickness productive of a loss of labor equivalent to the total incapacitation for the entire year of 3,000,000 people. Forty-two per cent. of the 1,500,000 deaths, or

600,000 deaths, are preventable. The testimony of expert opinion, of scientific facts, and of actual results to the truth of this statement will be forthcoming in subsequent press contributions from this office.

Political economists estimate that the productive energy wasted through preventable disease amounts to a financial loss to the United States of over $1,000,000,000 annually. This is more than enough to pay the entire annual expenses of our National Government; enough in one year to both dig and fortify the Panama Canal. Preventable disease is, therefore, a grave public concern.

But is it not a problem of tremendous importance to the individual—to you, my reader? Let's see. Divide the total loss to the United States from this cause by the total population (1,000,000,000 ÷ 85,000,000), and we find that preventable disease taxes the individual $11.75 per annum. Satisfy yourself on this point. Take ten neighboring families; estimate their expenses from sickness from tuberculosis, malaria, typhoid, and hookworm; add to this 80 per cent. of the expenses from summer diarrheas, and 50 per cent. of the expenses from the contagious diseases of childhood; add losses from death, estimated as follows: Child under 1 year of age, $90; child 5 years old, $950; child 10 years old, $2,000; person 20 years old, $4,000; 30 years old, $4,100; 50 years, $2,000. Then remember there are many losses from physically defective eyes, ears, throats, and other organs which should have been recognized before their damage was done. All these expenses compounded will make a per capita tax from ten to twenty times larger than the government per capita tax of a citizen of this State.

But, it is the part of human nature to think of self as the exception to the rule. I have in mind, as I write, a family living on a farm where no case of typhoid has occurred in the fifty years in which this place has been used as a home. The head of this family has frequently boasted of the freedom of the place and family from the disease. The country isolation of this home, the surface contour of the yard and surroundings, the depth of the well and the unknown occurrence of the disease on that hill might persuade one to regard this family as an exception to the rule of one case of typhoid to six of a family; might persuade the head of such a family to feel a bit indifferent to the typhoid problem. The children are growing up; like all other children, one by one they are leaving the place of safety and coming under the general rules which govern their kind. The two oldest, the two that have been away from home the longest, have both had typhoid, giving, even in that apparently typhoid-free family, the rule more than its dues, 1 out of 5, instead of 1 out of 6.

The wise man governs his life by rules—by probabilities, not by exceptions. If you are wise, so live that preventable disease will long delay taking toll of you and yours; this means, join the campaign for better public-health provisions.—Bulletin, N. C. Board of Health.

THE OPHTHALMIA NEONATORUM LAW.

In the fall of 1909 Dr. Geo. Keiper, of Lafayette, read a paper before the Tippecanoe County Medical Society upon ophthalmia neonatorum. It was a strong paper and attracted much attention. Following the reading of the paper a motion was offered and passed creating a Committee on Infantile Blindness. Its duty was to investigate the disease as to extent and distribution in the state and to present a plan for securing an ophthalmia neonatorum law as had been done by medical societies in other states. This committee did its work well and carried the question up to the state medical society which met in Ft. Wayne. At this meeting Dr. Keiper read a second paper and proposed a committee from the state organization. This committee was duly appointed and entered upon its duties with Dr. Keiper as chairman. He pushed the work, enlisting the co-operation of committees from the Eclectic, the Homeopathic and Physio-Medical schools. The subject was thoroughly discussed by these co-operating committees and finally a bill was drawn which was well considered and placed in the hands of Dr. J. D. Foor, representative in the 67th General Assembly, from Vigo County. Dr. Foor at once took up the bill, introduced it and pushed it hard to final passage. The same is now a law of the state and it is as follows:

A Bill for an Act entitled an act to prevent infant blindness caused by the preventable disease known as ophthalmia neonatorum.

SECTION 1. Be it enacted by the General Assembly of the State of Indiana, That whenever a child is born, the physician, midwife, or any other person who is present and engaged as professional attendant, shall report said birth in a blank supplied by the State Board of Health to the health officer having jurisdiction, within thirty-six hours after such birth occurs. Said birth certificate, in addition to other data ordered by the State Board of Health, shall have upon it this question: Were precautions taken against ophthalmia neonatorum? All bills or charges for professional services rendered at a birth shall be unlawful if report is not made as herein commanded.

SEC. 2. It shall be the duty of all physicians or midwives, in professional attendance upon a birth, to always carefully examine the eyes of the infant, and if there is the least reason for suspecting of one or both eyes, then said physician or midwife in professional attendance shall apply such prophylactic treatment as may be recognized as efficient in medical science.

SEC. 3. Should one or both eyes of an infant become inflamed, swollen or reddened, or show any unnatural discharge, or secretion at any time within two weeks after its birth, and no legally qualified physician is in attendance upon the infant at that time, it shall be the duty of its parents, or, in their absence, whoever is caring for said infant, to report the fact in writing within six hours after discovery, to the health officer having jurisdiction: *Provided*, Said report to said health officer need not be made from recognized hospitals.

SEC. 4. Upon receipt of a report as set forth in Section 3 of this act, health officers shall direct the parents, or whoever has charge of such infant suffering from such inflammation, swelling, redness or unnatural secretion or discharge of the eyes, to immediately place it in charge of a legally qualified physician or in charge of the city or township physician if unable to pay for medical services.

SEC. 5. Any violation of the provisions of this act shall be punished by a fine of not less than ten dollars nor more than fifty dollars.

SEC. 6. All parts of laws in conflict with this act are repealed.

This law has been pronounced "an inspiration" by Dr. L. Park Lewis, of Buffalo, N. Y., who has for several years carried on an able and most effective fight against infantile blindness, in the American Medical Association and the American Public Health Association.

The law may be truly regarded as the child of the State Medical and several county medical societies and represents the consensus of medical opinion of the state. That it is an effective instrument and an honor to the state is evidenced in its every provision. The only clause in it which has been attacked so far as known, is the one which says, "All bills or charges for professional services rendered at a birth shall be unlawful if report is not made as herein commanded." In reply to the objection that this clause was unduly severe and objectionable, a well known general practitioner with a large gynecological practice said: "The importance of early accurate legal reports of births cannot be overstated. They are of vital importance to the child, to the parent, to medical science and to the state, and physicians who raise objections to fulfilling these duties are unmindful of their Hyppocratic oaths. Let us do our full duty as the law commands, and then collect for our services. It is only when our legal and professional duty goes unperformed that we lose our fee. It will clearly be our own fault if we nullify our claim for services."

PREVENTOGRAMS.

Keep the mouth, nose, and teeth clean.

Bathe regularly, winter and summer.

Unseasonable weather is unhealthful weather.

Dress according to weather, not according to season.

Dry dusting moves dust, it does not remove it.

Don't let garbage and filth accumulate in your yard.

Do advance preventive work against next summer's flies and mosquitoes.

If flies, mosquitoes, impure water and contaminated milk are responsible for typhoid and other diseases, why not remove the cause?

Every unvaccinated person is a fit subject for smallpox and a menace to the community.

Anti-vivisectionists believe in sparing the rat and killing the person.

Many states still believe in spending a thousand times as much for the protection of cattle and swine, as they do for the protection of human lives.

Observe well established rules of hygiene. Keep your body in a normal condition, and you won't "run down."

Biting and cleaning the finger nails with the teeth has infection from kissing beaten to a frazzle.

Don't waste money on pastries and sweets. Eat good, plain, wholesome food, and enough of it. A hungry man can't work, and a starving child soon peters out.—Buffalo Sanitary Bulletin.

ABSTRACT OF PAPER ON EPIDEMIOLOGY OF DIPHTHERIA.

ADA E. SCHWEITZER, M. D.

A satisfactory study of the epidemiology of any infectious disease must be extensive and intensive, and must, if possible, be based on reliable statistics.

Diphtheria is known to have prevailed extensively in the prestatistical period. A study of the available statistics in Europe and America reveals the following facts:

1. Diphtheria is continental rather than insular.
2. A large mass of the disease is endemic.
3. Diphtheria spreads slowly.
4. Epidemics and pandemics occur cyclically, the maximum years in America being 1860, 1870, 1880, 1890.

It is probable that the determining cause is not found in widespread alteration of personal susceptibility. There seems to be an increase of epidemics following years deficient in rainfall. Personal infection is a factor. The hypothesis of saprophytic and parasitic stages of existence of the bacillus has been advanced to account for different degrees of virulence.

Control is modified by sanitary measures, by the isolation of patients, by the use of antitoxin and by laboratory measures.

Since infections are either direct or indirect, each case should be regarded as the possible source of an epidemic. Such sanitary measures are indicated as have been shown by experience to be effective. Such as were of no value according to later bacteriological standards have been discarded, less attention being given to indirect infection and more care being used to discover possible direct means.

A routine sequence should be used in the primary examination of clinical cases and contacts for diagnosis and release. The extent of isolation of bacilli carriers is determined usually by bacteriological examination. Release from quarantine should not be fixed by arbitrary time limit. The principal hindrance to effective quarantine is ignorance or indifference of people.

Statistics in Indiana are meager. Such as are available have been used in illustrating the foregoing statements. Some methods of procedure have been given and conclusions have been drawn from:

Mortality Statistics for 1900-1910.

Morbidity Statistics for 1907-1908-1909.

Epidemics during 1908-1909-1910.

SUGGESTIONS FOR VACCINATION.

FIRST.—Rigid cleanliness should be exercised in human vaccination.

SECOND.—Deep incisions must be avoided.

THIRD.—Glycerinated virus is the best form of vaccine prepared at the present time.

FOURTH.—Careful instructions should be given the patient as to the subsequent care of the vaccination.

FIFTH.—Careful examination of the vaccinated site from eight to twelve days after the operation should be made to determine the character of results and the certificate issued accordingly.

SIXTH.—Use only fresh vaccine when compelled to vaccinate in hot weather, and, if necessary to store it, put it in the coldest place obtainable.

IMPORTANT.—After vaccination, expose the scarified surface *15 to 20 minutes* to permit absorption, unless shield is applied. Glycerinized Vaccine does not produce the same amount of local irritation as other forms of vaccine, hence it must not be supposed that the vaccination has failed because these symptoms are absent; it is milder and slightly slower in action than other forms, the vesicle frequently forming on the eighth—possibly as late as the tenth —day.

DRUGS: It is not difficult to account for the almost universal belief in the efficacy of drugs. There is a mystery about their preparation and manner of use which appeals powerfully to the imagination inducing in the patient a kind of mind-cure too real to be underestimated or despised.

Moreover, it is customary to think, or, rather to believe without thinking, that drugs, in some incomprehensible way, "go directly to the spot" and, by their own inherent power, induce a direct and immediate change in diseased conditions.

Such a conception, however, is far from correct. A drug, unless its chemical affinity is strong enough to destroy the vitality of the parts with which it comes in contact, takes no active part in the process of cure. On the contrary, it is acted upon. It can be useful only when, like food, air, water, or any other substance which ministers to the needs of the body, it is subject to the control of physiological laws.

Vital action proceeds by the same regular and established methods in illness as it does in health, and from these methods there can be no variation except that of degree.

Drugs can act remedially only by stimulating or repressing orderly vital processes. To set these processes aside and substitute an action of their own, could have but one result—the cessation of life.

As a remedial measure drugs are far from being infallible. Not only are there many serious and painful conditions of ill health which they are powerless either to relieve or cure, but even in those cases most favorable for their employment there are conditions arising from their own inherent nature which greatly lessen their effectiveness.

DISEASE, in whatever form or location it may appear, is simply the *abnormal action of the very same processes whose normal activity always results in health.*

The vital processes which are responsible for both of these conditions are respiration, circulation, digestion, assimilation, and elimination—processes which every one knows are readily modified by a variety of external influences. In fact, the condition called health depends almost entirely upon the effect which external influences as heat, cold, dampness, clothing, exercise, etc., exert upon the vital organs. When the vital organs are in a diseased state their susceptibility to external influences is even greater than when they are in a state of health; but, unfortunately, this fact is not generally believed to possess any remedial significance.

A proper conception of disease brings with it a correct idea of what constitutes a remedy. As disease is an abnormal mode of action of vital processes and organs, any substance or force which can be used to modify or regulate these abnormal activities becomes a remedy.

* * *

WHICH IS THE MOST CRUEL? Who would be so foolish and mean as to cause a child repeated and terrible fright? We would indignantly condemn any person who would do such a thing. Why, then, do we fail to condemn that parent who does not, and will not, have his child's defects of vision corrected or adenoids or diseased tonsils removed? Failure to give a child relief from adenoids or diseased tonsils means the child's life-long invalidism or early death. Which is the more cruel and reprehensible, to frighten a child to death or let certain physical defects torture it to death?

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES FOR MARCH, 1911.

NORTHERN SANITARY SECTION.

Total population	927,229
Total deaths	988
Death rate per 1,000	12.5
Pulmonary Tuberculosis, rate per 100,000	131.0
Typhoid, rate per 100,000	17.8
Diphtheria, rate per 100,000	6.3
Scarlet fever, rate per 100,000	25.4
Diarrheal diseases, rate per 100,000	30.5

CENTRAL SANITARY SECTION.

Total population	1,114,087
Total deaths	1,452
Death rate per 1,000	15.3
Pulmonary Tuberculosis, rate per 100,000	160.9
Typhoid, rate per 100,000	12.7
Diphtheria, rate per 100,000	6.3
Scarlet fever, rate per 100,000	8.5
Diarrheal diseases, rate per 100,000	15.8

SOUTHERN SANITARY SECTION.

Total population	659,560
Total deaths	798
Death rate per 1,000	14.2
Pulmonary Tuberculosis, rate per 100,000	175.3
Typhoid, rate per 100,000	17.8
Diphtheria, rate per 100,000	17.8
Scarlet fever, rate per 100,000	5.3
Diarrheal diseases, rate per 100,000	25.0

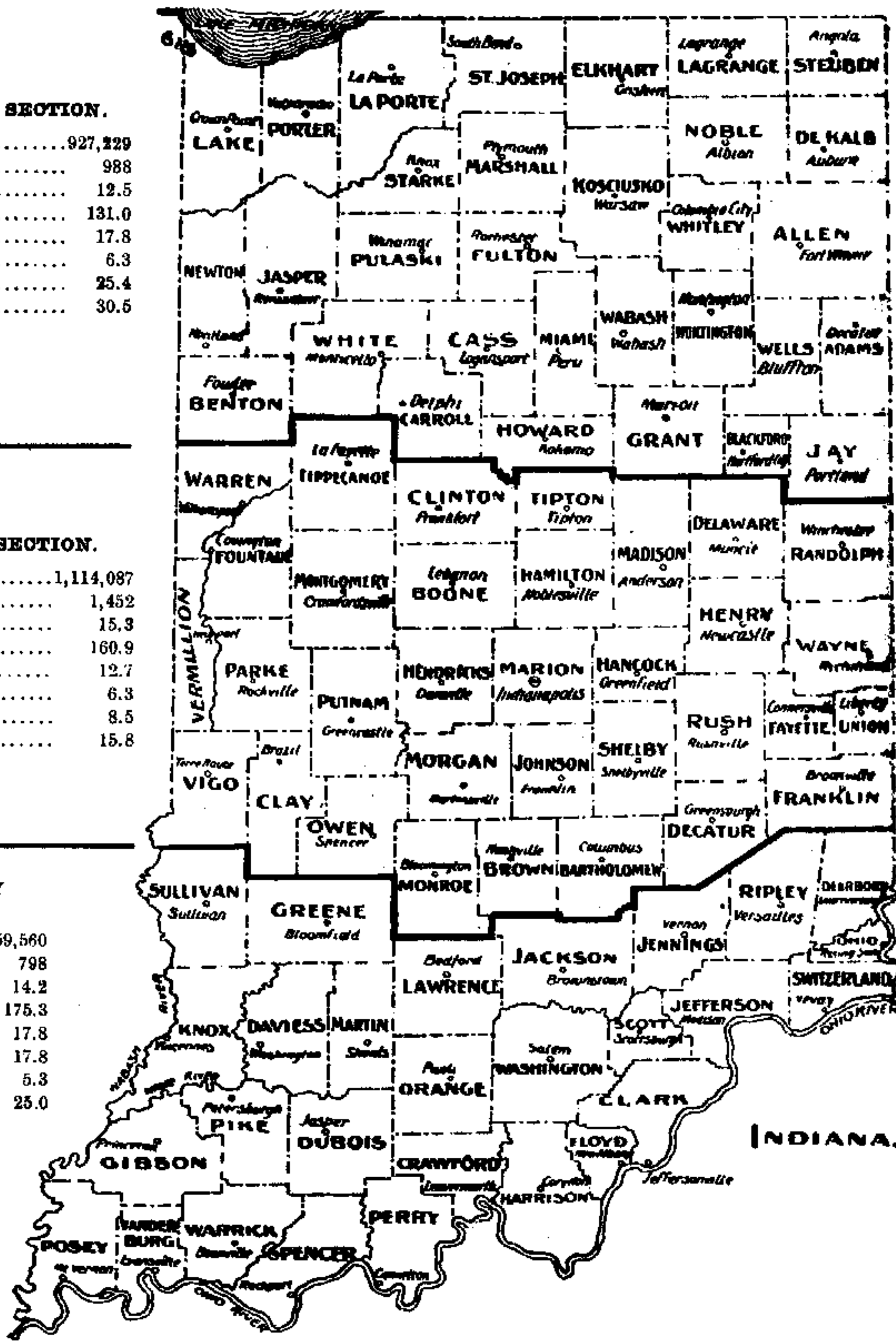

TABLE 1. Deaths in Indiana by Counties During the Month of March, 1911. (Stillbirths excluded.)

STATE AND COUNTIES.	Population According to U. S. Census, 1910.	Total Deaths Reported for March, 1911. (Stillbirths excluded.)	Annual Death Rate per 1,000 Population.	Important Ages. Under 1 Year.	1 to 4, inclusive.	5 to 9, inclusive.	10 to 14, inclusive.	15 to 19, inclusive.	65 Years and over.	Deaths from Important Causes. Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping-Cough.	Lobar and Broncho Pneumonia.	Diarrhea and Enteritis, under 2.	Cerebro-Spinal Fever.	Poliomyelitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Smallpox.	Deaths in Institutions.
State of Indiana	2,700,876	3,238	14.1	423	187	70	45	86	1,134	353	57	36	21	5	31	63	40	359	53	1	1	146	25	156	152	2	278
Northern Counties	927,229	988	12.5	126	52	18	15	22	348	103	18	14	5	1	20	13	10	91	24		1	40	9	58	37	1	67
Adams	21,840	16	8.6		2				9	2						1		2				1		1	1		
Allen	93,386	93	11.7	11	4				35	15	1		1			1		13				7	2	4	2		18
Benton	12,688	12	11.1	1				1	5	2		1						3									
Blackford	15,820	15	11.1	3					3	2								2				1	1	2			
Carroll	17,970	10	6.5						7	1								1									
Cass	36,368	52	16.8	6	1	1	3	1	13	6					4	2		1	2			1		3	4	1	11
Dekalb	25,054	23	10.8		3			1	10	3	2	1				1						1		1	2		
Elkhart	49,008	58	13.9	5	3		2	1	23	2						1	2	3				4	1	4	3		1
Fulton	16,879	14	9.7	2					7	1								3				2					
Grant	51,426	71	16.2	13	2	2		2	30	6	1			1	2		2	5				2		5	2		2
Howard	33,177	39	13.8	3	3	2	1		16	3	2				1		1	2			1	2		2			
Huntington	28,982	41	16.6	6			5		16	3	2	2						3				2		9	2		
Jasper	13,044	10	9.0	4		1			4									1				1		1			1
Jay	24,961	30	14.1	4	2			1	12	4							1	2	1					3			1
Kosciusko	27,936	27	11.4	1	1			3	14	3			1		1		1	2				2		1			1
Lagrange	15,148	16	12.4	1	2	1			5	1						3		1					1				
Lake	82,864	87	12.3	21	12	2	1	3	7	7	1	4	1		2	2	1	11	10			3		2	7		10
Laporte	45,797	50	12.8	4	2	1			17	4		1			2			8	1					5	3		7
Marshall	24,175	29	14.1	5	2		1		12	3					2	1	1	2	1					1			
Miami	29,350	38	15.2	3	2	1	1		14	6		4						2				1			1		1
Newton	10,504	3	3.3	2					1		1																
Noble	24,009	18	8.8	2				1	10	5	1							1				3		2	1		
Porter	20,540	17	9.7	1	1			3	6						2										3		1
Pulaski	13,312	9	7.9	3	1	1			3	1					1												
Starke	10,567	16	17.8	3				1	6									1				1		3			
Steuben	14,274	10	8.2	2				1	4	1								3				1					
St. Joseph	84,312	107	14.9	14	5	5	1	1	24	13	5		2		3			11	8			1	4	8	5		13
Wabash	26,926	29	13.0	1	1	1		2	10	5						1		2				3		3	1		
Wells	22,418	17	8.9	1	1				10	1	2	1						3				1		2			
White	17,602	17	11.3	3	1				10	2							1										
Whitley	16,892	14	9.7	1	1				5	1								3	1					1			
Central Counties	1,114,087	1,452	15.3	180	78	30	18	48	523	152	26	12	6		8	24	14	170	15			54	14	60	74	1	161
Bartholomew	24,813	32	15.2		3	1		4	15	7	2							5				1		1	1		1
Boone	24,673	18	8.6	3	2	1			10	1							1	2						1			
Brown	7,975	2	2.9							1																	
Clay	32,535	36	13.0	6	1	1		2	9	4	1	1						3	2			3			3		
Clinton	26,674	30	13.2	2	1		1	1	15	4								2				1		5	2		1
Decatur	18,793	25	15.6	4					13	2	1							2									1
Delaware	51,414	69	15.8	8	2	2	1	4	23	3		1			1	1		7				4	1	2	8		
Fayette	14,415	28	22.9	3	3	3		1	11							7		3							1		
Fountain	20,439	26	15.0	2	3	1	1		8	1					1	2		3				1			1	1	
Franklin	15,335	26	20.0	7	1			2	11	2						1		5						1	1		
Hamilton	27,026	47	20.5	8	2		1	3	19	6		1					2	4	1			3		3	4		2
Hancock	19,030	29	17.9	5	2	1			5	1						1		5				2			1		
Hendricks	20,840	15	8.4		2				8	2	2						1	2									
Henry	29,758	35	13.8	7	1	1			13	2	1				1			5				2		2	1		2
Johnson	20,394	19	10.9	3					11	2		1						4	1			1		1			
Madison	65,224	79	14.2	7	4	2		3	32	12	1	1	1			2		12				2	2	3	3		3
Marion	263,661	360	16.1	34	23	2	6	9	114	39	8	3			1	1	4	48	6			7	3	19	23		89
Monroe	23,426	32	16.1	8	2				6	7								3	1				1	1	2		1
Montgomery	29,296	32	12.8	3	1	2		2	13	3	1							5				1	1	1	1		1
Morgan	21,182	23	12.8	1	1	1		2	11	2						1		6				5		1			1
Owen	14,953	19	15.9	2	1	1	1	2	8	2			2			1		3				1		1	1		
Parke	22,214	18	9.5	3				1	8	2		1										1		1	1		
Putnam	20,520	34	19.5	4	1	3	1		15	3	1		1			1	2	2				1		1	1		1
Randolph	29,013	31	12.6	5	2		1	1	14	5												1					
Rush	19,349	24	14.6	3	2	1		2	8	2					1	1		2	1			2		1	1		
Shelby	26,802	31	13.6	7				1	12	6	2							6	1			1					
Tippecanoe	40,063	57	16.7	6	2	1	1	1	20	5		1						6				5		4	2		20
Tipton	17,459	26	17.5	3	1	2		1	5	2					2			2				1	1	2	2		
Union	6,260	9	16.9		1				1	1	1													1	3		
Vermillion	18,865	29	18.1	6	3			2	9	2	1		1				1	1	1			3			3		
Vigo	87,930	130	17.4	24	6	3	3	2	38	11	3	2	1		1	3	2	14	1			2	4	5	5		19
Warren	10,899	18	19.4	2	5	1			9	1	1					2	1	3							2		
Wayne	43,757	63	16.9	4			1	2	29	9								5				3	1	3	3		19
Southern Counties	659,560	798	14.2	117	57	22	12	16	263	98	13	10	10	4	3	26	16	98	14	1		52	2	37	41		50
Clark	30,260	38	14.8	3		1		2	15	8	1	1					1	1				3		2	3		5
Crawford	12,057	7	6.8	1		1			1	2		1				1						1					
Daviess	27,747	20	8.5	2	2	2	1	1	6	2					1	1	3	1				2		2	1		
Dearborn	21,396	29	15.9	4	1				10	3	1							6	1			2		2	2		
Dubois	19,843	21	12.4	6	3			1	9	2			1			1		5				1			1		
Floyd	30,293	35	13.6	6	3		1		17	2	1	1	2				2	2				3		1	3		1
Gibson	30,137	34	13.3	4	4			1	9	7		1						5				2			2		
Greene	36,873	36	11.5	11	2	1		1	8	2	2							8	4			1		2	2		
Harrison	20,232	13	7.5	1					10	1								1							1		
Jackson	24,727	29	13.8	3	2				15	2								8				2			1		
Jefferson	20,483	26	14.9	1	1			1	11	3							1	5				2					5
Jennings	14,203	20	16.6	1	2			1	6	3								4				3					
Knox	39,183	49	14.7	9	5		2	1	11	6			1		1	1	1	6	2	1		2	1	1	4		5
Lawrence	30,625	34	13.1	6	2	1	1		11	3	1			1			1	7				6			1		
Martin	12,950	17	15.4	1				2	5	4	1							1						2	1		1
Ohio	4,329	5	13.6	1					2			1						2				1					
Orange	17,192	21	14.4	4	2	2	1		6	1	1					4	1	1	1					2			
Perry	18,078	28	18.2	5	3	2	1		8	4		1	1	1			2	3				1					
Pike	19,684	28	16.7	7	2	3	1		9	4	1	1	3				1	2				3			2		
Posey	21,670	22	11.9	2	3				6	5	1			1				1						1	2		
Ripley	19,452	20	12.1	4	1				8	4								3	1				1	3			
Scott	8,323	12	17.0	1					4	4														1	2		
Spencer	20,676	33	18.8	4	2	3		2	11	2						7		5				8		1	2		
Sullivan	32,439	32	11.6	9	3				7	3	1						2	3	2			3			2		
Switzerland	9,914	13	15.4	2	1	1			5	2		1						2						2			
Vanderburgh	77,438	125	19.0	11	8	4	4	3	31	15	1	2	1	1	1	7		14	2			1		10	8		33
Warrick	21,911	26	14.0	4	2				13	2	1					3	1		1			4		3	1		
Washington	17,445	25	16.9	4	3	1			9	2			1			1		2				1		2			

TABLE 2. Deaths in Indiana by Cities During the Month of March, 1911. (Stillbirths excluded.)

CITIES	Population According to U. S. Census, 1910.	Total Deaths Reported for March, 1911 (Stillbirths Excluded.)	Annual Death Rate per 1,000 Population.	Important Ages. Under 1 Year.	1 to 4, inclusive.	5 to 9, inclusive.	10 to 14 inclusive.	15 to 19, inclusive.	65 Years and over.	Deaths From Important Causes. Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping-Cough.	Lobar and Broncho Pneumonia.	Diarrhea and Enteritis, under 2.	Cerebro-Spinal Fever.	Poliomyelitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Smallpox.	Deaths in Institutions.
Cities of First Class. Population 100,000 and over	233,650	328	16.5	32	21	2	6	8	104	35	6	2			1		3	44	6			7	2	17	20		83
Indianapolis	233,650	328	16.5	32	21	2	6	8	104	35	6	2			1		3	44	6			7	2	17	20		83
Cities of Second Class. Population 45,000 to 100,000	245,421	325	15.6	44	15	7	3	6	91	37	8	3	2	1	1	6		36	7			5	8	24	14		66
Evansville	69,647	106	17.9	10	7	4	2	3	28	13	1	2	1	1		6		12	2					10	6		27
Ft. Wayne	63,933	66	12.1	8	2				20	12	1							9				3	2	3	2		16
Terre Haute	58,157	91	18.4	15	4	1	1	2	31	6	3	1			1			10	1			1	3	5	3		16
South Bend	53,684	62	13.6	11	2	2		1	12	6	3		1					5	4			1	3	6	3		7
Cities of Third Class. Population 20,000 to 45,000	130,440	169	15.2	21	7	4	3	6	52	17	3	5	2		1	2	1	17	2			9	1	6	14		26
Muncie	24,005	23	11.3	2	1	1	1	2	8	1					1			1				1	1	1	3		2
Anderson	22,476	36	18.9	6	2	1		2	13	4	1	1				2		9				1					2
Richmond	22,324	21	11.1				1		6	7								1				1		2	2		1
Hammond	20,925	35	19.7	6	1	1	1	2	2	1	1	3						3	2			1			4		6
New Albany	20,629	24	13.7	4	3				11	1	1	1	2				1	2				2		1	3		1
Lafayette	20,081	30	17.6	3		1			12	3								1				3		2	2		14
Cities of Fourth Class. Population 10,000 to 20,000	209,556	273	15.3	41	20	6	7	4	68	33	1	6	2	1	6	4	4	22	8		1	7	1	17	20	1	19
Marion	19,359	24	14.6	7	1			2	3	3				1			1	2				1		2	1		2
Elkhart	19,282	25	15.2	2	2		1		10	1							1	2						3	1		
East Chicago	19,098	21	12.9	8	5				1	4			1			2		3	4					1	1		
Logansport	19,050	28	17.3	3			1		4	2						2		1	1			1		1	4	1	3
Michigan City	19,027	19	11.7	2	1				3	3		1			1			1	1					2	3		2
Kokomo	17,010	21	14.5	3	1	2			7	1	1						1	1			1	2		1			
Gary	16,802	12	8.4	3	2	1			1						1		1	3	1					1	1		2
Vincennes	14,895	33	26.1	4	3		1	1	9	5					1			3	1			1	1	1	4		5
Mishawaka	11,886	23	22.8	1	3	3	1		4	3			1		3			4							2		
Elwood	11,028	6	6.4	1	1				4	1																	
Peru	10,910	13	14.0	1	1		1		4	3		4															
Laporte	10,525	16	17.9	1					6									1						3			3
Jeffersonville	10,412	14	15.8	1				1	6	5												2			1		2
Huntington	10,272	18	20.6	4			2		6	2		1						1						2	2		
Cities of Fifth Class. Population under 10,000	321,643	401	14.7	52	26	11	5	16	124	47	7	6	2	1	6	12	2	51	6			20	3	18	19	1	8
Brazil	9,540	11	13.6	2	1	1		1	3	1		1										3			1		
Shelbyville	9,500	11	13.6	3					5	1								4									
New Castle	9,446	10	12.4	2	1				3	1	1							1									
Crawfordsville	9,371	15	18.8	1	1			2	4	2								3				1	1	1			
Bloomington	8,838	12	16.0	2					1	4								1					1		1		
Columbus	8,813	12	16.0						7	1	1							2						1			
Bedford	8,716	5	6.7	1			1		1	1								2									
Wabash	8,687	8	10.8					1	3	2								1				1		2			
Frankfort	8,634	10	13.6	1	1				5	1								2				1		1	1		1
Goshen	8,514	10	13.8		1		1		6							1						1			2		
Washington	7,854	11	10.5	1	2		1	1	2	1						1	2	1						1	1		
Connersville	7,738	13	19.8	2	3	1		1	4							4									1		
Valparaiso	6,987	6	10.1		1			1	1						2										1		1
Madison	6,934	10	17.0	1					3	1								2									
Whiting	6,587	5	8.9		2			1											2						1		
Princeton	6,448	6	10.9	2	1					2		1						1									
Seymour	6,305	9	16.8	2					4	1								4									
Clinton	6,229	13	24.6	3	2			1	3	1			1						1			1			1		
Hartford City	6,187	10	19.0	2					3	2								1					1				
Linton	5,906	5	9.9	2	1				1		1							2						1			
Mt. Vernon	5,563	5	10.6	1					2	1														1			
Lebanon	5,474	2	4.3						2	1																	
Greensburg	5,420	8	17.4	1					4																		1
Portland	5,130	6	13.8	1					2																		1
Alexandria	5,096	8	18.5			1			2	1			1					1						1	2		1
Noblesville	5,073	12	27.9		1		1	1	4	2		1						2						1	2		2
Martinsville	4,795	8	19.6	1				1	1	1								2				1		1			1
Greenfield	4,697	7	17.5	1	1				1									1				1					
Aurora	4,410	3	8.0	2							1								1								
Decatur	4,385	4	10.7		1				1	1						1		1							1		
Bluffton	4,375	6	16.1						5	1								2						1			
Rushville	4,371	5	13.4						2													1					
Lawrenceburg	4,294	6	16.4						2									1				2		1	1		
Garrett	4,273	6	16.5		1							1				1									2		
Tipton	4,191	7	19.7			1		1	2	1					1			1									
Tell City	3,986	5	14.8			1			2	1																	
Boonville	3,941	7	20.9						5	1	1											1		1			
Franklin	3,909	2	6.0	1															1								
Kendallville	3,906	1	3.0					1		1																	
Winchester	3,881	4	12.1	1				1		1																	
Dunkirk	3,874	2	6.0	1																							
Sullivan	3,854	6	18.3	1					2	1																	
Warsaw	3,692	1	3.1						1																		
Gas City	3,465	5	17.0	2		2				1					2												
Plymouth	3,304	8	28.5	2					4	1						1			1					1			
Green Castle	3,174	6	22.3		1	1			2	1						1											
Auburn	3,171	3	11.1					1	1	1	1																
Mitchell	3,131	5	18.8	2					1		1							1									
Columbia City	3,066	5	19.2						2	1								1						1			
Attica	2,989	7	27.6	1	2				1	1						2		1								1	
Montpelier	2,985	2	7.9																					1			
North Vernon	2,957	10	39.9		1			1	3	2								1				3					
Rochester	2,912	6	24.3	1					2									1				1					
Huntingburg	2,838	3	12.4	1					1	1								1									
Rockport	2,681	3	13.2	2														2				1					
Union City	2,446	2	9.6				1			1																	
Loogootee	2,422	1	4.8						1																		
Ligonier	2,306	1	5.1																								
Rensselaer	2,268	3	15.6	1		1			1									1									
Monticello	2,100	No Deaths.																									
Angola	2,042	No Deaths.																									
Cannelton	2,033	3	17.4	1					1	1				1				1									
Covington	1,974	2	11.9			1																			1		
Delphi	1,725	2	13.6						1	1																	
Veedersburg	1,641	5	35.9		1				2						1			1									
Butler City	1,547	No Deaths.																									
Rising Sun	1,379	5	42.7	1					2			1						2				1					
Vevay	1,263	2	18.6			1						1												1			
Total Urban Population	1,140,710	1,496	15.4	190	89	30	24	40	438	168	25	22	8	3	14	24	10	170	29		1	48	13	65	87	2	202
Total Rural Population	1,560,166	1,732	13.0	233	88	40	21	46	695	184	32	14	13	2	17	39	30	189	24			98	12	90	65		78

Mortality of Indiana for March, 1911. (Stillbirths excluded.)

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population According to U. S. Census, 1910.	Total Deaths Reported for March, 1911. (Stillbirths excluded.)	Annual Death Rate per 1,000 Population.	Important Ages. Under 1. Number.	Under 1. Per Cent.	1 to 4. Number.	1 to 4. Per Cent.	5 to 9. Number.	5 to 9. Per Cent.	10 to 14. Number.	10 to 14. Per Cent.	15 to 19. Number.	15 to 19. Per Cent.	65 and Over. Number.	65 and Over. Per Cent.	Deaths and Annual Death Rates per 100,000 Population from Important Causes. Pulmonary Tuberculosis. Number.	Pulmonary Tuberculosis. Death Rate.	Other Forms Tuberculosis. Number.	Other Forms Tuberculosis. Death Rate.	Typhoid Fever. Number.	Typhoid Fever. Death Rate.	Diphtheria. Number.	Diphtheria. Death Rate.	Croup. Number.	Croup. Death Rate.
State	**2,700,878**	**3,238**	**14.1**	**423**	**13.0**	**187**	**5.7**	**70**	**2.1**	**45**	**1.3**	**86**	**2.6**	**1,134**	**35.0**	**353**	**154.2**	**57**	**24.9**	**38**	**16.7**	**21**	**9.1**	**6**	**2.1**
Northern Counties	927,229	988	12.5	126	12.7	52	5.2	18	1.8	15	1.5	22	2.2	348	35.2	103	131.0	18	22.9	14	17.8	5	6.3	1	1.2
Central Counties	1,114,087	1,452	15.3	180	12.3	78	5.3	30	2.0	18	1.2	48	3.3	523	36.0	152	160.9	26	27.5	12	12.7	6	6.3	....	....
Southern Counties	659,560	798	14.2	117	14.6	57	7.1	22	2.7	12	1.5	16	2.0	263	32.9	98	175.3	13	23.2	10	17.8	10	17.8	4	7.1
All Cities	**1,140,710**	**1,496**	**15.4**	**190**	**12.7**	**89**	**5.9**	**30**	**2.0**	**24**	**1.6**	**40**	**2.6**	**439**	**29.3**	**169**	**154.6**	**25**	**25.9**	**22**	**22.7**	**8**	**8.2**	**3**	**3.1**
Over 100,000	233,650	328	16.5	32	9.7	21	6.4	2	.6	6	1.8	8	2.4	104	31.7	35	176.7	6	30.3	2	10.1	....	....	....	....
45,000 to 100,000	245,421	325	15.6	44	13.5	15	4.6	7	2.1	3	.9	6	1.8	91	28.0	37	177.8	8	38.4	3	14.4	2	9.6	1	4.8
20,000 to 45,000	130,440	169	15.2	21	12.4	7	4.1	4	2.3	3	1.7	6	3.5	52	30.7	17	153.7	3	26.5	5	45.2	2	18.0	....	....
10,000 to 20,000	209,556	273	15.3	41	15.0	20	7.3	6	2.1	7	2.5	4	1.4	68	24.9	33	185.8	1	5.6	6	33.7	2	11.2	1	5.6
Under 10,000	321,643	401	14.7	52	12.9	26	6.4	11	2.7	5	1.2	16	3.9	124	30.9	47	172.4	7	25.6	6	22.0	2	7.3	1	3.6
Country	1,560,166	1,732	13.0	233	13.4	98	5.6	40	2.3	21	1.2	46	2.6	695	40.1	184	139.1	32	24.2	14	10.5	13	9.8	2	1.5

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

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	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.	Diarrhea and Enteritis (Under 2 Yrs). Number.	Diarrhea and Enteritis (Under 2 Yrs). Death Rate.	Cerebro Spinal Fever. Number.	Cerebro Spinal Fever. Death Rate.	Poliomyelitis. Number.	Poliomyelitis. Death Rate.	Influenza. Number.	Influenza. Death Rate.	Puerperal Septicemia. Number.	Puerperal Septicemia. Death Rate.	Cancer. Number.	Cancer. Death Rate.	Violence. Number.	Violence. Death Rate.	Smallpox. Number.	Smallpox. Death Rate.
State	**31**	**13.5**	**63**	**27.5**	**40**	**17.4**	**359**	**156.8**	**53**	**22.2**	**1**	**.4**	**1**	**.4**	**146**	**16.3**	**25**	**10.9**	**155**	**67.7**	**152**	**66.4**	**2**	**.8**
Northern Counties	20	25.4	13	16.5	10	12.7	91	115.8	24	30.5	....	....	1	1.2	40	50.9	9	11.4	58	73.8	37	47.0	1	1.2
Central Counties	8	8.5	24	25.4	14	14.8	170	180.0	17	15.8	....	....	....	....	54	57.1	14	14.8	60	63.5	74	78.3	1	1.0
Southern Counties	3	5.3	26	46.5	16	28.6	98	175.3	14	25.0	1	1.7	....	....	52	93.0	2	3.5	37	66.1	41	73.3	....	....
All Cities	**14**	**14.4**	**24**	**24.8**	**10**	**10.3**	**170**	**175.8**	**29**	**29.9**	....	....	**1**	**1.0**	**48**	**49.6**	**13**	**13.4**	**65**	**67.2**	**87**	**89.9**	**2**	**2.0**
Over 100,000	1	5.0	....	....	3	15.1	44	222.2	6	30.3	....	....	....	....	7	35.3	2	10.1	17	85.8	20	101.0	....	....
45,000 to 100,000	1	4.8	6	28.8	....	....	36	173.0	7	33.6	....	....	....	....	5	24.0	8	38.4	24	115.3	14	67.3	....	....
20,000 to 45,000	1	9.0	2	18.0	1	9.0	17	153.7	2	18.0	....	....	....	....	9	81.4	1	9.0	6	54.2	14	126.0	....	....
10,000 to 20,000	6	33.7	4	22.5	4	22.5	22	123.8	8	45.0	....	....	1	5.6	7	39.4	1	5.6	17	95.7	20	112.6	1	5.6
Under 10,000	6	22.0	12	44.0	2	7.3	51	187.1	6	22.0	....	....	....	....	20	73.3	3	11.0	18	66.0	19	69.7	1	3.6
Country	17	12.8	39	29.4	30	22.6	189	142.9	24	18.1	....	....	....	....	98	74.1	12	9.0	90	68.0	65	49.1	....	....

U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of March, 1911.

V. H. CHURCH, SECTION DIRECTOR, INDIANAPOLIS, IND.

TEMPERATURE—IN DEGREES FAHRENHEIT.

Section average.	Departure from the normal.	Extremes. Station.	Highest.	Date.	Station.	Lowest.	Date.
40.7	—0.3	Mount Vernon	89	11	Howe	5	16

PRECIPITATION—IN INCHES AND HUNDREDTHS.

Section average.	Departure from the normal.	Extremes. Station.	Greatest monthly amount.	Station.	Least monthly amount.
2.25	—1.51	Bloomington	4 06	Greenfield	0.99