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

ABSTRACT OF MORTALITY STATISTICS FOR JANUARY, 1911.

Total number of deaths, 3,259; rate, 14.2. In the same month last year, 2,282 deaths; rate, 12.3. In the preceding month, 3,017 deaths; rate, 12.6. Deaths by important ages were: Under 1 year, 530, or 16.2 per cent. of the total; 1 to 5, 156; 5 to 10, 69; 10 to 15, 41; 15 to 20, 85; 65 and over, 1,080, or 33.1 per cent. of the total.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 927,229, reports 1,062 deaths; rate, 13.5. In the same month last year, 933 deaths; rate, 11.8. In the preceding month, 1,043 deaths; rate, 13.3.

THE CENTRAL SANITARY SECTION, population 1,114,087, reports 1,373 deaths; rate, 14.5. In the same month last year, 1,202 deaths; rate, 13.7. In the preceding month, 1,236 deaths; rate, 13.7.

THE SOUTHERN SANITARY SECTION, population 659,560, reports 824 deaths; rate 14.7. In the same month last year, 748 deaths; rate, 13.2. In the preceding month, 738 deaths; rate, 13.

REVIEW OF SECTIONS: The Southern Sanitary Section shows the highest death rate, which is .5 higher than the rate for the whole State. The Southern Sanitary Section shows the highest death rates in the following diseases: Tuberculosis, 186 per 10,000; measles, 16.1; whooping cough, 10.7 pneumonia, 211.1; influenza, 71.5; puerperal fever 19.6. The Central Sanitary Section shows the highest death rate in violence, cancer and scarlet fever

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BIRTHS FOR DECEMBER, 1910.

Total births, 4,332. Males, 2,121; females, 2,055; stillbirths, 156.

White males, 2,075; white females, 2,026.

Colored males, 46; colored females, 29.

White stillbirths, 150.

Colored stillbirths, 6.

State rate, 18.1. Excess of birth rate over death rate, 5.5.

Highest birth rate, Warren, 34.8.

Lowest birth rate, Owen, 6.1.

CITIES: Total population 1,140,710, reports 1,519 deaths; rate, 15.7. This is 1.5 higher than the rate for the whole State. The death rates for the following cities were: Indianapolis, 15.4; Evansville, 16.9; Fort Wayne, 14; Terre Haute, 19.4; South Bend, 14; Muncie, 14.2; Anderson, 12; Richmond, 10.5; Hammond, 13.5; New Albany, 18.3; Lafayette, 20.5.

COUNTRY: Population 1,560,166, reports 1,740 deaths; rate, 13.1. In the same month last year, 1,457 deaths; rate, 11.1.

SUMMARY OF MORBIDITY AND MORTALITY FOR JANUARY, 1911.

The most prevalent disease was tonsilitis, which was also true for January, 1910. The order of disease prevalence was as follows: Tonsilitis, influenza, bronchitis, rheumatism, scarlet fever, measles, pneumonia, diphtheria, pulmonary tuberculosis, typhoid fever, diarrhea, chickenpox, erysipelas, other forms of tuberculosis, whooping cough, inflammation of bowels, smallpox, intermittent and remittent fever, malaria fever, puerperal fever, dysentery, cholera morbus, cerebro-spinal meningitis, anterior poliomyelitis, cholera infantum.

POLIOMYELITIS: The number of cases were not reported. The deaths numbered 7; Carroll county, 1; Hendricks, 1; Marion, 1; Posey, 1; Steuben, 1; Washington, 1; Whitley, 1. This death list shows the disease was in all parts of the State.

SMALLPOX: One hundred and fifty-five cases in 12 counties, with no deaths. Cass county, 4; Decatur, 2; Jennings, 6; Knox, 2; Madison, 100; Monroe, 1; Montgomery, 5; Noble, 1; Posey, 1; Steuben, 2; Vigo, 19; Wayne, 12.

TUBERCULOSIS: Three hundred and eighty-nine deaths; pulmonary form, 328; other forms, 61; males, 180; females, 209. Of the males 31 were in the age period of 18 to 40 and left 62 orphans under 12 years of age. Of the females 66 were in same age period as above and left 132 orphans. Total orphans made in one month by tuberculosis, 194. Number of homes invaded, 371.

PNEUMONIA: Four hundred and fifty-seven deaths: 251 males, 206 females. Only 5 counties escaped deaths from pneumonia, namely, Brown, Fayette, Rush, Union and Ripley. In the preceding month 413 deaths; 220 males, 193 females. In the same month last year 400 deaths; 215 males, 185 females.

TYPHOID FEVER: One hundred and fifteen cases in 35 counties, with 39 deaths. In the corresponding month last year 135 cases in 40 counties, with 47 deaths.

DIPHThERIA: Two hundred and seventy-nine cases, with 35 deaths in 51 counties. In the preceding month 127 cases in 15 counties, with 44 deaths.

SCARLET FEVER: Eight hundred and eighteen cases in 54 counties, with 26 deaths. This disease was epidemic in many places, but was mild in form. In the corresponding month last year, 616 cases in 63 counties, with 16 deaths.

VIOLENCE: Number of deaths, 189. In the same month last year, 165. Of the deaths by violence there were 12 murders, 34 suicides, 143 accidents. Of the murders 6 males and 1 female were killed by gun-

shot; 2 males were killed by blunt instruments; 2 males killed by cutting and stabbing; one male (infant) killed by exposure to cold. Of the suicides 27 were males and 7 females. The methods chosen were: Shooting, 6 males, 1 female; hanging, 7 males; drowning, 1 male, 1 female; artificial gas, 1 male; carbolic acid, 3 males, 1 female; other poisons, 5 males, 4 females; cutting, 2 males; opium, 2 males. Of the accidental deaths, steam railroads caused 37; interurban railroads, 3; street cars, 2; crushing injuries caused 19 deaths; machinery, 2; mines, 3; burns and scalds, 27; falls, 20; gunshot, 4; electricity, 1; horses and vehicles, 3; various poisons, 4; drowning, 2; asphyxiation, 7, and the remainder by various means.

CORRECTION.

The Monthly Bulletin issued November, 1910, tabulated under "The Report of Analyses of Food and Drugs" a sample of Dekafa as illegal. The analysis showed the sample to be legal, and the printed report should have so indicated.

REPORT OF BACTERIOLOGICAL LABORATORY FOR JANUARY, 1911.

J. P. SIMONDS, M. D., SUPERINTENDENT.

Sputum for tubercle bacilli, positive 82, negative 220; throat cultures for diphtheria, positive 57, negative 148, unsatisfactory 3; blood for Widal reaction, positive 6, negative 69; blood for malaria, negative 13; blood smears 6 (one from case of myelogenous leukemia); urine, 39; pus, 11; feces, 4; for rabies, dogs' heads, positive 8, negative 6, unsatisfactory 1; pus for gonococci, positive, males 6, females 3, negative, males 16, females 9, sex not given 4; sarcoma, 2; carcinoma, 7; miscellaneous pathological tissues, 19; milk, 1; water, 1 (contained algae of species *Vaucheria*); smears for spirochetes, negative 2; pleural fluid, 1; stomach contents, 2; worm from cabbage (genus *Gordiaceae*), 1. Total, 747.

Outfits sent out: Sputum, 244; diphtheria, 308; Widal, 97; malaria, 24; special, 58. Total, 731.

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

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

Seventy-eight samples of foods were analyzed during the month of January. Of this number 28 were found to be illegal. Two of the 4 temperance beers analyzed contained sufficient alcohol to remove them altogether from the class of temperance beverages. Eight of the 10 ciders examined contained saccharin or benzoate of soda or artificial coloring. Six of the 10 sodas and pops were classed as illegal for the same

reasons. Five of the 19 milk samples examined were low in butter fat or contained visible dirt. Of the 7 butters analyzed 3 were oleomargarine. All the vinegars examined were pure, as was the case with the samples of candy, honey, maple syrup and meat products, except that in one instance a sample of weinerwurst contained starch.

Twenty-six of the 85 drug samples were listed as illegal. Included in the illegal list were 2 samples of epsom salts, which upon examination were found to be potassium nitrate. Nine samples of spirits of camphor contained less than the required amount of camphor gum. Two samples of salad oil upon examination were found to be pure cottonseed oil and not salad oil. Four samples of tincture of iodine were low in iodine content. Four samples of tincture of iron did not contain the required amount of ferric chloride.

Included in the list of the drugs are 18 samples of extracts, including lemon, vanilla and almond extracts. All of these samples were pure and, in the case of several compounds, properly labeled.

INSPECTORS' REPORT FOR THE MONTH OF JANUARY, 1911.

Nine hundred and eighty-two inspections of food producing or distributing establishments located in forty-nine cities and towns were made during the month of January. Fifteen places were graded as in excellent condition, 551 good, 345 fair, 64 poor and 7 bad. Of the 378 grocery stores visited, 6 were in excellent condition, 215 good, 134 fair and 23 poor. The condition of the meat markets visited was also satisfactory, but 4 poor markets being reported out of the 173 visited. Sixty-two were in fair condition, 105 were good and one was excellent.

Of the 106 bakeries and confectioneries inspected, 5 were in excellent condition, 63 were good, 26 fair and 12 poor.

The hotels and restaurants were as usual in poorer condition than almost any other class of establishments. Of the 149 inspections made but two places were found to be in excellent condition, 52 were in good shape, 73 were fair, 18 poor and 4 bad.

Other places visited included poultry houses, fish markets, bottling works, ice cream parlors and factories, creameries, cold storage plants, breweries, etc.

Thirty-three condemnation notices were issued during the month, in almost every case both because of unsanitary conditions and improper construction. The meat markets, however, were usually properly built but were unsanitary. The repairs ordered were usually made promptly where it was possible to improve the sanitary conditions of the building. In several instances the establishments were closed until new quarters could be secured.

Twenty-seven prosecutions were brought during the month of January for the violation of the Pure Food, Drug and Sanitary Laws. In every instance a conviction was secured. Two cases were brought against druggists who sold paregoric and spirits of camphor which was improperly labeled. Six cases involving the sale of cider containing benzoate of soda or saccharin, or both, were settled by the payment of ten dollars and costs in each instance. One baker plead guilty to operating an unsanitary bakery. A proprietor of an unsanitary meat market also plead guilty and was fined twenty-five dollars and costs. Three cases involving the sale of uncovered food products were settled by the payment of fines and costs. Two cases were brought against dealers who sold decayed and stale eggs as fresh eggs. The eggs in question had been packed and held for some months, and when seized by the inspector were almost without exception in bad condition. Ella Russel, of Indianapolis, was fined ten dollars and costs for selling oleomargarine for creamery butter. A number of prosecutions were brought for the sale of adulterated and imitation liquors, and the cases filed against Sam

FOOD AND DRUG ANALYSES FOR MONTH OF JANUARY 1911.

The following table shows the results of analyses of foods and drugs during the month January 1911.

CLASSIFICATION.	Number Legal.	Number Illegal.	Total.
FOODS.			
Beer—Temperance.....	2	2	4
Beverages, soda pops, etc.....	4	6	10
Candy.....	1	0	1
Cider.....	2	8	10
Flour—			
Buckwheat.....	3	1	4
Wheat.....	0	1	1
Honey.....	2	0	2
Horseradish.....	1	0	1
Maple syrup.....	1	0	1
Meat products—			
Dried beef.....	2	0	2
Sausage.....	1	0	1
Weinerwurst.....	0	1	1
Mutton.....	1	0	1
Milk products—			
Milk.....	14	5	19
Butter.....	4	3	7
Condensed milk.....	0	1	1
Cream.....	3	0	3
Oyster liquor.....	1	0	1
Sorghum molasses.....	2	0	2
Vinegar—Cider.....	6	0	6
Total.....	50	28	78
DRUGS.			
Asthma cigarette.....	1	0	1
Cream of tartar.....	1	0	1
Drink.....	1	0	1
Drug.....	0	1	1
Epsom salts.....	0	2	2
Extracts—			
Almond.....	2	0	2
Lemon.....	7	0	7
Vanilla.....	9	0	9
Glycerin.....	2	0	2
Morphine tablets.....	0	1	1
Olive oil.....	5	0	5
Paregoric.....	12	3	15
Quinine hair tonic.....	1	0	1
Quinine sulphate capsules.....	1	0	1
Salad oil.....	0	2	2
Spirit of camphor.....	7	9	16
Tablets anise.....	1	0	1
Tincture of ginger.....	1	0	1
Tincture of iodine.....	6	4	10
Tincture of iron.....	1	4	5
Tincture of opium.....	1	0	1
Total.....	59	26	85

Rosenbaum, of Terre Haute, were all settled by a plea of guilty and the payment of a fine and costs. The defendant sold as blackberry cordial an imitation product artificially colored, flavored, sweetened with saccharin and in no particular being a genuine product. The whiskies sold by the defendant were made by adding caramel color to neutral spirits. The apple brandies were made in the same way. The product sold as banana cordial was not a cordial in

any sense of the word, being simply a mixture of spirits and butyric ether.

The total fines and costs amounted to \$551.25.

SUMMARY OF INSPECTIONS DURING THE MONTH OF JANUARY 1911.

INSPECTIONS.	No. Inspected.	No. Excellent.	No. Good.	No. Fair.	No. Poor.	No. Bad.
Dairies	10	0	2	5	2	1
Grocery stores	378	6	216	134	23	0
Meat markets	173	1	105	62	4	0
Drug stores	109	1	80	18	2	0
Bakeries and confectioneries	106	5	63	28	12	0
Hotels and restaurants	149	2	52	73	18	0
Poultry houses	6	0	1	3	2	4
Slaughter houses	5	0	3	2	0	0
Fish markets	5	0	2	2	0	1
Bottling works	5	0	1	4	0	0
Wholesale groceries	4	0	4	0	0	0
Ice cream parlors	14	0	5	9	0	0
Ice cream factory	1	0	0	1	0	0
Creameries	3	0	2	1	0	0
Milk depot	1	0	0	1	0	0
Flour mills	4	0	3	1	0	0
Fruit houses	4	0	3	2	0	0
Canning company	1	0	1	0	0	0
Cold storage plant	1	0	0	1	0	0
Lunch cart	1	0	0	1	0	0
Brewery	1	0	0	1	0	0
Cider and vinegar works	1	0	0	0	1	0
Total	982	15	551	345	64	7

CONDEMNATION REPORT FOR THE MONTH OF JANUARY 1911.

CLASSIFICATION.	REASONS FOR CONDEMNATION.		Total.
	Unsanitary Conditions.	Improper Construction.	
Bakeries	1	1	1
Confectioneries	1	1	1
Dairies	2	1	2
Drug stores	1	0	1
Groceries	5	3	6
Hotels	1	1	2
Meat markets	10	1	10
Poultry houses	1	0	1
Restaurants	9	6	9
Total			33

LIST OF PROSECUTIONS DURING MONTH OF JANUARY, 1911.

COUNTY.	Lab. No.	Name and Address of Defendant.	Why Prosecuted.	Date of Trial.	Final Disposition.
Benton	19230	Rockwood Bros., Boswell.	Spirits of camphor improperly labeled	1-5-11	Fined \$10 and costs.
Benton		Grant Johnson, Oxford.	Unsanitary bakery	1-5-11	Fined \$16 and costs.
Hendricks		J. W. Beck, Danville.	Uncovered food products	1-10-11	Fined \$10 and costs.
Hendricks		E. O. Phares, Danville.	Uncovered food products	1-10-11	Fined \$10 and costs.
Marion	19642	Ella Russet, Indianapolis.	Oleomargarine sold for creamery butter.	1-31-11	Fined \$10 and costs.
Orange		John Gresham, French Lick.	Selling decayed, old eggs for fresh eggs.	1-9-11	Fined \$10 and costs.
Orange		Walter J. Gresham, French Lick.	Selling decayed, old eggs for fresh eggs.	1-9-11	Fined \$10 and costs.
Parke		Frank Jukes, Rockville.	Unsanitary meat market.	1-19-11	Fined \$25 and costs.
Parke		J. F. Sinebar, Rockville.	Uncovered food products.	1-19-11	Fined \$15 and costs.
Sullivan	15811	Edwin R. Price, Sullivan.	Paregoric, improperly labeled.	1-23-11	Fined \$10 and costs.
Sullivan	19889	Floyd Durham, Sullivan.	Cider containing benzoate of soda.	1-19-11	Fined \$10 and costs.
Sullivan	19893	Johnson & Johnson, Sullivan.	Bologna containing cereal.	1-23-11	Fined \$10 and costs.
Vigo	19263	D. Goldman, Terre Haute.	Drink, artificially colored for whiskey.	1-12-11	Fined \$25 and costs.
Vigo	19466	Frances M. Hall, Youngstown.	Lemon flavor, below standard in oil content.	1-15-11	Fined \$10 and costs.
Vigo	19521	Sam Rosenbaum, Terre Haute.	Apple brandy, not apple brandy.	1-12-11	Fined \$10 and costs.
Vigo	19524	Sam Rosenbaum, Terre Haute.	Mountain View Whiskey, not a pure whiskey.	1-12-11	Fined \$10 and costs.
Vigo	19527	Sam Rosenbaum, Terre Haute.	Sherwood Whiskey, not a pure whiskey.	1-12-11	Fined \$10 and costs.
Vigo	19528	Sam Rosenbaum, Terre Haute.	Apple Brandy, not apple brandy.	1-12-11	Fined \$10 and costs.
Vigo	19529	Sam Rosenbaum, Terre Haute.	Blackberry cordial, not a blackberry cordial.	1-12-11	Fined \$10 and costs.
Vigo	19530	Sam Rosenbaum, Terre Haute.	Banana cordial, not a banana cordial.	1-12-11	Fined \$10 and costs.
Warren	19409	W. D. Haines, Williamsport.	Blackberry cider containing benzoate and saccharin	1-4-11	Fined \$10 and costs.
Warren	19410	W. D. Haines, Williamsport.	Apple cider containing benzoate and saccharin	1-4-11	Fined \$10 and costs.
Warren	19411	W. D. Haines, Williamsport.	Mexicola cider containing benzoate.	1-4-11	Fined \$10 and costs.
Warren	19416	James Idle, Attica.	Cider containing benzoate of soda.	1-4-11	Fined \$10 and costs.
Warren	19417	James Idle, Attica.	Cider containing benzoate of soda.	1-4-11	Fined \$10 and costs.
Warren	19418	John Mitcher, Attica.	Cider containing benzoate of soda.	1-4-11	Fined \$10 and costs.
Warren		John Mitcher, Attica.	Cider containing saccharin.	1-4-11	Fined \$10 and costs.

SUCCESSFUL DAIRY INSPECTION.

The dairy situation, from the point of view of the health officer, inspector and critical consumer is far from satisfactory, and the result of the inspections reported from month to month shows little or no improvement. The State has not, and probably will never have, a sufficient number of inspectors adequately to handle the dairy situation, and most of the improvement which may be accomplished will be because of efficient work by local authorities. It is possible for every community to have a clean milk supply, and that without raising the price of milk beyond the reach of the consumer. This has been accomplished recently in the city of Richmond.

In September last, at the urgent request of dairy-men and the health officer, Inspector Bruner visited

Richmond and made a careful inspection of all dairies supplying milk in that city. He was given most efficient assistance by the Wayne County Bureau of Municipal Research, a local organization which had shown much interest in the pure milk question. At this inspection the sanitary conditions of the dairies were bad, and out of the thirty-seven dairies visited but sixteen scored above 50 points by the government score card. The January inspection by the bureau showed progress in many instances, and the report of the bureau spoke hopefully of the local situation. As a result of this inspection the city health officer agreed that all dairies scoring less than 50 points would be deprived of their license. The report of the committee read in part as follows:

"Your committee on dairies begs to report that the

inspection undertaken under your direction has been completed and the results are herewith submitted.

"On the whole the situation has materially improved since the September inspection; most of the dairymen have made an effort to comply with the instructions given by State Inspector Bruner at that time. A few have made but half-hearted attempts to improve, and some who have entered the business since September are still short of minimum requirements of the state law and the city ordinance.

"Forty dairies were inspected, and of these twenty-three scored above fifty, the minimum permitted by the city ordinance. In September thirty-seven were visited and but sixteen were above fifty. Twenty-eight of the forty were also inspected in September, and twenty-four of these made an average improvement of ten points. Of the twelve new dairies four score above fifty and eight below.

"Your committee regards it as very important that there be some systematic effort to rally public opinion to the support of our local authorities in a determined effort to further better conditions. The city inspector, Mr. Flook, is in close touch with the situation and stands ready to enforce as strict requirements as will be supported by the general public. It is simply out of the question for him to attempt to go further than this.

"To arouse public opinion it seems to your committee that there should be a publication of the names of all dairymen who have met present minimum requirements. This 'white list' would avoid the unpleasant features of a black list and the exposure of bad conditions, and would serve the same purpose. The city ordinance requires that dairies score at least 50 per cent. The publication of a list of dairies up to this standard would enable the public to patronize the best and thus penalize the careless by a loss of custom. A revision of the list could be made from time to time as found advisable if the interest of the dairymen and of the public should be sufficient to warrant it."

This report, which was published in full in the local papers, impressed upon the dairymen the fact that they must produce clean milk and operate their stables in conformity with the law if they continued to do business. The fact that a number of the dairies still fell below the minimum score permitted by the city ordinance warranted a third inspection, which was made by State Inspector Bruner in February. At this time he found conditions greatly improved, and in no instance did any of the dairies visited fall below the score set as the minimum legal requirement.

As a result of the active work of the Wayne County Bureau of Municipal Research, the local health officer and the state inspector, every dairy has made improvements in the way of handling their milk and caring for the stable. Some of the dairymen have spent con-

siderable money in equipping new buildings, putting in new floors, dividing the stables from the rest of the barn by installing partitions, and rebuilding milk houses. More than 200 cattle have been subjected to the tuberculin test, and at the present time it can be safely said of the Richmond milk supply that it is more carefully handled and in better sanitary condition than ever before. That this improved condition will in the long run be a decided benefit to the dairymen goes without saying; for the intelligent and critical consumer is bound to appreciate the fact that cleanly milk is worth more as a food than dirty milk, and that the dairyman who spends time, money and intelligent effort in improving the sanitary conditions of his dairy is worthy of his patronage.

BY WAY OF CAUTION.

The druggist who dispenses medicines for the cure of disease, either at the request of the purchaser or upon physician's prescription, is supposed to be carefully trained, alert and of sound judgment. The patient is bound to rely upon the prescription clerk and druggist when he purchases drugs and medicines. The responsibility of the dealer is very great and fully appreciated by the educated pharmacist, but mistakes do occur, sometimes with no ill results, but far too frequently to the grave detriment of the health of the patient.

During the last two or three years many instances of such mistakes have been noted at this laboratory. Samples of well known tinctures sold the food and drug inspectors and labeled by the clerk, presumably with special care, have been entirely different from the prescription. A sample labeled tincture of iodine proved to be tincture of iron. A sample labeled tincture of iron upon analysis was found to be tincture of iodine. A sample sold as citric acid was oxalic acid. Another sample purchased as borax was in fact potassium chlorate. A sample labeled potassium cyanide was in fact potassium ferro cyanide. A sample sent to the laboratory as gin proved to be methyl alcohol. Morphine tablets upon analysis were found to contain strychnine. A sample of plaster paris was a mixture of calcium sulphate, calcium carbonate and calcium oxide. Two samples of epsom salts were in fact potassium nitrate, and tablets sold as a cathartic were morphine tablets.

Some of these mistakes or errors were innocent and free from danger; others were deadly, and in two instances death resulted from the error of the clerk. In view of the possibility of the substitution of drugs of similar appearance it is incumbent upon the profession to demand still greater care by their clerks in the handling of all drug supplies. I believe a greater margin of safety might be provided by requiring that all preparations which are known to be

poisonous in the normal dose should be kept in a special closet under lock and key, and that the registered pharmacist in charge of the store should alone be intrusted with the key. Under this condition it would be impossible to sell oxalic acid for citric acid or methyl alcohol for gin.

The list given below should be a fair warning to all pharmacists of the danger inherent in their profession and an incentive to added care and watchfulness. Mistakes may be excusable in some lines of work, but a mistake at the drug store is too dangerous to be tolerated, and the conditions which induced it should be eliminated from the business.

No.	Sold For	Found To Be.	No.	Sold For	Found To Be
1934-E	Citric acid	Oxalic acid	5555-B	Plaster Paris	Mixture of calcium sulphate
2724-B	Salts	Mixture of salts and alum			calcium carbonate and calcium oxide
3001-B	Potassium cyanide	Potassium ferrocyanide	5648-B	Epsom salts	Potassium nitrate
3684-B	Borax	Potassium chlorate	5651-B	Cathartic pills	Morphine tablets
4653-B	Sweet spirits nitre	Compound spirits ether	5659-B	Epsom salts	Potassium nitrate
5332-B	Gin	Methyl alcohol		Tincture iron	Tincture iodine
5545-B	Morphine tablets	Strychnine			

EIGHTEEN DEFECTIVES: County Superintendent Fulling is in receipt of a report on medical inspection in the school at Kink's station, Gibson County, Indiana. The statement shows that of the sixty pupils examined, eighteen had physical defects of some kind; four were suffering from defects of vision; one from obstructed nasal breathing and thirteen from hypertrophied tonsils. Forty-two were found to be without spot or blemish, which shows that the state of health in this school is exceptionally good, despite the recent scare over the scarlet fever situation there.—Princeton Clarion-News.

STATISTICAL DEPARTMENT.

Registration of Deaths.

Every item called for by the certificate is for a distinct purpose, and the health officer should critically examine every certificate when presented for record, and should insist that it be made to meet the requirements before accepting it and issuing the burial permit. He is not obliged to accept an incomplete return. It is not expected that all the facts can be accurately stated in every case, but a strict observance of the practice will reduce the number of incomplete returns. Any laxity shown on his part will be followed by increased carelessness in filling out certificates.

The first item called for by the certificate is the place of death. The certificate should show the county, township, town or city where the death occurred. If in a city, the street number and ward should be given. If the death occurs in a hospital or other institution the name of the same should be given on the

line provided for street number. Each month the State Board of Health is compelled to request health officers and undertakers to supply these items which have been omitted from certificates of death. It often happens that a death occurring in one county, the certificate will be filed with a health officer in an adjoining county, and when the place of death is omitted it is impossible to surmise where the death occurred.

The name of the deceased should be given in full; never write the initials. If an unnamed infant the family name should be given.

The color should be given as white, black (negro or negro descent), Indian, Chinese, Japanese, etc.

The sex should be stated as male or female. The sex cannot be inferred from the name. A number of certificates received each month at the State Board of Health do not show the sex and color. Each health officer is required by law to make a complete record of all deaths that occur in his jurisdiction, and if important items are omitted from the certificates this would indicate the record is incomplete.

The date of birth should be given, as this is the only check upon inaccurate statement of age.

The age should be given in *years, months and days*. In some cases it is impossible to obtain the date of birth and age; if so, *age* can be approximated.

The certificate should state whether the deceased was single, married, widowed or divorced.

The birthplace should always be stated. Only State or foreign country are called for by the certificate, but if the exact place in a State is given it is much better for every purpose. If the State is unknown the certificate could show whether deceased was born in the United States or in a foreign country. Some certificates received at the State Board of Health give the birthplace as—State—in the country.

The name of the father is important for identification, and his birthplace should be given in the same way as birthplace of deceased.

The maiden name of mother is of great importance for purpose of accurate identification. The birthplace of mother should be stated in the same way as birthplace of deceased. The "Birthplace of Mother" is used in statistics to indicate race, characteristics and inherited tendencies.

Occupation should be reported for all persons who pursue some gainful employment.

Each certificate of death should be given a registered number, beginning with No. 1 for the first death that occurs in each calendar year and numbering consecutively. This will enable the health officer to identify individual certificates and oftentimes account for missing certificates. Each certificate should show the name and address of the health officer and the date he issued the burial permit. This important item is frequently omitted.

INFANT MORTALITY.

The question of infant mortality is such a broad one, and the causes of such mortality so numerous that, even were we sufficiently informed to speak with authority, it would be impossible to discuss the matter fully.

The enormous importance of the deaths occurring in children under five years is too well known for it to be more than mentioned. According to Holt the deaths occurring before the age of one year is reached amount to 20 or 25 per cent. of the total number of deaths. In this respect Indianapolis makes apparently a good showing, only 18 per cent. of the deaths that occurred in 1910 being among infants under one year. But looking further back we find that this percentage has been (in 1908 and in 1903) as low as 14, while in 1901 it was only 15; so that we are not making the steady decrease that is being made in some other cities.

Unfortunately in the time at our disposal we have been unable to secure the data showing the relative importance of the various causes of infant death in Indianapolis. The following figures, however, are the combination of those secured from New York, Philadelphia, Boston and Chicago:

Deaths Under One Year—	Per Cent.
Acute gastro-intestinal	28
Marasmus, prematurely, etc.....	25.5
Acute respiratory	18.5
Congenital malformations	5.8
Acute infections	5.4
Convulsions	3.4
Tuberculosis	2.0
Syphilis	1.2
All others	10.2

The ideal procedure would be to attempt to eliminate the causes of all these conditions, but we shall deal with the one that is of most interest and which in our opinion is by far the most important, namely, securing proper nutrition for the infant. As we see from the table, 28 per cent. of the deaths occur from acute gastro-intestinal disease, which may be traced directly in practically every case to improper diet. Moreover, the second rather indefinite group is bound to contain many infants who die directly because of errors in feeding. Not only that, but many cases coming under the other headings belong there only because the terminal event was a pneumonia, tuberculosis or acute infection, the infant succumbing to a disease which, unless its condition had been so depressed by poor nutrition, it would have recovered from or would never have contracted.

Not only as regards mortality, but also as it concerns morbidity, the nutrition of the infant is of the greatest moment. How often it is that we see among

the ignorant, babies born healthy, so injured by faulty methods of feeding that it is doubtful if they ever recover fully. Such gross lesions as those presented by the rachitic child are clearly attributable to disturbances in nutrition, while many obscure cases of faulty metabolism seen in later life may be assumed to be due to the same early errors in diet.

What steps can be taken to bring about any improvement? In the first place, every effort should be made to encourage maternal nursing. It is among the bottle-fed babies that the highest mortality occurs. Of 100 deaths from diarrheal diseases in Indianapolis last summer only 10 were among breast-fed babies, and even among these there is a suspicion that some other food was given in addition to the mother's milk. Of 1,000 deaths from diarrheal disease investigated by the N. Y. H. D. only 90 were among breast-fed infants.

We believe the next essential is to give instruction concerning artificial feeding. That it is not artificial feeding per se that is the cause of the high infant death rate is shown by the relative percentages of deaths among the poor and ignorant and among the wealthy. In a recent article Holt says: "All who practice medicine among children and all who study the question of infant mortality statistically are struck with the marked contrast between the death rate of the children of the poor and those of the rich. Clay estimates that in England in the aristocratic families the mortality of the first year is 10 per cent.; in the middle class 21 per cent.; in the laboring class 32 per cent. This difference in the infant mortality of the various classes is most striking in the case of acute intestinal disease. * * * It may not be true in adult life, but in infancy money may purchase not only health, it may purchase life, since it puts at the disposal of the infant the utmost resources of science, etc."

A pure milk supply is also much to be desired, but no matter how great the care exercised in the marketing of clean milk, it avails nothing if the mother has no idea of the proper strength and amount of the infant's food, and is not warned as to the necessity of cleanliness in handling the milk after it reaches her. Holt says: "It is my own belief that ignorance in feeding causes quite as many deaths as bad milk."

How are we to give this instruction? It seems that a publicity campaign is the first step, but those with much experience in work among the poor say that the printed appeal does not accomplish much with this class.

The next step would probably be the securing of an efficient corps of visiting *trained nurses*, women who have had experience in the care of infants and who possess sufficient tact not to antagonize the mothers.

Could, in addition, a milk station be instituted it

would place us in a very good position to secure results. The work at the milk station should be under the direction of physicians and should be in the charge of a competent dietitian.

By these means we believe we can get in close touch with the class of patients most in need of care. The nurses, through the birth registry, could locate those cases requiring such care, and the mothers should be urged to nurse their infants whenever possible, and in those instances where artificial feeding is necessary it could be carried out under the direction of a physician, using clean milk.

One of the most important features of this work is the opportunity it offers to give the medical students instruction in the care of infants. If we continue year after year turning out graduates who have had scant opportunity to study these problems of infant nutrition under the direction of more experienced men, we are failing to provide the State with a powerful weapon against infant mortality. If even a small proportion of the ailing infants could be brought to a dispensary, not only could we hope to benefit them personally, but the students, into whose hands the health of the community must soon be intrusted, would derive incalculable benefit from the instruction obtained through them.

MEDICAL INSPECTION IN THE PRINCETON SCHOOLS.

Medical inspection was brought up for discussion in the Princeton schools in the fall of 1906 at the same time that dental inspection was urged. Upon request of the city superintendent an excellent paper was presented upon the subject by Dr. A. L. Ziliak at one of the regular teachers' and patrons' meetings in the auditorium of the Princeton high school. The paper was discussed by other local physicians and by patrons who were present at the meeting.

Nothing definite, however, was done regarding the matter until recently. On the evening of February 25th of the present year the city superintendent was asked to attend the regular monthly meeting of the Gibson County Medical Society and discuss the subject of medical inspection in the public schools. The request was complied with and the subject met with general favor. At the regular meeting of the society on the evening of March 25th a paper was presented by the city superintendent upon "The Causes and Results of Backwardness in School Children." At the conclusion of this paper the value and necessity of medical inspection was thoroughly discussed, and it was definitely decided to take action in the matter. A committee of three, consisting of Dr. M. P. Hollingsworth, chairman, and Drs. A. L. Ziliak and R. S. Anderson, was appointed to look after the matter. At a special meeting of the society held shortly after this at the office of Dr. Hollingsworth the following twelve physicians voluntarily offered their time and services

to inspect the school children of Princeton: Drs. M. P. Hollingsworth, A. L. Ziliak, T. Wertz, R. A. Cushman, R. S. Anderson, A. H. Rhodes, F. H. Maxam, W. W. Blair, F. M. Payne, G. C. Kendle, W. Cullen Squire and J. S. Critchfield. These physicians were distributed among the various schools as follows:

Lowell School: Drs. Ziliak, Rhodes, Critchfield, Anderson.

Irving School: Drs. Wertz, Cushman, Kendle.

Franklin School: Drs. Payne, Rhodes, Squire.

Lincoln and Prince Street School: Drs. Hollingsworth, Blair, Maxam.

Actual inspection was begun on Wednesday morning, April 13th, and was continued at intervals to suit the time and convenience of the inspecting physicians. The first inspection was done by Drs. Ziliak, Rhodes and Critchfield at the Lowell School. The chairman, Dr. Hollingsworth, pushed the inspection as rapidly as possible, and it was completed on May 4th in the grades and on May 5th in the high school.

The total number examined in the grades, boys and girls separately, was as follows: Boys, 426; girls, 474; total, 900. In the high school: Boys, 69; girls, 92; total, 161. Grand total, 1,061.

Of the total number of boys examined in the grades there were found to be 262, or 62½ per cent., having some physical defects; of the total number of girls examined 306, or 64½ per cent., were physically defective in some degree. This made a total of 63½ per cent. of all those examined in the grades who were physically defective in some way.

The total number of children found defective was 568 and the total number of defects reported was 819, showing that many of the children were physically defective in more than one way. Of the total number of defects reported, 283 were credited to hypertrophied or enlarged tonsils, 171 to defective vision, 110 to adenoids, 83 to breathing defects, 66 to defective hearing, 16 to enlarged glands and 90 to various other defects. Putting these upon a per cent. basis we find that of the defects reported about 34½ per cent. consisted of hypertrophied tonsils; about 21 per cent. of defective vision; about 13½ per cent. of adenoids; about 10 per cent. of defective breathing; about 8 per cent. of defective hearing; about 2 per cent. of enlarged glands, and about 11 per cent. of various other defects. These results may be tabulated as follows:

	No.	Per Cent.
Total number defects	819	
Hypertrophied tonsils	283	34.5
Defective vision	171	21.0
Adenoids	110	13.5
Defective breathing	83	10.0
Defective hearing	66	8.0
Enlarged glands	16	2.0
Other defects	90	11.0
Total	819	100.0

In the cases of hypertrophied tonsils 132 boys were affected and 151 girls, showing 19 more girls than boys defective in this respect. It seems to be the opinion of a number of the physicians that enlarged tonsils, as well as a number of other physical defects among girls, are caused by the unsanitary and unnecessary exposure of the arms, neck and upper part of the chest in all kinds of weather. It is believed that many cases of tuberculosis could be traced to this feminine social custom.

There were 50 cases of hypertrophied tonsils in the first grade, 34 in the second, 45 in the third, 32 in the fourth, 41 in the fifth, 39 in the sixth, 20 in the seventh and 22 in the eighth. This shows the largest number in the first and third grades and the smallest number in the seventh and eighth grades.

Of the total number of adenoids the boys were credited with 64 cases and the girls with 46. A number of the cases inspected showed that the adenoids were seriously hampering the physical condition of the child, and that immediate attention was needed. The largest number of adenoids were found among the children in the Irving and the Franklin schools. By grades the totals for all the schools were as follows:

First grade	22
Second grade	24
Third grade	16
Fourth grade	14
Fifth grade	8
Sixth grade	14
Seventh grade	11
Eighth grade	1
Total	110

An inspection of these figures shows that the largest number of cases of adenoids was found in the first and second grades, and the least number in the fifth and the eighth. There were nearly twice as many boys found with adenoids in the first grade as there were girls. In the seventh grade there were nearly twice as many girls as boys. The number of adenoids in the sixth and seventh grades was comparatively large considering the general theory that they are usually absorbed and diminish or disappear as the child grows older. Of the total number of 55 pupils having physical defects in the colored schools only three were reported as having adenoids. There were, however, 33 cases of enlarged tonsils among the colored children.

In regard to defective vision the number of cases by grades was as follows:

First grade	8
Second grade	24
Third grade	22
Fourth grade	33
Fifth grade	35

Sixth grade	20
Seventh grade	18
Eighth grade	11
Total	171

Of the total number of those having defective vision 78 were boys and 93 were girls. Only two out of this total having defective vision were colored pupils, and they were girls. The principal defects reported were trachoma or granulated lids, conjunctivitis and astigmatism. There were a number of serious cases of trachoma and of conjunctivitis that needed immediate attention. Trachoma was more noticeable among the boys than among the girls, and on account of the infectious nature of the disease particular emphasis was given by the physicians to having the various cases treated at once. A large number of the pupils with defective vision were urged to consult an oculist and have their eyes fitted with glasses. Several cases of strabismus, or squinting, were found.

In the examination of the nose the principal defect noted was the partial occlusion of one or of both nostrils, thus obstructing the free entrance of the air into the lungs. While this defect was found frequently among the white pupils, it was very noticeably present among the colored children, ranking above the number of enlarged tonsils with them. A few cases of deflected septum were found.

The chief defect discovered in the ear was impacted serumen, or earwax. This defect was frequent, causing in some cases partial deafness. Adenoids and enlarged tonsils, with the consequent result of obstruction of the eustachian tube, was undoubtedly responsible for many cases of ear trouble and deafness. A few cases were found with perforated eardrum.

A number of pupils were locally affected with laryngitis, pharyngitis, tonsillitis, granular sore throat and other more or less common ailments. Two cases of tuberculosis—one a boy with tuberculosis of the bones and another a girl with affection of the lungs—were noted. Six cases of goiter were discovered—one boy and five girls. The boy was in the second grade, and of the girls two were in the second grade and one each in the sixth, seventh and eighth grades. None of these children seemed to know they were afflicted with the disease, and in every case the physicians said a cure could be effected if the disease were given attention immediately. Eight cases of hereditary luis were reported—five girls and three boys. Of this number three were colored—one boy and two girls, and five were white—three girls and two boys. All of these were found in the first and second grades with the exception of one colored girl who was in the colored high school.

The number examined in the high school consisted of 69 boys and 92 girls, 161 in all. Of this number 37 boys and 49 girls, making a total of 86, were found

to be without defects. Of the 75 having defects 32 were boys and 43 girls.

No cases of adenoids were found. There were 28 cases of hypertrophied tonsils, of which 13 were boys and 15 girls. With nasal defects there were 9 boys, 14 girls, total 23. Defective hearing, 8 boys, 11 girls, total 19. Defective vision, 4 boys, 5 girls, total 9. Other defects, 10. In the colored high school one girl was reported with defective vision, another with defective hearing and a third with some other defect—only three out of a total of 12.

On account of the limited time at the disposal of the inspecting physicians but little time or attention was given to the question of defective vision in the high school. Of the cases of defective hearing, impacted serumen seemed to be responsible in every case. The nasal defects were the result of obstruction of the nostrils, the nasal passages being too narrow. In the case of hypertrophied tonsils there were a number that needed immediate attention.

The medical inspection as conducted thus for the first time in the Princeton schools and under greatly hampered conditions was necessarily rather hasty in execution and general in its nature. Particular stress was laid upon the inspection of the eye, ear, nose and throat. Only in a few instances was there any examination of the heart or lungs or other organs of the body. A few cases of nervous disorders were discovered and the pupils were recommended to see their family physicians at once. It was the intention at the beginning of the inspection to give especial attention to vision and to adenoids and enlarged tonsils and enlarged glands, and this intention was generally adhered to. The inspection was held for the most part in the halls of the school buildings near the windows where the most light could be obtained. These conditions were not ideal but were fairly satisfactory. The opportunity for testing the eyes by the Snellen test, however, was greatly abridged, and for this reason the per cent. of defective vision is not nearly so large as would have been shown under more favorable circumstances. A Snellen test made throughout the Princeton schools three years ago showed that more than 50 per cent. of the pupils were visually defective.

Inasmuch as the inspection was general in its nature it is the opinion of the inspecting physicians that a more thorough examination would reveal many more cases of adenoids and enlarged glands. Only those cases easily discernible in a rapid inspection were reported. Pupils who were inspected and were found defective in any way were apprised of the fact and were asked to speak to their parents and request them to have a thorough examination made by their family physician. The following printed form properly filled out and adapted from a similar form used in the Springfield, Massachusetts, schools was given to each child to take home to his parents.

HEALTH DEPARTMENT, GIBSON COUNTY, INDIANA.

DIVISION OF SCHOOL INSPECTION.

To parents of
Address.....

Upon special examination made by the school inspector your child is found to have defective teeth, enlarged tonsils, and breathes through the mouth (adenoids?).

These defects are all preventable and curable, but if allowed to continue are very liable to cause sickness and also to materially interfere with the child's development and progress in school.

Thinking these troubles have been overlooked, the liberty is taken of calling your attention to the great importance of having them corrected, as continued neglect will surely be regretted in later years.

Your physician or dentist should be consulted as soon as possible for advice as to treatment.

BOARD OF HEALTH.

Notice—Show this letter to your physician or dentist.

Doctor—This pupil has been referred for special treatment. When treatment is finished you will kindly aid the department in arriving at the value of this inspection by filling blank and returning by pupil to teacher.

To Board of Health:

Care of principal school.
Name Address
is under my professional care for defective teeth, enlarged tonsils, adenoids. Result of treatment: Cured. Improved.
Date Signature

Although the medical inspection of the Princeton schools in this initial attempt was not as thorough and systematic in its scope as might have been under more favorable circumstances, yet it marks an excellent beginning and is a distinct credit to the twelve members of the medical fraternity who very generously gave of their time and practical skill and knowledge to the inspection. Much has been learned in this first attempt that will prove of great value in future inspections.

Already, as a result of the inspection, many of the school children have had adenoids and enlarged tonsils removed or treated, and are enjoying the real luxury of a proper amount of well breathed air. Others have had their eyes examined and fitted with glasses, or ears and nose treated and made to conform once more to their normal condition. And so with other defects of different kinds.

Many parents were surprised to find their children living under the burden of some physical defect which impeded their progress and handicapped their chances

in life. There were but three or four children out of the total number inspected who objected to the inspection, and they were children of the first or second grade who for some reason were afraid the doctors might injure them. Even these were quickly won over by the cordial attitude of those inspecting. Although there were a few outside of the schools who, either from mistaken or from selfish reasons, objected to medical inspection, yet the plan was almost universally endorsed. It is felt that dental inspection, which has been conducted in the Princeton schools for the past two years, paved the way in great measure for the ready reception of medical inspection.

Why should there not be intelligent and adequate medical inspection in every school? The owners of fine horses, cattle, hogs and other live stock are careful to see that their living property has the best of care and is kept in good, healthy condition all the time, and they are willing to devote time and money to their care and development. How about the little human animals that should become men and women some day? Do they deserve no consideration? We have excellent truancy laws at the present time which compel the attendance of all school children between seven and fourteen years of age. Is it right or just or logical to compel the attendance of all classes and conditions of children from all kinds of homes and environments and allow them to mingle together in school room and on playground without any attempt to investigate their physical condition or to make inquiry concerning diseases which may be passed from one to the other?

There still seem to be many living even in this enlightened age who think it the proper thing to pass on the measles, mumps, chickenpox, whooping cough and other epidemic diseases to others with the belief that it is necessary for all children to have these diseases. Anyone who is familiar with the frequent after-effect of many of these epidemics will readily see the folly of such false logic, let alone the loss in time and the thousands of dollars of expense incurred in the aggregate on account of such epidemics. Frequent inspection of school pupils would cause these various diseases to be detected in the beginning and by isolating the first few cases epidemics could be prevented. Every year in the schools all over the country the attendance during certain parts of the year is exceedingly ragged and school work disorganized on account of epidemics that could be easily controlled by proper and intelligent medical inspection. Is it not high time to adopt measures to prevent this great waste of time, effort and money, as well as to save large numbers of children from unnecessary disease and frequently from death? The time for remedial measures is here and now.

There ought to be frequent inspections of the school children. School rooms and buildings should also be inspected frequently by medical experts and various

rooms should be fumigated thoroughly when deemed necessary. Teachers should not only have the privilege but should be required to attend clinics and lectures on the diagnosis of the most common diseases incident to the life of the school child, and should learn to detect these various diseases in their incipiency through the general knowledge thus gained. The child could then be sent to the inspecting physician or to his family doctor for further diagnosis and treatment. Absence from school is the most potent influence in the making of the backward pupil; and sickness is one of the principal causes of absence. Hence the less sickness the better the attendance, and consequently the better the development of the child. It is earnestly hoped, for the good of the child and of the community, that medical inspection has come to stay.

HAROLD BARNES,

City Superintendent.

A PROPOSED HEALTH TOUR CARAVAN.

BY GARRETT M. WALROD, INDIANAPOLIS, IND.

Eighteen months ago there was suddenly thrust upon me the unwelcome information that my son, twenty-three years old, had tuberculosis. My anxiety was greatly increased because of my straitened circumstances, making it impossible for me to purchase for the boy those surroundings recommended by physicians as being absolutely necessary for a recovery. Sanitariums and even the cheapest health camps were beyond my ability to pay for. I finally sent him to the hill country of Tennessee, where I secured board at twenty dollars a month, but having no interested adviser near him or to take an interest in him, he returned home within two months no better, and while I am writing these lines he lies in the room adjoining doubtful of life for a week.

When I enlisted in the army fifty years ago I weighed 160 pounds; when I was discharged I weighed eighty pounds and two ounces, and the physicians said I had tuberculosis and could not live three months, but my folks carried me out into the garden and laid me down flat, and I wormed myself about as best I could and pulled weeds from among the onions and beets and lettuce. Next came an overland trip to Kansas, lasting several weeks, and then four months more of open air life before the house was completed sufficiently to move into it. But by that time I had forgotten to cough.

Now that my son was afflicted the memory of that trip overland and the camping out of doors came to me as being the best thing that I could do for him, so I advertised in the Indianapolis News for two or three persons who needed an open air life to join in buying a horse and camping outfit for a tour in search of health. This was before I sent him to Tennessee. But

nothing came of it. While this feature of my proposed help for him was on my mind it occurred to me that if the surroundings could be perfect, if the hygiene and sanitation was all right, if the anxiety and exertion of travel could be eliminated and comfort assured always, open air life in traveling would be infinitely better than any sanitarium or health camp that was ever planned. And now for more than a year I have had on my mind almost constantly the outlining of a scheme for health tours.

I now propose that a health tour company shall be formed that shall provide a first class caravan, something on the style of the old-time emigrant trains, but with all of the up-to-date improvements for comfort and convenience in the way of tents, cots, camp chairs, bedding, a complete small hospital outfit, dispensary wagon in charge of a registered pharmacist, a medical director, trained nurses, waitresses, tentmen, guards, porters, cooks, purveyors to scour the surrounding country for provisions from the farms, automobiles for the guests and a line of travel which shall be most attractive for scenery, historic interest and agreeable climate.

With the hope that such a company would be organized I have given months to a close study of estimating what would be required in the outfitting, provisions and attendants. I planned a line of travel which I believe cannot be equaled for scenery and historic interest on the western continent. For instance, mountains of Brown county, Indiana, Bedford stone quarries, West Baden and French Lick, Mammoth cave, the hill country of Tennessee, Pittsburg Landing battlefield, Corinth, Miss., Tuscumbia, Decatur and Hantsville, Ala., Lookout mountain, Chickamauga, Missionary Ridge, Resaca, Kenesaw mountain, Marietta, Peach Tree creek, Atlanta, Stone mountain, the Piedmont section of North Carolina and Virginia, the Peaks of Otter, Natural Bridge, the rough country of West Virginia and then home again.

This is not intended to be a traveling hospital for bed-ridden people, but only for those who are run down and need toning up or are threatened with tuberculosis. No person would be taken who is not fully able to walk a mile every day from the start. Camp would break early in the morning and all of

the traveling would be done in the forenoon. Tents would be pitched at noon and lunch served at one. Dinner would be at six. The afternoons would be passed in the most agreeable ways. There would be guns for the hunters, fishing tackle for the anglers, croquet, tennis, baseball, cards, chess, dominoes, rambles, music, swings, hammocks and the daily papers.

Each guest would have their own special cot and bedding, marked or tagged, wrapped and carried separate, issued by the company to them for the trip. A very little light laundering would be done in camp, but the bulk would be fumigated and sent forward a day or two ahead to laundries in the towns. The tents would be 12 x 14, with cross curtains both ways through the center, making rooms 6 x 7, where each guest would have entire privacy when desired. Sod covers 7 x 12, of eighteen-ounce waterproof duck, would be spread and the inside feet of each cot would catch it and hold it taut. Individual rugs would be for the feet. When the guests are in bed the porters would pass about and lower the outer walls of the tents and throw up the division curtains over the ropes to give a clear open air space. In each tent occupied by ladies an extra cot would be set in the center for either a nurse or waitress, so that the simple stretching forth of the hand would find assistance ready instantly. Guards would be continually passing every portion of the camp every fifteen minutes, and in case of threatened storm the porters would be called and the outer walls put up, making all secure. As day begins to break the porters would visit the sleeping tents, lower the division curtains and put up the outer walls.

The experience gained from a "first tour" would enable the company managing it to provide other and cheaper outfits suited to the means of those who would not be able to pay for the accommodations I have outlined, but which would serve the purpose desired quite completely, and that while the first tour would probably be unprofitable from a financial point, those following would be conducted so systematically that there would be sufficient inducement for capital to encourage it. I would be happy if some gentlemen of means, with hearts that beat for suffering humanity, would help me put such an enterprise as I have faintly outlined into successful operation.

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

NORTHERN SANITARY SECTION.

Total population	927,229
Total deaths	1,062
Death rate per 1,000	13.5
Consumption, rate per 100,000	117.0
Typhoid, rate per 100,000	21.6
Diphtheria, rate per 100,000	8.9
Scarlet fever, rate per 100,000	24.1
Diarrheal diseases, rate per 100,000	29.2

CENTRAL SANITARY SECTION.

Total population	1,114,087
Total deaths	1,873
Death rate per 1,000	14.5
Consumption, rate per 100,000	139.8
Typhoid, rate per 100,000	14.8
Diphtheria, rate per 100,000	19.0
Scarlet fever, rate per 100,000	4.2
Diarrheal diseases, rate per 100,000	7.4

SOUTHERN SANITARY SECTION.

Total population	659,580
Total deaths	824
Death rate per 1,000	14.7
Consumption, rate per 100,000	186.0
Typhoid, rate per 100,000	14.3
Diphtheria, rate per 100,000	17.8
Scarlet fever, rate per 100,000	5.3
Diarrheal diseases, rate per 100,000	25.0

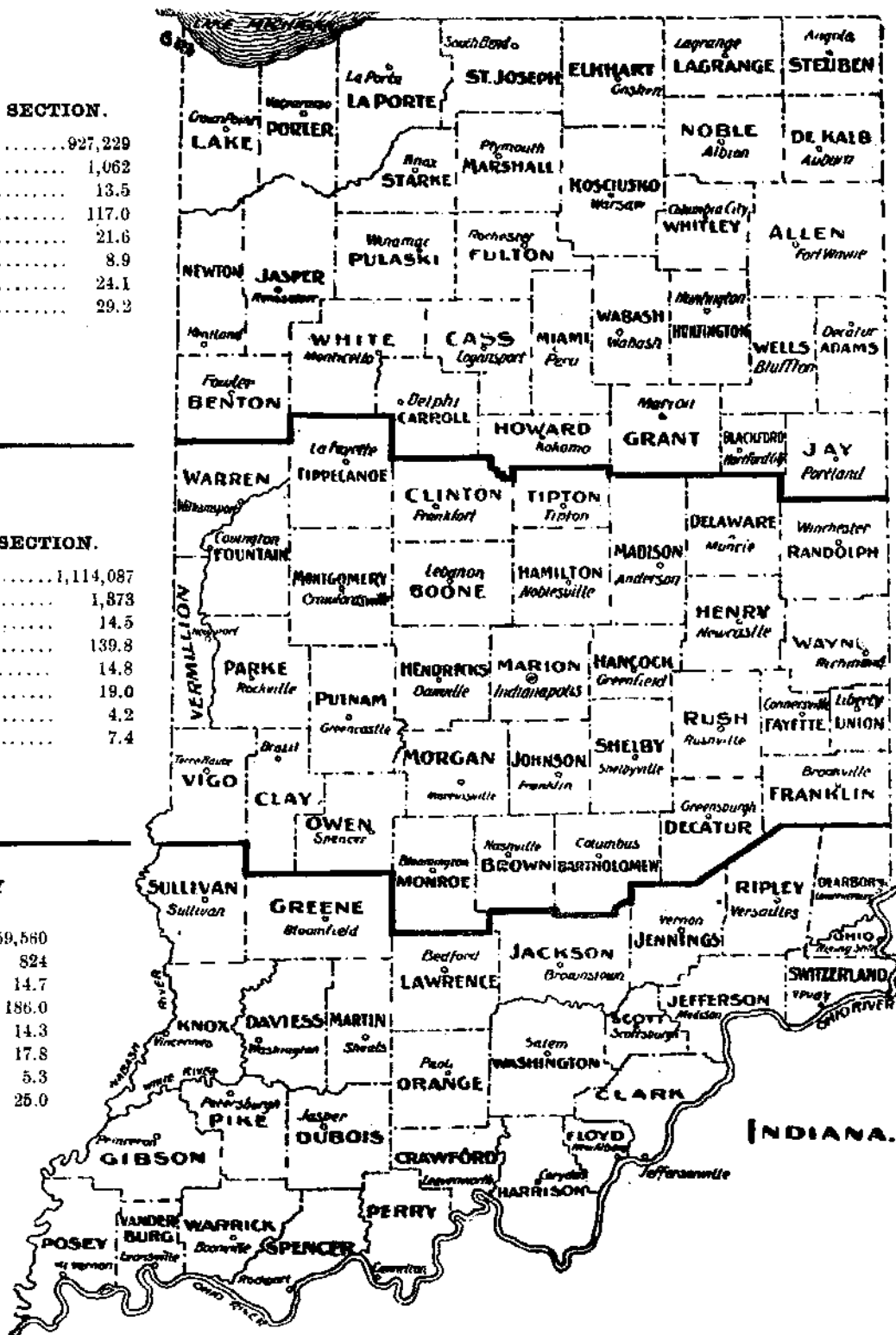


TABLE 1. Deaths in Indiana by Counties During the Month of January, 1911. (Stillbirths excluded.)

STATE AND COUNTIES	Population Estimated According to 31 Census School Census, 1910	Total Deaths Reported for January, 1911. (Stillbirths excluded.)	Annual Death Rate per 1,000 Population.	Important Ages.					Deaths from Important Causes.																			
				Stillbirths.	Under 1 Year.					Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping-Cough.	Lobar and Broncho Pneumonia.	Diarrheal Diseases, under 2.	Cerebro-Spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Smallpox.	Deaths in Institutions.		
					Under 1 Year.	1 to 4, inclusive.	5 to 9, inclusive.	10 to 14, inclusive.	15 to 19, inclusive.																		65 Years and over.	
State of Indiana	2,700,876	3,259	14.2		539	156	69	41	85	1,080	328	61	39	35	3	26	17	12	457	44	9	130	30	168	169		302	
Northern Counties.	927,223	1,062	13.5		175	49	22	15	26	354	92	19	17	7		19	5	2	148	23		30	6	69	73		98	
Adams	21,840	16	8.6		3	1	1		1	5	1		1						1			2						
Allen	93,385	108	13.6		14	9	6		3	38	8		1						18	1		1				5	10	22
Benton	12,688	15	13.9		1					9									2									
Blackford	15,820	24	17.9		2					3									1			1						
Carroll	17,970	21	13.7		2			1	1	2									1			1						
Cass	36,366	57	18.4		1					17									7			6					4	13
Cass	25,054	26	12.2		1					13									4			4					4	1
Dekalb	49,098	56	13.4		5				4	23									7			1					4	2
Elkhart	16,879	25	17.4		2			1	1	4									4			4					4	2
Fulton	51,426	62	11.9		4				1	13									4			2					4	3
Grant	33,177	30	10.6		1				1	13									4			2					3	3
Howard	28,982	31	12.6		1				1	16									4			1					1	1
Huntington	13,044	13	11.7		1				1	5									1								1	1
Jasper	21,961	19	8.9		2				1	4									1			1					1	1
Jay	27,036	33	13.0		1					12									4			4					1	1
Kosciusko	15,148	24	18.6		1					10									2			1					1	1
Lagrange	82,864	107	15.2		35			2	4	9									15			1					1	1
Lake	45,797	61	15.7		7				4	23									10			3					2	16
Laporte	24,175	22	10.7		3				4	6									4			2					3	2
Marshall	20,350	33	15.2		1				1	8									2			2					1	2
Miami	10,504	10	11.2		2					5									2			2					2	3
Newton	24,000	22	10.8		2				1	11									4			4					2	2
Noble	20,540	22	12.6		1					8									5			1					1	1
Porter	13,312	15	13.2		1					5									10			1					1	1
Pulaski	10,567	9	10.0		1					1									1			1					1	1
Starke	14,274	21	17.3		1					4									2			2					1	1
Stauben	84,312	90	12.5		13			2		7									2			2					1	3
St. Joseph	36,926	35	16.0		11				1	12									7			2					1	6
Wabash	22,416	25	13.1		4					8									7			2					1	1
Wells	17,602	19	12.7		1					7									2			2					1	1
White	16,892	16	11.1		2					7									3			2					1	1
Whitely	16,892	16	11.1		2					7									3			2					1	1
Central Counties.	1,114,087	1,373	14.5		221	54	28	19	39	456	132	31	14	18	1	4	3	4	181	7	7	60	13	64	71		151	
Bartholomew	24,813	24	11.4		3				1	7									4			5					1	1
Boone	24,673	39	18.6		6				1	16									5			7					1	1
Brown	7,975	4	5.9		1					1									1			1						
Clay	32,535	39	14.1		5					12									4			4						
Clinton	26,674	30	13.2		3					16									1			1						
Decatur	18,793	20	12.5		1					2									4			4						
Delaware	51,414	37	8.4		10			1	3	18									4			1						
Fayette	14,414	14	11.0		1					6									4			4						
Fountain	20,439	26	15.0		5				1	11									1			1					3	1
Franklin	15,335	23	17.6		3			2	1	14									2			2					1	2
Hamilton	27,026	30	13.0		6					4									1			1					1	1
Hamilton	19,030	30	18.6		2					11									6			6					1	1
Hancock	20,840	20	11.3		1				1	11									4			4					1	1
Hendricks	29,736	42	16.6		2			2	2	13									4			4						
Henry	20,394	27	15.6		1					6									3			1					1	1
Johnson	65,234	80	14.4		12				4	11									1			1					3	1
Madison	29,661	34	15.6		10				7	19									10			2					1	2
Marion	23,426	34	15.6		4				3	23									5			2					16	26
Monroe	29,296	43	17.3		4				2	12									8			2					1	4
Montgomery	21,182	32	17.8		6			2		13									1			6					4	2
Morgan	14,953	11	11.1		1				1	6									2			1					2	2
Owen	23,211	38	20.1		2				1	18									3			3					2	2
Parke	20,520	24	12.6		2					2									1			1					2	2
Putnam	29,013	20	10.9		3					13									3			1					4	2
Randolph	19,349	15	9.1		1					9									3			3					2	2
Rush	26,802	30	13.2		4			1	1	9									4			4					1	1
Shelby	40,043	17	10.0		3					2									5			5					1	5
Tippecanoe	17,459	7	13.1		3					6																		

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

CITIES	Population, Estimated according to 81 times School Census, 1910	Total Deaths Reported for January, 1911, (Stillbirths Excluded.)	Annual Death Rate per 1,000 Population.	Stillbirths.	Important Ages.					Deaths From Important Causes.																	
					Under 1 Year.	1 to 4, inclusive.	5 to 9, inclusive.	10 to 14, inclusive.	15 to 19, inclusive.	20 Years and over.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping-Cough.	Lobar and Broncho Pneumonia.	Diarrheal Diseases under 2.	Cerebro-Spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Smallpox.	Deaths in Institutions.
Cities of First Class. Population 100,000 and over.	233,650	305	15.4		68	8	4	1	7	52	20	7	6	1	1	1	42	2	2	7	1	11	23	80			
Indianapolis	233,650	305	15.4		68	8	4	1	7	52	20	7	6	1	1	1	42	2	2	7	1	11	23	80			
Cities of Second Class. Population 45,000 to 100,000.	245,421	336	16.1		53	10	7	3	7	102	35	10	3	4	4	1	41	10	7	8	4	22	20	72			
Evansville	99,647	100	16.9		12	6	1	1	3	30	16	2	2	3	3	21	7	3	6	8	4	6	3	27			
Et. Wayne	63,933	76	14.0		11	5	3	1	2	26	4	1	1	1	1	4	6	6	3	3	8	3	8	18			
Terre Haute	58,157	96	19.4		21	4	1	2	1	22	9	5	2	1	1	11	1	1	6	6	6	4	4	18			
South Bend	53,684	64	14.0		9	3	2	1	1	24	6	2	2	2	3	3	3	2	1	1	7	5	5	9			
Cities of Third Class. Population 20,000 to 45,000.	130,440	163	14.7		26	4	5	3	7	46	18	6	2	4	2	16	3	2	6	2	6	15	33				
Muncie	24,005	29	14.2		8	1	1	1	2	9	3	1	1	1	1	3	3	5	1	1	2	2	7	2			
Anderson	22,476	23	12.0		2	1	2	1	1	6	3	1	1	1	1	5	5	2	2	1	1	1	2	2			
Richmond	22,324	20	10.5		3	3	2	2	2	7	2	4	1	1	1	2	2	2	2	1	1	1	6	11			
Hammont	20,925	24	13.5		6	1	1	1	1	3	4	4	1	1	1	3	3	2	2	1	1	4	4	6			
New Albany	20,629	32	18.3		3	1	1	1	1	13	4	4	1	1	1	1	1	1	1	1	2	2	4	6			
Lafayette	20,081	35	20.5		4	1	2	1	1	8	4	2	1	1	1	3	3	4	4	1	2	4	2	14			
Cities of Fourth Class. Population 10,000 to 20,000.	209,556	280	15.7		51	16	7	9	7	74	35	3	12	5	3	1	40	13	9	2	14	19	26				
Marion	19,359	16	9.7		2	1	1	1	1	4	3	3	1	1	1	1	1	3	3	1	1	1	1	2			
Elkhart	19,282	23	14.0		2	1	1	2	2	10	3	3	1	1	1	1	3	3	1	1	1	1	1	1			
East Chicago	19,098	31	19.1		17	5	2	1	1	1	3	3	1	1	1	6	6	7	1	1	2	2	1	1			
Logansport	19,050	28	17.3		3	1	1	1	1	9	3	2	1	1	1	2	2	2	2	1	3	3	3	5			
Michigan City	19,027	27	16.7		3	1	4	2	1	8	3	2	1	1	1	5	5	3	3	1	3	3	3	1			
Kokomo	17,010	17	11.7		3	2	1	1	1	7	5	1	1	1	1	1	4	3	1	1	3	3	1	1			
Gary	16,302	23	16.1		8	2	2	2	1	5	4	1	1	1	1	4	4	3	1	1	1	4	4	1			
Vincennes	14,895	28	23.1		3	3	1	1	1	5	4	1	1	1	1	5	5	2	2	1	1	3	3	3			
Mishawaka	11,886	10	9.9		3	3	1	1	1	4	4	1	1	1	1	2	2	2	2	1	1	1	1	4			
Elwood	11,028	11	11.7		4	1	1	1	1	5	1	1	7	1	1	2	2	1	1	1	1	1	1	1			
Peru	10,910	21	22.7		4	1	1	1	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Laporte	10,325	16	17.9		1	2	1	1	1	6	2	1	1	1	1	4	4	3	3	1	1	1	1	6			
Jeffersonville	10,412	18	20.3		1	1	1	1	1	8	5	2	1	1	1	3	3	3	3	1	1	1	1	2			
Huntington	10,272	11	12.6		1	1	1	1	1	5	2	1	1	1	1	2	2	2	2	1	1	1	1	2			
Cities of Fifth Class. Population under 10,000.	321,843	435	15.9		65	19	7	6	13	158	49	8	6	3	1	1	58	4	1	15	2	27	28	5			
Brazil	9,540	15	18.7		3	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1			
Shelbyville	9,500	12	14.8		1	1	1	1	1	4	3	1	1	1	1	1	1	1	1	1	1	1	1	1			
New Castle	9,446	15	18.7		4	2	2	2	3	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1			
Crawfordsville	9,371	10	12.5		3	1	1	1	1	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1			
Bloomington	8,838	17	22.6		1	1	1	1	1	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Columbus	8,813	8	10.7		1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1			
Bedford	8,716	10	13.5		1	1	1	1	1	6	6	1	1	1	1	2	2	2	2	1	1	1	1	1			
Wabash	8,687	12	16.3		6	4	1	1	1	4	4	1	1	1	1	4	4	1	1	1	1	1	1	1			
Frankfort	8,634	8	10.9		1	1	1	1	1	4	4	1	1	1	1	2	2	2	2	1	1	1	1	1			
Goshen	8,514	10	13.8		2	1	1	1	1	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1			
Washington	7,854	7	10.5		2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1			
Connersville	7,738	2	3.0		2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1			
Valparaiso	6,987	9	15.1		1	1	1	1	1	5	5	2	2	2	2	2	2	2	2	2	2	2	2	2			
Madison	6,934	14	23.8		1	1	1	1	1	6	6	2	2	2	2	2	2	2	2	2	2	2	2	2			
Whiting	6,537	9	16.1		2	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2			
Princeton	6,448	8	14.6		2	2	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2			
Seymour	6,305	15	29.9		2	1	1	1	1	6	6	2	2	2	2	2	2	2	2	2	2	2	2	2			
Clinton	6,229	4	7.5		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Hartford City	6,187	9	17.1		2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Linton	5,906	5	9.9		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Mt. Vernon	5,563	9	19.0		3	3	3	3	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1			
Lebanon	5,474	9	19.4		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Greensburg	5,420	9	19.5		1	1	1	1	1	4	4	2	2	2	2	3	3	3	3	3	3	3	3	3			
Portland	5,130	4	9.2		1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1			
Alexandria	5,096	15	34.7		2	1	1	1	3	2	2	4	2	2	1	1	1	1	1	1	1	1	1	1			
Moblesville	5,073	8	18.6		1	1	1	1	1	3	3	4	2	2	1	1	1	1	1	1	1	1	1	1			
Martinsville	4,795	9	22.1		2	2	2																				

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

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Estimated According to 34 times School Census, 1910.	Total Deaths Reported for January 1911. (Stillbirths excluded.)	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 5.		5 to 10.		10 to 15.		15 to 20.		65 and Over.		Pulmonary Tuberculosis.		Other Forms Tuberculosis.		Typhoid Fever.		Diphtheria.	
					Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State	2,709,876	3,259	14.2		530	16.2	156	4.7	69	2.1	41	1.2	85	2.6	1,080	33.1	328	143.3	61	26.6	39	17.0	36	15.2
Northern Counties	927,239	1,042	13.5		175	16.4	49	4.6	22	2.0	15	1.4	26	2.4	354	33.3	92	117.0	19	24.1	17	21.6	7	8.9
Central Counties	1,114,087	1,373	14.5		221	16.0	54	3.9	28	2.0	19	1.3	39	2.6	456	33.2	132	139.8	31	32.8	14	14.8	18	19.0
Southern Counties	659,560	824	14.7		134	16.2	53	6.4	19	2.3	7	8.8	20	2.4	270	32.7	104	186.0	11	19.6	8	14.3	10	17.6
All Cities	1,140,710	1,519	15.7		261	17.1	65	4.2	30	1.9	22	1.4	41	2.6	532	35.0	167	162.4	34	35.1	29	29.9	12	12.4
Over 100,000	243,050	305	15.4		66	21.6	8	2.6	4	1.3	1	3.3	7	2.2	55	17.0	20	101.0	7	35.3	6	30.3	1	5.0
45,000 to 100,000	245,421	336	16.1		53	15.7	18	5.3	7	2.0	3	3.8	7	2.0	102	30.3	35	168.2	10	48.0	3	14.4	4	19.2
20,000 to 45,000	130,440	163	14.7		26	15.9	4	2.4	5	3.0	3	1.6	4	3.3	46	28.2	18	162.7	6	44.2	2	18.0	4	36.1
10,000 to 20,000	209,556	280	15.7		51	18.2	16	5.7	7	2.5	3	3.2	7	2.7	74	26.4	35	197.0	3	16.8	13	67.8	1	1.0
Under 10,000	321,643	435	15.9		65	14.9	19	4.3	7	1.7	6	1.3	13	2.9	159	36.5	49	179.7	8	29.3	6	22.0	4	11.6
Country	1,569,166	1,740	13.1		269	14.4	91	5.2	30	2.2	19	1.0	44	2.5	548	31.4	171	129.3	27	20.4	10	7.5	23	17.8

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Deaths and Annual Death Rates per 100,000 Population from Important Causes																								
	Group		Scarlet Fever.		Measles.		Whooping-Cough.		Lobar and Broncho Pneumonia.		Diarrheal Diseases Under Two.		Cerebro Spinal Meningitis.		Influenza.		Puerperal Septicemia.		Cancer.		Violence.		Smallpox.		
	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	
State	3	1.3	26	11.3	17	7.4	12	5.2	457	199.6	44	18.2	9	3.9	139	56.7	30	13.1	168	69.0	189	82.5			
Northern Counties			19	24.1	5	6.3	2	2.5	148	188.3	23	29.2			30	38.1	6	7.6	50	23.0	73	92.9			
Central Counties	1	1.0	4	4.2	3	3.1	4	4.2	191	202.3	7	7.4	7	7.4	60	63.5	13	13.7	64	67.7	71	75.2			
Southern Counties	2	3.5	3	5.3	9	16.1	6	10.7	118	211.1	14	25.0	2	3.5	40	71.5	11	19.6	35	62.8	45	80.5			
All Cities			12	12.4	3	3.1	4	4.1	197	203.7	29	29.9	3	3.1	45	46.5	10	10.3	79	81.7	105	108.5			
Over 100,000								1	5.0	42	212.4	2	10.1	2	10.1	7	35.3	1	5.0	11	55.5	23	116.1		
45,000 to 100,000			4	19.2			1	4.8	41	197.1	10	48.0			8	38.4	4	10.2	22	103.7	20	96.1			
20,000 to 45,000				18.0				13	144.7					6	54.2	2	18.0	5	45.2	15	135.6				
10,000 to 20,000			5	28.1	3	16.8	1	5.6	40	225.2	13	73.2			9	50.6	1	5.6	14	78.3	19	106.9			
Under 10,000			1	3.6			1	3.6	58	212.7	4	14.6	1	3.6	16	55.0	2	7.3	27	99.6	28	102.7			
Country	3	2.2	14	10.5	14	10.5	12	9.0	260	196.6	15	11.3	6	4.5	85	64.2	20	15.1	79	59.7	84	63.6			

U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of January, 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.
32.5	+4.0	Rome	61	13	Paoli	-13	4

PRECIPITATION—IN INCHES AND HUNDREDTHS.

Section average.	Departure from the normal.	Extremes.			
		Station.	Greatest monthly amount.	Station.	Least monthly amount.
2.91	-0.02	Monticello	3.39	Pittscton	1.19