

MONTHLY BULLETIN

# Indiana State Board of Health.

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

## ABSTRACT OF MORTALITY STATISTICS FOR JUNE, 1904.

The total number of deaths reported, 2,203; rate, 10.1. In the preceding month, 2,971 deaths; rate, 13.1. In June, 1903, 2,265 deaths; rate, 10.9. By the last comparison there appears a decrease for this month of .8. Deaths by important ages were: Under 1 year 289, or 14.1 per cent of the total deaths; 1 to 5 years, 136; 5 to 10 years, 58; 10 to 15 years, 38; 15 to 20 years, 81; 65 and over, 561, or 27.4 per cent. of the total.

Some important causes of death were: Consumption, 317, 11 more than in the corresponding month last year; typhoid fever, 44, an increase of 2 over last year; diphtheria, 15; scarlet fever, 9; measles, 10; pneumonia, 106; diarrhoeal diseases, 53; cerebro spinal meningitis, 14; influenza, 10; puerperal fever, 11; cancer, 71; violence, 125; smallpox, 3.

**SANITARY SECTIONS: THE NORTHERN SANITARY SECTION**, population 889,376, reports 51 deaths; rate, 8.9. In the preceding month, 917 deaths; rate, 12.1. In the corresponding month last year, 725 deaths; rate, 10.5. This section shows an increase over last year in consumption.

**THE CENTRAL SANITARY SECTION**, population 1,093,418, reports 951 deaths; rate, 10.6. In the preceding month 1,286 deaths, rate 13.8; in the same month last year 109 deaths, rate 12.

**THE SOUTHERN SANITARY SECTION**, population 673,610, reports 601 deaths, rate 10.8. In the preceding month 768 deaths, rate 13.4, and in the corresponding month last year 529 deaths, rate 9.9.

**REVIEW OF SECTIONS:** The Southern Section shows the highest death rate. It always shows the highest death rate from consumption, which is 166.6 per 100,000. It also shows the highest death rate from measles, whooping cough, pneumonia, diarrhoeal diseases, cerebro-spinal

meningitis, puerperal fever, violence and smallpox. All of the smallpox deaths occurred in the Southern Section.

**BY COUNTIES:** Vanderburgh shows the highest death rate, 15.2, and Pulaski shows the lowest rate, 2.4. Several other counties show a very low rate, Washington 3.1, Martin 5.7, Harrison 4.4, Warren 4.2, Lagrange 3.9, Jasper 3.9. The counties having a death rate above the average were: Carroll 10.3, Cass 13.3, Fulton 10.3, Lake 10.9, St. Joseph 13.1, Wabash 10.2, Whitley 11.9, Decatur 14.3, Franklin 14.1, Hamilton 11.1, Henry 11.4, Marion 13.3, Monroe 13.8, Montgomery 10.6, Morgan 10.4, Putnam 12.4, Tippecanoe 13.4, Union 10.8, Vigo 13.9, Wayne 14.2, Clark 15, Crawford 13.5, Dearborn 13.1, Floyd 12.8, Jackson 13.7, Jefferson 10.6, Jennings 13.6, Knox 11.7, Lawrence 10.8, Ohio 10.3, Perry 14.1, Pike 14.4, Scott 11.5, Switzerland 13.3, Vanderburgh 15.2, Warrick 12.9.

**CITIES:** All cities, having a population of 922,372, report 1,029 deaths, rate 13.6. This is 3.5 higher than the State rate. The consumption rate of the cities is 31.7 higher than that of the State, and the typhoid rate is 23.7 higher. The cities also show a higher death rate than the average of the whole State in diphtheria, scarlet fever, measles, pneumonia, diarrhoeal diseases, cancer, violence and smallpox. All the deaths from smallpox occurred in cities, as follows: Linton 2, Mt. Vernon 1. The city death rate in the same month last year was 14.3. The consumption rate was .5 higher, while the typhoid rate was 7.8 lower.

**COUNTRY:** The country reports 1,174 deaths, rate 8.2. This is 1.9 less than the State rate. The corresponding month last year the country showed a rate of 9.2. There is a marked difference between the city and country rates for typhoid fever, 46.2 per 100,000 being the rate of the cities and 9.8 the rate of the country. There was also a lower rate in the country, as compared with the cities, of cancer, violence, diarrhoeal diseases and pneumonia.

**CITIES BY CLASSES:** CLASS A, having 50,000 population and over, total population 252,515, including Indianapolis and Evansville, reports 285 deaths, rate 13.7. In the preceding month 316 deaths, rate 14.7, and in the corresponding month last year 238 deaths, rate 13.7. The death rate this month is 3.6 higher than the State rate and exactly the same as in the corresponding month last year. The Indianapolis rate was 13.4 and that of Evansville 14.8.

CLASS B, having 25,000 to 50,000 population, total population of 126,969, reports 148 deaths, rate 14.2. This is 4.1 higher than the State rate and 4.3 lower than in the corresponding month last year. This class includes Ft. Wayne, rate 8.8; South Bend, 14.5; Terre Haute, 20.5.

CLASS C, having under 10,000 population, total population 303,137, reports 317 deaths, rate of 12.3. This is 2.1 higher than the State rate and .1 lower than the corresponding month last year.

Chart showing deaths by Sanitary Sections on page 69.

### THE STATISTICS FURNISH THE FOLLOWING SUMMARIES FOR JUNE.

Rheumatism heads the list as the most prevalent malady. It stood second in the preceding month. Diarrhoea which stood in 11th place in the preceding month, stands third and typhoid fever moves up two places from 9th to 7th. The order of area of prevalence was as follows:

Rheumatism, tonsillitis, diarrhoea, bronchitis, intermittent fever, cholera morbus, typhoid fever, measles, pneumonia, scarlet fever, erysipelas, inflammation of bowels, influenza, pleuritis, cholera infantum, dysentery, puerperal fever, whooping cough, diphtheria and croup, cerebro-spinal meningitis.

**SMALLPOX:** One hundred and twenty-seven cases of smallpox in 27 counties with 3 deaths were reported. In the preceding month there were 259 cases in 36 counties with 6 deaths. By this comparison there is to be recorded a decrease in cases, in area invaded and in deaths. In the corresponding month last year there were reported 252 cases in 49 counties with 4 deaths. By every comparison, therefore, a marked decrease in this disease is to be recorded. The counties reporting the disease were: Allen, 6 cases; Boone, 5; Clay, 10; Crawford, 6; Daviess, 4; Dearborn, 8; Dekalb, 1; Delaware, 5; Dubois, 8; Floyd, 3; Franklin, 1; Gibson, 5; Grant, 5; Greene, 12, 2 deaths; Hamilton, 2 cases; Jackson, 22; Knox, 2; Kosciusko, 1; Marion, 5; Noble, 1; Orange, 1; Pike, 1; Posey, 6, and 1 death. Pulaski, 1 case; Tippecanoe, 1; Tipton, 1; Vigo, 5; Wells, 1.

The State Board was not called upon to make any visits on account of smallpox in June, but we still feel impelled to remark there are a great many cases of this disease, who are receiving no medical attention on account of their mildness and a great many cases are missed absolutely in diagnosis. As stated elsewhere 3 deaths occurred, Linton, Greene county, 2; Mt. Vernon, Posey County, 1.

**TUBERCULOSIS:** There were 361 deaths from tuberculosis, 317 being of the pulmonary form. Of this number 167 were males and 196 females. Of the females, 82 were married and between the ages of 18 and 40, and left 164 orphans, under 12 years of age. Of the males 30 were married and in the same age period and left 60 orphans, under 12 years of age. Consumption, therefore, made in this month 224 orphans, under 12 years of age and invaded over 200 homes. 252 or 69 per cent. of the total deaths were between the ages

of 15 and 50. In all points this is a higher record than was presented in the corresponding month last year.

**TYPHOID FEVER:** Forty-nine deaths were reported from typhoid fever which is exactly the same number reported in the preceding month, and 7 more than occurred in the corresponding month last year. 364 cases were reported from 35 counties. Marion County reported 224 cases and 16 deaths, an improvement over last month when this county reported 291 cases and 22 deaths. This disease prevailed to a considerable degree in Clark County last month, but disappeared almost entirely this month. Grant County reports 14 cases, Parke 25, Jackson 8, Vigo 6. The storm center of the disease was in Marion and probably was the result of the heavy floods heretofore spoken of. The typhoid rate for the whole State was higher than in the corresponding month last year.

**PNEUMONIA:** One hundred and six deaths against 125 in the corresponding month last year were reported. By comparison with the preceding month a great improvement of about 50 per cent. as was to be expected, occurred. Of the pneumonia deaths this month, 61 were males and 45 females. 28 of the total number were under 1 year of age, 17 between 1 and 5, 10 between 20 and 30, 9 between 30 and 40, and 13 between 70 and 80. 5 deaths were reported from this cause of people over 90.

**VIOLENCE:** 125 deaths were reported. 22 were suicides, 6 murders and the remainder accidental. Of the murders 4 were by gunshot, 1 by stabbing and 1 not named. Of the suicides, 5 chose morphine, 4 males 1 female; 4 chose carbolic acid, 3 males, 1 female; 1 female chose chloroform; 1 male and 1 female strychnine; 1 female paris green; 2 males gunshot; 1 male cutting throat; 1 male by throwing himself in front of engine; 1 male and 1 female hanging, and 2 males and 1 female not named.

Of the accidental deaths, 20 were killed by railroads, 1 by street car, 6 by fracture of skull, 12 by crushing injuries, 9 gunshots, by drowning 15, by electricity 2, by asphyxiation 2, by lightning 3.

The accidental female deaths were burning and scalds 4, fracture of the femur 1, drowning 3, morphine 1, lightning 1, swallowing carpet tacks 1. The last was a child.

### COUNTY HEALTH ORGANIZATION.\*

Systematic organization on a practical working basis is necessary in any enterprise, in order to secure the best results. Our mission as health officers is to prevent all preventable diseases, stop the progress of contagion, secure vital statistics, place on permanent record the births, marriages and deaths, occurring to our respective territories, and educate the people up to the importance of our work. No mercenary motive or hope of gain will ever be held out to us, but our inspiration and hope of success must ever come from a supreme desire to render a substantial good to humanity.

\*Read before the Indiana Health Officers' School June 24, 1904.

When we consider that it is estimated that nine-tenths of all diseases are preventable it can be readily seen that our mission covers a vast area and that our task is a stupendous one. I have not the time, neither will it be necessary for me to enumerate the great difficulties and obstacles to be overcome with which every active health officer is so familiar. Brethren, let us rise to the magnitude and importance of our mission. Let us lay hold of the most effectual organization, the very best equipment, form attachment to the strongest alliances and secure all the aids we can command.

At a meeting of the County Commissioners of Marshall County, acting in their capacity as a County Board of Health, and conjointly with a meeting of the Board of Township Trustees, the Secretary of the County Board of Health suggested the necessity of the appointment of special deputy health officers in each township of the county and moved that each Trustee nominate three persons in their respective townships, to be so appointed. Action was taken and the Trustees were so instructed. After the meeting adjourned the Secretary received a letter from the Honorable Henry Snyder, President of the Board of Commissioners, suggesting the appointment be extended to a selection of a person in each school district of the county, either the director or some person interested in the health of his neighborhood and school. A circular letter was sent to each Trustee, in accordance with this suggestion, and a response containing the appointments was quickly returned. The Secretary then issued the following circular letter to each appointee:

"By appointment of your Trustee, acting under advisement of the County Commissioners, you are empowered to act, in a certain sense, as a health officer and guardian of the health of your school district, especially in the line of the prevention of contagious disease. These diseases greatly endanger the life and health of your people, seriously interfere with your schools, cripple the work of the education of your children and consequently cause a great waste of money set aside for this noble purpose. Therefore you are to consider your services in this capacity as of great value to yourself, your neighbors and to your school. You will be on the alert for information of the existence of such diseases as scarlet fever, measles, diphtheria, membranous croup and smallpox in your district, and to see that they are quarantined and placarded according to law, and that the quarantine is fully observed. Should you know of any violation of a quarantine law, you will inform the proper officer, and the guilty parties will be promptly arrested.

"Should you hear of any case of either of the above named diseases where no physician is in attendance, and after careful inquiry and examination into the reported case, your suspicions are aroused, it will then be your duty to persuade the family to send for a physician, but if they will not, or cannot do this, immediately, call the Trustee's township physician, who, acting as special deputy health officer for his township, will diagnose the case, quarantine it if necessary, and render proper method of treatment under authority and supervision of his Trustees. You

will instruct the teacher of your school that should any pupil appear in school having a fever, sore throat, eruption of any character on the skin, or in any way indisposed, to send such pupil immediately home, and not to allow any member of that family to appear in the school room until the case is cleared up.

"You will promptly attend to the very important duties above mentioned in all cases of emergency, when the county health officer, under whose supervision they legitimately belong, cannot personally be in attendance. To him you are to come for any information needed, and to report of your work. He will be present with you in all serious cases you may have, but remember he has 140 school districts in his counties, similar to yours, to look after, besides a great amount of clerical work, and cannot always be present in every case, when most needed. The law as yet makes no provision for any compensation for this work, but it is assured that you will do it, on the ground of protection for your own home, your neighborhood, and your school."

Here were suddenly created, 140 specially deputized health officers, one for each school district, delegated with quasi powers and charged with the duties herein prescribed. Will they act in this capacity without compensation, you inquire? Most assuredly they will. They are proud of the distinction and assume the responsibility most gladly. In those school districts of my county where contagious diseases had invaded, the experiment was attended with the most happy results. Indeed by this agency, we soon became master of the situation, and nothing now escapes my notice and control. When the smallpox was spreading at Etna Green, a village near the border of my east county line, before quarantine was established there, the three border townships were especially threatened, by the communication of families from the infected district. A few cases broke out in each of these townships, which were immediately quarantined, and watched closely. Through the vigilance of these appointees from each school district, under the supervision of those active township health officers Dr. S. A. Johnson of Tippecanoe, Dr. Matchett of Bourbon and Dr. Nusbaum of German, the contagion was nipped in the bud, and was not allowed to spread. Without this organization, it would surely have given much trouble.

By this means, the county officer can reach every nook and corner of his county, and has a hold on every family. The efficiency of the plan is based on self-interest, and upon this basis and none other can we hope to succeed in our health work. Our ultimate aim is the school and the school district as an agency of power. We have a good county school system, and our people are proud of it. If we come with the proposal to help their school and their children in a plan that they readily see is feasible, they at once become interested in our work and co-operate with us. They see that scarlet fever, diphtheria, smallpox, or any contagious disease that invades their school district, breaks into their school most seriously, either closing it entirely and the money paid the teacher wasted or half of the children out of the school, either with the disease or

for fear of taking it. Think you, they are not ready, to aid you in your efforts to prevent such a state of things? Indeed they are. Here you have an excellent opportunity to create popular interest, and by this movement to secure the people themselves as your most important allies. Get the people aroused and all else falls in line. Without that we may meet in convention, discuss methods, listen to learned and scientific instruction in vain. It is true all these are a great benefit to us personally, but are of little benefit to our work if we fail to infuse a popular interest. The Trustees have selected the very best man in their school district, and the people soon learn to look to him as their guide, in this most important matter of school interest. The most pleasing occurrences in the arduous labors of my work, is to meet these worthy men in their homes, explain to them the nature of their duties and enjoy a fine social chat with their family and a good dinner after a weary ride.

The Township Trustees are another most important ally in our work as county health officers. They are practical men of affairs. They know every family in their township and their situation, and through them you can place yourself in relation to the needs of every person in your county. These gentlemen have treated me most courteously indeed and have delighted to aid me in my work. They are interested in the schools of their township, and hence are concerned against the invasion of contagion among the children. The township physician is made a medical deputy health officer for his township with powers to establish a quarantine and to diagnose and report a case of contagious disease, of which he has been informed by the school district officer, where no physician is in attendance. All cases where medical supplies, quarantine expenses, disinfecting material and other needs in indigent cases, become a county charge, are placed under the supervision and endorsement of the Trustee.

The County Superintendent of Schools is another strong ally to the County Health Officer. He has aided me very materially in my work. If anything is going wrong in health matters in the schools of his county he has informed me of it promptly. He has cordially admitted me to any of his teachers' gatherings and permitted me to occupy all the time I desire to address the teachers, and any general communication I wish to make to them he has inclosed with his own under the same cover, thus giving it the weight of his authority as well as to save county postage. The teachers themselves are an up-to-date class in hygiene and health work. They teach it in their schools, study the best authors, and can be made of great use in the health work of the county. I submitted to them a series of thirty printed questions regarding the sanitary condition of their schools and schoolhouses, to which they have all responded, giving me a good survey of the condition of the schoolhouses of the county. I have also personally inspected as many of these schools as I have been able to. These officials, viz., the Superintendent of Schools, the Trustees, the teachers and the school district, are strongly organized civic bodies, well intrenched among the people, and are closely related to the work of the Health

Officer, and it is wisdom on our part to attach ourselves to them and make them our allies.

But the County Health Officer himself must be the prime mover and force of the health work of his county. Upon him the responsibility must rest. This organization is not designed to give him an easy place or shift his work to others. It rather increases his work and makes it more effective. He constantly has his eye on every move that is made in his county. If he works these agencies at his command, and has them under control, he is in quick touch with every unsanitary condition in his county and can cause its removal immediately. He must be a physician of rare qualities, scientific but intensely practical, of firm executive force but not officious, an enthusiast but not a fanatic, fearless in the performance of his whole duty on advanced lines, but saving himself from the reproach of that popular but withering, blasting and destructive epithet that is hurled at any person who zealously espouses any cause of needed reform—that is, a *crank*. The conscientious County Health Officer, if he would serve the people well in his official capacity and strictly attend to his legal duties, must lay down his medicine-case, abandon his private practice—or at least make it secondary—and devote the best of his efforts to this work. He must, however, stand well in his profession or he cannot bring to the office the qualifications needed or maintain its dignity and preserve its respect. Can such a man be chosen out from the ranks of the medical profession, one in every county of the State, who will serve the people for the love of the work? There are plenty of men who will seek the appointment, but can there be men found who will do the work without adequate compensation? There are really a very few active physicians who will not strictly attend to their private practice first and then give what time they can to their duties as Health Officers afterward.

I have the highest regard for those medical gentlemen who have preceded me in this office since its inauguration, in 1882. Every one of them have been leading men in their profession and have borne a reputation for honesty, integrity and respectability beyond reproach. In other relations of civil service they have obtained great credit. But I find the clerical part of the office for all this time has been sadly neglected. Indeed, the books were found to be in a deplorably chaotic state. They were worth but little as a ready reference record. And yet these records are of as much vital importance to the public as are any other county records. They are growing in importance every year, and will continue to do so as time advances. Applications for certificates of birth or death, in the establishment of legal claims, are constantly on the increase. It was on account of these applications that I was brought to discover this condition, and have sought to remedy it by placing the books in the proper shape with my own hand and pen, for no other person could be made to understand it or do the enormous task without compensation. Over 5,000 names have been alphabetically indexed already, giving page and record number of births, marriages and deaths, and there are five solid old years of the past where no record was made at all, and many of the

birth and death returns for those years were found by searching drawers in the desks of the offices of my predecessors. I have recently obtained blank record books for these neglected records, and propose to properly record and index these if the remaining time that I am in this office will allow me to do it. I speak of this for I have no doubt that very many of the records in the offices of the secretary of County Boards of Health throughout the State are in the same deplorable condition. I am not here to attach any blame to the previous incumbents of this office. They simply felt, no doubt, that they could not do this clerical work for the pay that was in it, and there was no authority to bring them to account for the neglect. They contented themselves in performing the duties pertaining to the public health which were visible and cognizant by every one.

When these books are in proper shape I shall persuade my Commissioners to provide an appropriate receptacle for them to be kept at the court house, open to the public inspection and reference the same as other county records. Our present arrangement for the collection and registration of births, at the very best, is imperfect. I think that about ten per cent. of the births on an average escape our notice after we have exercised the utmost vigilance. I take every newspaper published in the county, one purpose of which is to collect notices of births occurring in the county. In one year's experience I find that 19.3 per cent. of all births reported by physicians have had a newspaper notice. 15.3 per cent. of births having a newspaper notice have failed to be officially reported. Assuming that the same proportion exists in the larger percentage that have not been reported by the newspapers and making due allowance for reasonable deductions, we safely arrive at the conclusion that fully 10 per cent. of all births fail to find their place upon the county records. To the parents of the child whose birth has been noticed by the press and not officially reported, I have sent a letter, with a birth blank enclosed, requesting them to fill it out and send it to me, or have their physician do it if they had any. I have received a response from about two-thirds of them and I found that 90 per cent. of those that did respond had no physician or midwife in attendance. Of course this brings to light a delinquent physician here and there but shows that the physicians as a body have pretty well arrived at the point of making their legal returns. Let the educational progress move on to perfection. I have it not in my heart to prosecute the lonely delinquent. And as for prosecuting the equally criminal householder, these persons have never heard of a health officer, and have no more conception of their duty to report the birth of their child than if it had been born in barbarism.

Another serious defect in birth registration is the omission of the given name of the child in the record. This omission may be rectified in a very few cases but in the main it will stand apparent upon the record as a great defect. In the year above mentioned only 12.1 per cent. of the given names of children born were reported. I have thought to obtain these names omitted, as well as to supply the omission on the past record, by consulting the

school enumerator's lists where the full name of the child is given, parents' name, and when and where the child was born. If the school enumerators were required by law, in addition to their duties of enumerating the children within school ages, to be furnished with needed blanks suitable for the health record books for all children under school age, this would not only furnish the given name of the child but would also secure the 10 per cent. of births that fail to reach the secretary's office. We need a law requiring the officers of the county each year after the school enumeration lists are in to return to the county health officer the enumeration blank properly filled of all children under school age. After the first year there would be no need of returning only those children born since the previous enumeration. Of course this would only be supplementary to the law requiring legal birth returns of physicians, which should be preserved in full force.

The objective point of medical science today is the prevention of disease and the preservation of health, and this is accomplished largely by the philanthropic movement of physicians themselves. In this field of enterprise the scientific physician can contribute all his attainments in learning and skill. Here he can apply his knowledge of chemistry, histology, bacteriology, microscopy to practical uses. There should be a fully-equipped laboratory at the head of our state health organization where scientific tests could be rendered in all matters pertaining to the health of the people, and minor supplies of the same nature in the hands of each county health officer suitable to local demands. The county health officer should be a man with such literary qualifications that he could write brief and pointed articles to the county press, and to address teachers' conventions, farmers' institutes, and such like public gatherings, and thus impress and educate the people to a proper appreciation of the importance of public health. He should be chief man of his county to advocate, not alone that which pertains to its material interests, but chiefly to all that which constitutes health to the people and beauty to rural scenes and municipalities.

The health officer is not to receive his appointment simply as an insignia of medical respectability but one of service. By this service and that alone will he impress the people that his office is of inestimable value, calling forth the highest grade of qualifications and thus creating a sentiment that it should be adequately compensated. The appointment to this service should be made under the strictest surveillance and inspection. This appointment should come from a source that fully understands every minutia and detail of the work, intensely interested in it, and with a power to execute. The responsibility of the service must abide and rest in the source of the appointment. While I am very democratic in my views, believing that every community can manage its own affairs in its own way, yet there are some forms of public service that require centralization of power and call forth constant discipline and inspection. The health service of the State Board, is in its nature, executive, and partakes more of a military character than civil. It is one of command and obey. The Governor should appoint the

State Board of Health and be responsible for the service. The health officer in each county is the right hand of power of the State Board, and through whose agency alone they must expect to reach every community and family in the State. Legal enactments should divest these appointments from every semblance of political influence and intrigue. Like the strong heart and its arterial branches whose muscular walls and the coating of its arteries, contract by one synchronotic impulse, throwing the life current to every tissue of the body, so must this service be rendered without a political thrombus to produce its death and destruction.—Dr. J. S. Martin, Health Officer, Marshall Co., Ind.

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### DR. LYMAN BECKES.

It is with deep regret we have to record the death of Dr. Lyman M. Beckes, of Vincennes. Dr. Beckes was taken sick about the 17th of May with purulent otitis media. This rapidly extended to mastoiditis, and finally meningitis, of which he died on May 25, 1904. He had been county health officer for about six years and was very active and energetic in the discharge of his duties. As a citizen he was held in the highest esteem. He was a faithful member of the Methodist Church, and was also a Mason. The Masons had charge of his funeral, which occurred May 28, and was very largely attended. Dr. Beckes was a member of the Knox County Medical Society, which society attended the funeral in a body. He was forty-two years of age, born and reared in Knox County, Ind. After graduating at the Vincennes city high school he attended the Indiana Medical College, where he graduated in due time. He spent one year in New York, in post-graduate work. His practice was lucrative and he was an earnest student. He leaves a wife and one son five years old.

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**EXTRA EFFECTIVE CONDEMNATIONS:** The Indiana State Board of Health is given power to condemn and close unsanitary schoolhouses, and it has been exercising this power in all communities from which petitions are received. The Board waits for petitions in order to have a sensible amount of backing in the community. Not long ago a petition was received from St. Paul, Indiana, requesting an inspection of the schoolhouse there, to be followed by such action as the said inspection might warrant. The State Health Officer visited St. Paul and found the schoolhouse dilapidated and unsanitary in every particular. The school children had suffered severely as the record showed. Within five hours after the inspector had left the town, the building burned down. This was the first case of extra effective condemnation we know of.

The second recently occurred in Democrat Township, Carroll County. In June a deputy health officer, on

account of a petition, visited the "Shanklin schoolhouse" in said township. His written report shows it was dilapidated, very unsanitary, and had been the cause of sickness among the children. The State Board of Health condemned the schoolhouse and promptly forwarded the proclamation of condemnation and other papers to the county health officer, requiring him to serve the same upon the Township Trustee. The officer found the Shanklin schoolhouse was already torn down, and a new one being erected. This is the second extra effective condemnation of schoolhouses by the State Board of Health. The other condemnations have resulted in the securing of new schoolhouses, but we have to record only these two instances of unusually quick results.

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**TYPHOID AT MILLIGAN:** Milligan is a thriving town in Parke County, and it has at least one live citizen. This citizen took note of the fact that three cases of typhoid fever occurred in a certain house and one of them died, and he further noticed that the water supply of the family came from a well about twenty feet deep which was walled within ten feet of the top with rock and the remainder with ordinary sewer tile. He further noticed the ground from the water closet gradually slopes toward the well and also from the barn, and the dwelling house itself. He noted that the water closet is fifty feet from the well and that during heavy rains the water overflows the ground, rising to within ten feet of the well and then sinks away. The well is about eight feet from the dwelling where the fever developed. A sample of the water was sent to the State Board of Health for analysis and found to be loaded with filth, and with intestinal bacteria. It was a polluted water without question and almost certainly was the cause of the three cases of typhoid fever and the one death. The well will be filled up and no more typhoid fever will ever be credited to it. What a blessing it would be if other towns had a few men in them who had the power of close observation and were willing to make practical application of their knowledge and observations.

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**NASAL DIPHTHERIA:** It seems that diphtheria of the nose, especially when mild, is rarely recognized. In nasal diphtheria the constitutional disturbances are usually so mild that the attention of the patient is not attracted. The nostrils are obstructed and the nose bleeds, and these symptoms cause an appeal to the physician. Kidney and nervous symptoms are infrequent. Scheppegrell has recently written upon this subject, and suggests that the greater absorbing capacity of the nasal mucosa as compared with that of the throat, accounts for the rarity of marked constitutional symptoms. Epistaxis is often the first symptom that attracts attention. The bacilli are, of course, located in the mucous membrane, and may spread to the throat. In taking cultures to determine diphtheria one should always be taken from the nose as well as from the throat. It is not improbable that sometimes ordinary supposed cases of "cold in the head" will upon culture turn out to be diphtheritic rhinitis.

**CONSUMPTIVE TEACHERS:** Dr. I. M. Washburn, Health Officer of Jasper county, writes: "A young lady having tuberculosis wishes to teach school. What is the law upon the subject?"

There is no law which directly forbids the employment of school teachers affected with tuberculosis. There is, however, a law which says that persons having any infectious disease which is listed in the Rules of the State Board of Health shall not be allowed in the schools. These diseases are listed in Rule 12, Book of Instructions, page 45:

**RULE 12.** The infectious and contagious diseases which shall be immediately reported to the Health Officer having jurisdiction are hereby declared to be yellow fever, smallpox, cholera, diphtheria, membranous croup, scarlet fever, measles, typhus fever, typhoid fever, bubonic plague, leprosy and pulmonary consumption.

Pulmonary consumption and typhoid fever shall not be quarantined, as they are to be reported for record only.

County Boards, also City and Town Boards, have power to pass ordinances which would cover this matter. Any County Board may formally pass an order forbidding the employment of teachers having tuberculosis or any transmissible disease. There would be good reason for such an order, because it is contrary to the best interests of any person to be a teacher who has a chronic ailment or an infectious disease. It is also clearly against the best interests of the pupils and the community. Sick persons cannot possibly be good teachers. A professional teacher who has tuberculosis has our fullest sympathy, but it is not sympathy which governs in this instance.

\* \* \*

**ADULTERATED FOOD:** A lady living in Knightstown sends to us a residue found in the bottom of a can of condensed milk. She was afraid to use the milk on account of this residue. We find it to be a mixture of cane sugar and sugar of milk, and, of course, not injurious in the slightest degree.

In regard to adulterated and spoiled food, the lady says: "I feel confident there is much food sold in the bakeries and groceries that should find its way into the garbage cans. I recently purchased a tumbler of jelly, which was labeled 'pure raspberry jelly.' I think I know what raspberry jelly is like, and this was not made entirely from the fruit. It certainly contained gelatine and some preservative. I have found that butchers do not hesitate to impose upon persons whom they think will not resent the imposition. It is not infrequent that tainted meat is sold, and I have seen it passed over the counter. The trick of putting small and rotten berries in the bottom of the box and covering them with good berries is an old one, but any one can block this game by simply turning the berries out of the box and making an examination."

The lady closes her letter by asking: "Is there any protection for the people against adulterated food?" In our reply we said: "There is an excellent food law in Indiana, which, if enforced, would furnish ample protection. The said law charges the State Board of Health

with its enforcement, but we have been denied the means and a laboratory, which alone will make enforcement impossible. It is quite unreasonable to expect an engineer to run a locomotive without coal. His engine may be all right in every particular and he may be ready for the work, but it will not move without fuel. Such is the situation of the Board of Health. The machine is perfect in almost every particular, but there is no laboratory and no appropriation to make it work. Under such circumstances the people must continue to suffer from all the ills which attend food adulteration.

\* \* \*

**INTERNATIONAL CONGRESS OF HOME SANITATION:** A call has been issued for an International Congress of Home Sanitation by "The Société d'Hygiène Française," of Paris. The objects of the Congress are to study the present hygienic conditions of dwellings and to devise means for improvement. The investigations and discussions will cover dwellings in cities and country, laborers' cottages and tenements, hotels, lodging houses, schools, etc. The work will be divided among six sections. Doubtless many people will be surprised that a learned and benevolent society should find house sanitation of such importance as to call an international congress upon the subject. However, even superficial investigation discloses the fact that many ills are directly traceable to unsanitary houses. Consumption notably is a house disease. It very probably is acquired only in the house.

\* \* \*

**THE DOCTOR'S DUTY:** To be a successful practitioner of medicine it is not enough that patients be skillfully conducted through an attack of illness. It is the doctor's duty to teach prophylaxis, and though he cures thousands and omits to carefully give instructions in regard to the disinfection of typhoid stools and all other points pertaining to prevention, he is not a full success. His omission makes him that much less a physician.

\* \* \*

**CORRECTING DEATH CERTIFICATES:** It not infrequently happens that either through ignorance of the real cause of death or because of carelessness, that physicians assign causes which cannot be sustained if occasion requires. And strange to say, bad work of this kind pretty generally comes to light. When all of this happens, then permission is requested to correct. It is one of the rules of courts that witnesses may correct their testimony before the matter goes to the judge, and so the Attorney-General rules it is right and proper for doctors who are in error in regard to causes of deaths to make corrections. This right is sometimes abused, for corrections have been offered in not a few instances which were made solely to secure pensions. In one instance the doctor "corrected" his certificate of death twice. The original gave as chief cause of death: "Intense suffering in the head, also pain in optic nerves of many years' standing, growing worse till death." No immediate cause given.

No pension would be granted for this cause of death, and so permission was asked to correct. The correction was: "Catarrhal fever, complicated with Bright's disease, 7 years. Immediate cause, Bright's disease; also severe pains in optic nerves." This did not pass the pension department, then permission to correct a second time was asked. The correction was: "Catarrhal fever, complicated with Bright's disease, 7 years. Immediate cause, Bright's disease." We do not know that this was effective, but permission to again correct has not been asked. How much better it would have been for the doctor in this case to have said, "Cause of death unknown," instead of floundering around in this pitifully weak way.

\* \* \*

**SHOULD SYPHILITICS BE BARBERS?** This question is asked by one of Indiana's health officers, only he extends the question further and asks, Should butchers and grocery stores employ syphilitics as clerks? It is well known that persons afflicted with this disease are employed in all the walks of life, but while this establishes a precedent, it does not furnish approval. For our part, we would prefer not to be served with meat, be barbered, or have our groceries put up by syphilitics. Even though they be in the tertiary stage, which is supposed to be non-transmissible, still we feel we could enjoy life better without their services. Some day health authorities must take up this great subject. It has a greater bearing upon life and happiness than consumption or any other dozen diseases.

\* \* \*

**"COST ME TWO THOUSAND DOLLARS."** "My wife died of consumption last December," said Mr. X., a farmer of Montgomery County, Indiana, "and it cost me two thousand dollars. She commenced with a dry cough about one year before her death, and the doctor gave her a cough medicine, which didn't do much good. Then another doctor said she had malaria, and gave her arsenic and iron pills, but these didn't do much good either. Then another doctor said she had dyspepsia, and gave her medicine, but it did no good. It was back in March my mother said she believed Sarah had consumption, but the doctor said no; and at last it turned out my old mother knew more than the three doctors. It was only about six weeks before Sarah died that we commenced doctoring for consumption. I believe the doctors gave every medicine they knew anything about, for I bought at least twenty different kinds. None of it did the least good, and I don't believe any medicine will cure consumption."

This is, indeed, an interesting story, and from it we learn that some doctors need instruction in the diagnosing of consumption, and also we learn from this unprofessional observer the fact that medicines are of little worth in the treatment of the disease. And many are yet to learn it is a house disease, and that an open-air life is the first essential for cure.

\* \* \*

**ONE SOURCE OF TUBERCULOSIS:** There is certainly great danger of auto-infection by tuberculosis

when children are allowed to play upon the floors of rooms which have contained patients afflicted with the disease. The dirt of fields and barnyards, being so freely exposed to the sun and the air, rarely harbors virulent infections of any kind, but as tuberculosis is a house disease its infection is certainly conveyed in house dust. All who have closely observed will agree how probable it is that tubercular implantations may take place during the creeping period of life. Volland says: "By protecting little children against dirt disease we strike at the root of the evil of tuberculosis."

\* \* \*

**INCIPIENT TUBERCULOSIS:** It all too frequently happens that "malaria" and "stomach trouble" constitute the diagnosis, when the patient has incipient tuberculosis. This is an actual error, and is not done on purpose, under the old teaching that a consumptive patient should be kept in ignorance of his ailment. On this subject, Dr. Bowditch, of the Sharon and Rutland (Mass.) sanatoriums, says: "It is no uncommon occurrence now for applicants with definite symptoms of incipient disease to appear at Rutland at the suggestion of former patients rather than that of the attending physicians, who have either failed to make a correct diagnosis, or, for reasons best known to themselves, have failed to advise without delay what former patients know through experience to be the best and most speedy method of regaining their lost health." It certainly behooves the profession to wake up on this subject, and become informed in the early diagnosis of pulmonary tuberculosis, and also in regard as to what "fresh-air-treatment" really means. In less than a fortnight's time from this writing a physician of long practice urged a patient not to believe he had consumption, and that, too, when considerably advanced, with an abundance of tubercle bacilli in the sputum. If many such practitioners exist in Indiana, a long campaign among physicians must be conducted before an attempt is made to combat consumption among the masses.

\* \* \*

**WHY NOT?** The Journal of the American Medical Association, in a recent editorial, asks: "Why should not typhoid fever and dysentery be made notifiable diseases generally, as well as diphtheria? This would place the cases under the jurisdiction and inspection of the health officers. Much good would result from explicit and authoritative instructions from Boards of Health in regard to the best recent methods of disinfection of these diseases. Information should be circulated concerning the dangers of contact infection, concerning the role of flies in spreading disease, and other phases, knowledge of which would aid in prophylaxis." To all of this we heartily subscribe; but why not go down to the very bottom of the matter and teach and compel all persons, at all times, to care for all excreta in a sanitary way? This would head off the diseases which are due to the bowel bacteria and bowel poisons of human beings.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES IN JUNE, 1904.

**NORTHERN SANITARY SECTION.**

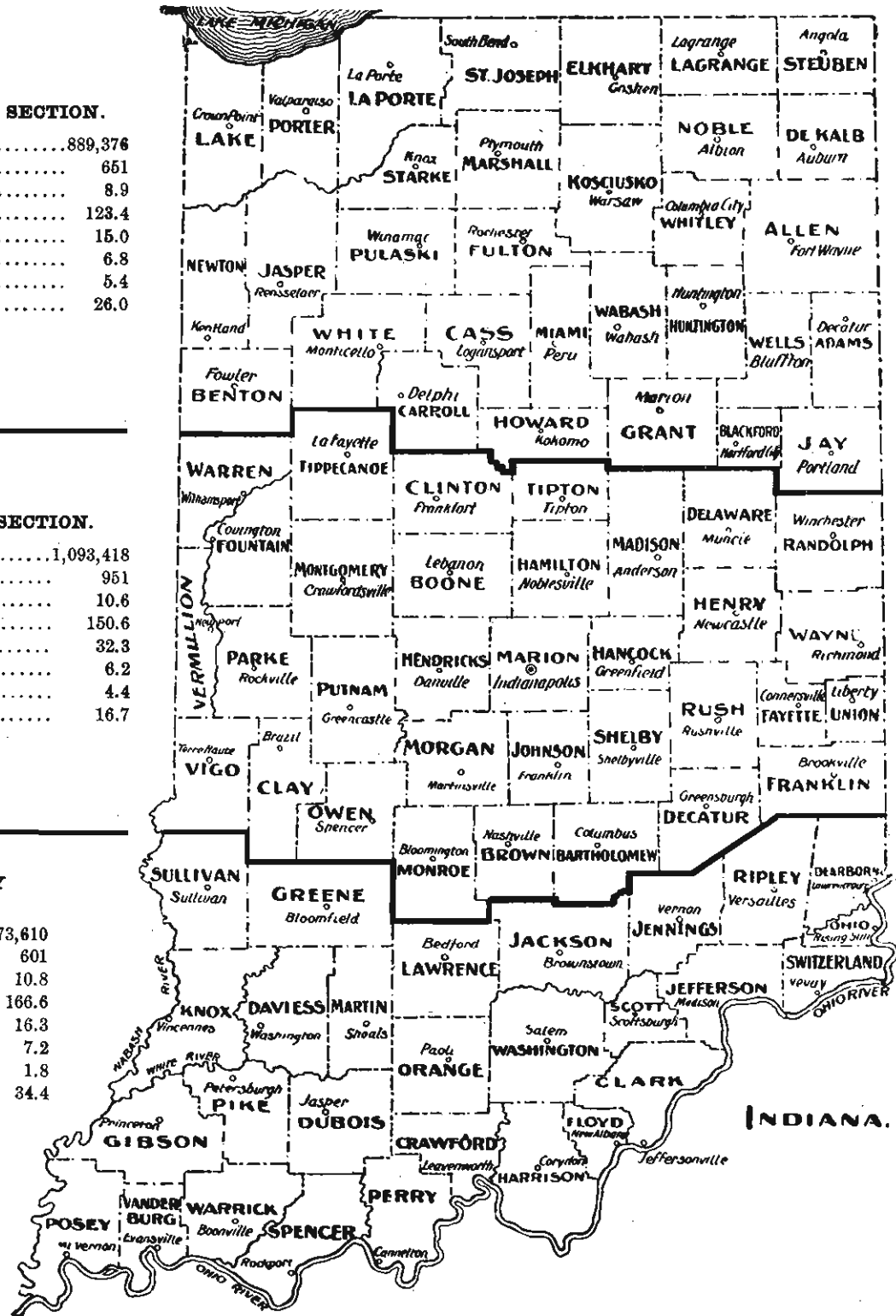
Total population	889,376
Total deaths	651
Death rate per 1,000	8.9
Consumption, rate per 100,000	123.4
Typhoid, rate per 100,000	15.0
Diphtheria, rate per 100,000	6.8
Scarlet fever, rate per 100,000	5.4
Diarrheal diseases, rate per 100,000	26.0

**CENTRAL SANITARY SECTION.**

Total population	1,093,418
Total deaths	951
Death rate per 1,000	10.6
Consumption, rate per 100,000	150.6
Typhoid, rate per 100,000	32.3
Diphtheria, rate per 100,000	6.2
Scarlet fever, rate per 100,000	4.4
Diarrheal diseases, rate per 100,000	16.7

**SOUTHERN SANITARY SECTION.**

Total population	873,610
Total deaths	601
Death rate per 1,000	10.8
Consumption, rate per 100,000	166.6
Typhoid, rate per 100,000	16.3
Diphtheria, rate per 100,000	7.2
Scarlet fever, rate per 100,000	1.8
Diarrheal diseases, rate per 100,000	34.4







Mortality of Indiana for June, 1904.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Estimated According to U. S. Bureau.	Total Deaths Reported for June, 1904.	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.		Consumption.		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.
<b>State</b> .....	<b>2,656,404</b>	<b>2,203</b>	<b>10.1</b>	<b>161</b>	<b>289</b>	<b>14.1</b>	<b>135</b>	<b>6.6</b>	<b>53</b>	<b>2.8</b>	<b>39</b>	<b>1.8</b>	<b>81</b>	<b>3.9</b>	<b>561</b>	<b>27.4</b>	<b>317</b>	<b>145.5</b>	<b>44</b>	<b>20.2</b>	<b>49</b>	<b>22.5</b>	<b>15</b>	<b>6.8</b>
Northern Co's	889,376	651	8.9	57	86	14.4	37	6.2	20	3.3	10	1.7	21	3.5	183	30.8	91	123.4	8	10.9	11	15.0	5	6.8
Central Co's	1,091,418	951	10.6	68	105	11.8	40	4.5	26	2.9	17	1.9	35	4.0	250	28.3	135	150.6	26	29.0	29	32.3	6	6.2
Southern Co's	673,610	601	10.8	36	98	17.3	58	10.2	12	2.1	11	2.0	25	4.4	128	22.6	92	186.6	10	18.1	9	16.3	4	7.2
<b>All cities</b> .....	<b>922,372</b>	<b>1,029</b>	<b>13.6</b>	<b>87</b>	<b>141</b>	<b>14.9</b>	<b>63</b>	<b>6.6</b>	<b>35</b>	<b>3.7</b>	<b>11</b>	<b>1.1</b>	<b>44</b>	<b>4.6</b>	<b>222</b>	<b>23.5</b>	<b>134</b>	<b>177.2</b>	<b>17</b>	<b>22.4</b>	<b>35</b>	<b>46.2</b>	<b>12</b>	<b>15.8</b>
Over 50,000	252,515	285	13.7	20	28	10.5	15	5.6	12	4.6	3	1.1	7	2.6	50	18.8	42	202.9	5	21.1	16	77.3	4	19.3
25,000 to 50,000	126,969	148	14.2	19	23	17.8	14	10.8	3	2.3	1	.7	6	4.6	29	22.4	14	134.5	6	57.6	2	19.2	1	19.2
10,000 to 25,000	235,682	279	14.4	26	36	14.2	18	7.1	10	3.9	3	1.1	13	5.1	58	22.9	32	165.6	4	20.7	10	51.7	8	41.4
5,000 to 10,000	182,000	188	13.2	13	35	18.9	7	3.7	6	3.2	.....	.....	11	5.9	62	28.1	28	187.6	1	6.7	4	26.8	.....	.....
Under 5,000	125,223	119	11.5	9	19	17.2	9	8.1	4	3.6	4	3.6	7	6.3	33	30.0	18	175.3	1	9.7	3	29.2	.....	.....
Country	1,734,032	1,174	8.2	74	148	13.4	72	6.5	23	2.0	27	2.4	37	3.3	339	30.8	183	128.7	27	18.9	14	9.8	3	2.1

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Deaths and Annual Death Rates per 100,000 Population from Important Causes.																							
	Croup.		Scarlet Fever.		Measles.		Whooping Cough.		Pneumonia.		Diarrhoeal Diseases, Under 5 Yrs.		Cerebro-Spinal Meningitis.		Influenza.		Puerperal Septicæmia.		Cancer.		Violence.		Small-pox.	
	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
<b>State</b> .....	<b>1</b>	<b>.4</b>	<b>9</b>	<b>4.1</b>	<b>10</b>	<b>4.5</b>	<b>6</b>	<b>2.7</b>	<b>106</b>	<b>48.6</b>	<b>53</b>	<b>24.3</b>	<b>14</b>	<b>6.4</b>	<b>10</b>	<b>4.5</b>	<b>17</b>	<b>5.0</b>	<b>71</b>	<b>32.6</b>	<b>125</b>	<b>57.4</b>	<b>3</b>	<b>1.3</b>
Northern Co's	.....	.....	4	5.4	1	1.3	2	2.7	25	34.2	19	26.0	3	4.1	2	2.7	2	2.7	26	35.6	32	43.8	.....	.....
Central Co's	.....	.....	4	4.4	4	4.4	1	1.1	44	49.0	15	16.7	4	4.4	2	2.9	4	4.4	31	37.9	55	61.3	.....	.....
Southern Co's	1	1.8	1	1.8	5	9.0	3	5.4	37	67.0	19	34.4	7	12.6	.....	.....	5	9.0	11	19.9	38	62.8	3	5.4
<b>All cities</b> .....	<b>.....</b>	<b>.....</b>	<b>7</b>	<b>9.2</b>	<b>5</b>	<b>6.6</b>	<b>2</b>	<b>2.6</b>	<b>39</b>	<b>51.5</b>	<b>35</b>	<b>46.2</b>	<b>5</b>	<b>6.6</b>	<b>2</b>	<b>2.6</b>	<b>2</b>	<b>2.6</b>	<b>30</b>	<b>39.6</b>	<b>61</b>	<b>80.6</b>	<b>3</b>	<b>3.9</b>
Over 50,000	.....	.....	.....	.....	.....	.....	1	4.8	11	53.1	6	28.9	2	9.6	.....	.....	.....	.....	13	62.8	17	82.1	.....	.....
25,000 to 50,000	.....	.....	2	19.2	1	9.6	1	9.6	4	38.4	10	90.0	1	9.6	.....	.....	.....	.....	4	33.4	9	86.4	.....	.....
10,000 to 25,000	.....	.....	3	15.5	.....	.....	.....	.....	6	31.0	8	46.5	1	5.1	1	5.1	2	10.3	6	31.0	18	93.1	.....	.....
5,000 to 10,000	.....	.....	1	6.7	2	13.4	.....	.....	12	80.4	8	53.6	1	6.7	.....	.....	.....	.....	3	20.1	12	80.4	3	20.1
Under 5,000	.....	.....	1	9.7	2	19.4	.....	.....	6	58.4	2	19.4	.....	.....	1	9.7	.....	.....	4	39.9	5	48.7	.....	.....
Country	1	.7	2	1.4	5	3.5	4	2.8	67	47.1	18	12.6	9	6.3	8	5.6	9	6.3	41	28.8	64	45.0	.....	.....

Meteorological Summary for June, 1904. Furnished by the Central Office, Indiana Section, Climate and Crop Service, U. S. Weather Bureau, Indianapolis, Ind.

W. T. BLYTHE, SECTION DIRECTOR.

SECTIONS.	TEMPERATURE.										PRECIPITATION.				CONDITION OF SKY.			Wind. Prevailing Direction.		
	Mean.	Departure from Normal.	Highest.					Lowest.					In Inches.				Number of Days.			
			Degree.	Date.	Place.			Degree.	Date.	Place.			Average.	Departure from Normal.	Snowfall Unmelted.	Days with .01 inch or more.	Clear.		Partly Cloudy.	Cloudy.
					Degree.	Date.	Place.			Degree.	Date.	Place.								
Northern Section	67.8	-2.4	95	24-25	Ft. Wayne			{ 43	1	Syracuse			1.99	-1.60	.....	8	12	10	8	SW.
Central Section	68.9	-2.9	94	25	Hector			43	12	Northfield			3.08	-1.53	.....	10	10	12	8	SW.
Southern Section	72.1	-1.1	{ 96	25	Mt Vernon			47	13	Seymour			4.03	-0.91	.....	11	11	13	6	SW.
State	69.6	-2.1	{ 96	23	Rome			.....	.....	.....			3.03	-1.35	.....	10	11	12	7	SW.