

Indiana State Board of Health

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J. N. HURTY, M. D., PHAR. D., SECRETARY	Indianapolis.

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 JUNE, 1905.

Total number of deaths, 2,482; rate, 11.4. In the corresponding month last year, 2,203 deaths; rate, 10.1. In the preceding month, 2,556 deaths; rate, 11.3. Deaths by important ages were: Under 1 year of age, 367, or 15.8 per cent. of the total; 1 to 5, 129; 5 to 10, 61; 10 to 15, 46; 15 to 20, 90; 65 and over, 679, or 29.2 per cent. of the total. Some important causes of death were: Pulmonary tuberculosis, 320; other forms of tuberculosis, 34; typhoid fever, 45; diphtheria, 8; scarlet fever, 4; whooping-cough, 9; pneumonia, 89; diarrhoeal diseases, 107; cerebro-spinal meningitis, 25; influenza, 7; puerperal fever, 7; cancer, 120; violence, 160; smallpox, 5.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 887,832, reports 771 deaths; rate, 10.5. In the corresponding month last year, 651; rate, 9. In the preceding month, 863 deaths; rate, 11.4.

THE CENTRAL SANITARY SECTION, population 1,087,620, reports 1,031 deaths; rate, 11.5. In the corresponding month last year, 951; rate, 10.6. In the preceding month, 1,067; rate, 11.5.

THE SOUTHERN SANITARY SECTION, population 673,097, reports 680 deaths; rate, 12.3. In the corresponding month last year, 601 deaths; rate, 10.8. In the preceding month, 626 deaths; rate, 0.9.

REVIEW OF SECTIONS: The Northern Section shows the lowest death rate and the Southern Section the highest. The Southern Section also shows the highest death rate for consumption and diarrhoeal diseases. The Central Section is distinguished in that it has a typhoid rate one and one-half times as high as either of the other sections.

BY COUNTIES: The lowest death rate, 3.7, occurred in Brown County and the highest, 19.7, in Vermillion County. The counties showing death rates above the average for the whole State, which average

was 11.4, were: Allen, 13; Benton, 17.9; Lake, 12.3; Laporte, 12.8; Noble, 12.9; Starke, 12.5; St. Joseph, 12.8; Clinton, 13.6; Decatur, 16.1; Franklin, 12.6; Hamilton, 16.3; Hancock, 15.4; Hendricks, 12.6; Marion, 14.4; Montgomery, 15; Owen, 12; Tippecanoe, 15.2; Vermillion, 19.7; Vigo, 14.9; Wayne, 11.7; Clark, 15; Crawford, 14.4; Dearborn, 13.1; Floyd, 16.4; Greene, 15.7; Knox, 12.6; Lawrence, 16.4; Perry, 16.7; Scott, 12.9; Vanderburgh, 15.9; Washington, 14.2.

CITIES: All of the cities of the State, total population 977,802, report 1,088 deaths; rate, 13.5. In the corresponding month last year, 1,029; rate, 13.2. In the preceding month, 1,138; rate, 13.7. The cities show a rate 2.1 higher than the average for the whole State, and 3.4 higher than the country rate. The cities also show a higher rate than the average for the whole State in the following diseases: Tuberculosis, typhoid fever, diphtheria, pneumonia, diarrhoeal diseases, cerebro-spinal meningitis, influenza, puerperal septicemia, cancer, violence and smallpox.

COUNTRY: Population 1,670,747, reports 1,394 deaths; rate, 10.1. In the corresponding month last year, 1,174 deaths; rate, 9.2. In the preceding month, 1,418 deaths; rate, 10.2.

CITIES BY CLASSES: Class A, having 50,000 population and over, a total population of 256,046, reports 303 deaths; rate, 14.2. In the corresponding month last year, 285 deaths; rate, 13.7. In the preceding month, 215 deaths; rate, 14. This class includes Indianapolis, rate 13.9; Evansville, rate 15.

CLASS B, having from 25,000 to 50,000 population, total population 159,349, reports 202 deaths; rate, 15.4. In the corresponding month last year, 148 deaths; rate, 14.2. In the preceding month, 206 deaths; rate, 15.2. This class includes Ft. Wayne, rate 15.6; South Bend, rate 15.2; Terre Haute, rate 18.6; Muncie, rate 10.6.

CLASS C, having from 10,000 to 25,000 population, 16 cities in all, reports 251 deaths; rate, 13.2. In the corresponding month last year, 279; rate, 14.4. In the preceding month, 282 deaths; rate, 14.3.

CLASS D, having under 10,000 population, 63 cities in all, total population 326,710, reports 332 deaths; rate, 12.4. In the corresponding month last year, 317 deaths; rate, 12.3. In the preceding month, 335 deaths; rate, 12.2.

Chart showing deaths by sanitary sections on page 69.

SUMMARY OF MORBIDITY AND MORTALITY FOR JUNE.

DISEASE PREVALENCE: The reports show that rheumatism was the most prevalent disease during the month, and this was true in the two preceding months. Diarrhœa, which was third in the preceding month, rises to second place. Despite the warm weather, tonsillitis and bronchitis are still generally reported. The following is the order of disease prevalence: Rheumatism, diarrhœa, tonsillitis, bronchitis, intermittent and remittent fever, typhoid fever (enteric), cholera morbus, inflammation of the bowels, scarlet fever, cholera infantum, whooping-cough, dysentery, influenza, erysipelas, pleuritis, pneumonia, diphtheria and membranous croup, smallpox, typho-malarial fever, cerebro-spinal meningitis, puerperal fever, measles.

SMALLPOX: One hundred and fourteen cases of smallpox in 13 counties, with 4 deaths, were reported. This is a decided increase over the preceding month, when there were 25 cases in 11 counties, with 2 deaths. In the corresponding month last year there were 127 cases in 27 counties, with 3 deaths. The counties reporting the disease were: Bartholomew, 6; Boone, 3; Brown, 16; Fayette, 3; Lawrence, 1; Madison, 13; Monroe, 5; Noble, 1; Pike, 3 cases; Starke, 4; St. Joseph, 21, with 4 deaths; Vanderburgh, 32 cases. The State Health Officer made two visits on account of smallpox, one to Connersville, Ind., and one to Columbus, Ind. All of the cases reported in Bartholomew County occurred at Columbus, and none of them severe. A case at Connersville which caused considerable comment and excitement proved to be chicken-pox.

TUBERCULOSIS: There were 354 deaths from tuberculosis, 320 being of the pulmonary form. Of this number, 214 were females and 140 males. Of the females, 79 were married and between the ages of 18 and 40, the prime of life, and they left 168 orphans under 12 years of age. Of the males, 22 were married and in the age period of 18 to 40, and they left 45 orphans under 12 years of age. The disease, therefore, created 213 orphans under 12 years of age, invading almost 200 homes. Two hundred and forty-seven of the consumption deaths were persons between the ages of 15 and 50, which may be termed the working period of life. This record is not quite as high as in the corresponding month last year, and is also lower than the preceding month.

TYPHOID FEVER: Forty-five deaths and 156 cases in 50 counties were reported. In the corresponding month last year there were 59 cases reported, with 49 deaths.

PNEUMONIA: Pneumonia caused 91 deaths. In the corresponding month last year, 106 deaths. In the preceding month, 171 deaths. This a decrease which it is a pleasure to record. Twenty-one of the pneumonia deaths occurred in infants under 1 year of age, 20

were between the ages of 15 and 40, 6 between 40 and 60, 27 between 60 and 80, and 5 over 80.

VIOLENCE: There were 160 deaths from violence. There were 11 murders, 21 suicides and 128 accidents. Of the 11 murders, 8 were males and 3 females. Nine were accomplished by shooting and the remainder by stabbing. Of the 21 suicides, 14 were males and 7 females. Five chose shooting, 4 hanging, 2 drowning, 3 morphine and 7 poisons. Of the accidental deaths, 23 occurred on railroads, and all were males; 24 were drowned, 22 being males. Eight were killed by lightning, 26 by crushing injuries, 5 by burns and scalds, 3 by gunshots, 9 by falls, 8 by horses and vehicles, 4 by heat prostration, 4 by morphine, 5 by accidents in coal mines.

BAD VENTILATION OF THE LEGISLATIVE CHAMBERS.

Ever since the State House was constructed it has been apparent that the ventilation, not only in the legislative chambers, but of the whole building, is very poor. In cold weather the air in the corridors is heavy and sodden, analysis showing it to be very bad. Door ventilation will not cure the evil. An efficient system of ventilation should have been provided when the State House was constructed. There are engines and fans in the basement, which are all right so far as they go, but they are not of sufficient size nor power to furnish the amount of air that is needed.

There is also another defect found in the fact that the ventilating pipes are too small. There are two small openings covered with registers in the House of Representatives and in the Senate. These are in the floor and very near to desks occupied by members. The blast of air coming in at these openings is always disagreeable to those who sit close by or almost over them, and the result is they are kept closed most of the time. One of these openings in the Senate was permanently closed, and also one in the House, at the last session of the Legislature. There are no provisions for taking the bad air out of the chambers. It is a well known practice among ventilating engineers that large buildings and large assembly halls can not be efficiently ventilated except by mechanical means. Any person who has ever visited the legislative halls when the General Assembly was in session can testify to the heavy and odoriferous atmosphere which generally prevails. At every session members are heard to make loud complaints and the subject of proper ventilation is discussed, but nothing has been done, until, at the session of 1903, a law was passed appointing a commission composed of the Governor, Lieutenant-Governor and the Speaker of the House of Representatives "for the purpose of providing and installing an adequate system of forced ventilation in the Senate chamber and the hall of the House of Representatives in the Capitol." The act appropriated "out of any

moneys in the State treasury, not otherwise appropriated, such sum as shall be fixed by the commission, * * * such sum to be available on the first day of June, 1904." After the adjournment of the Legislature nothing was done by the ventilating commission for about sixteen months, when, wholly disregarding the command of the law as to *forced* ventilation, there was purchased for all of the windows of both chambers a patented ventilator known as the Pullman automatic ventilator. This consisted of a board the width of the window and about twelve inches wide, sometimes containing panes of glass set therein, and one or more bronzed iron conduits with valves opening through the boards to the outside air. These were placed in each window in order to admit fresh air, when the practical and scientific method would have been to take the bad air out of the rooms by means of suction fans and force fresh air in. These ventilators did not comply with the law, which distinctly required "an adequate system of *forced* ventilation." The simple opening of windows or the supplying of such ventilators as here described is not forced ventilation, and only such ventilation would be at all adequate. There was no improvement in the air of the rooms because of the adoption of the Pullman ventilators. It is true the openings in them communicated with the outside air, but caps to the said openings were kept closed by members and visitors who were compelled to sit near the windows. This was because the incoming air fell upon them, making them cold and uncomfortable. It is a great pity that the law was not obeyed and *forced* ventilation provided, because the money which was expended was thrown away and the results aimed at not secured. At the session of 1905 the complaints of poor ventilation were as frequent as at past sessions, and several members were very emphatic in their expressions in regard to the matter. The State Health Officer made almost daily inspections and inquiries with the end in view of determining as accurately as possible the effects of the bad ventilation. Every afternoon most of the members showed evidences of being tired, and very frequently gentlemen could be seen rubbing their foreheads, extending their arms and straightening themselves up in their efforts to overcome the stupefying effects of the foul air. Some members would retire to the wash room and freshen themselves by laving their faces with cold water. Headaches were very common, also coughs, colds, lagrippe and like acute diseases of the respiratory tract. Early in May postal cards of inquiry were sent out by the State Board to every member of both houses worded as follows: "Were you ill in any degree within ten days after the adjournment of the Legislature? If ill, what was the trouble? How long were you ill?" Of the 150 members 122 responded. Forty of these 122 were from Senators and the remaining 82 from Representatives. Eighteen of the 40 Senators reported themselves as real sick, not simply ill, with some disease of

the respiratory tract, and all attributed their sickness to the bad ventilation of the chamber in which they sat for two months. Of the 82 Representatives answering 30 reported themselves ill, and 26 of them attributed their illness to the foul air of the room. Some of the gentlemen made remarks in addition to answering the questions above.

Representative V. W. Bartholomew, of Michigan City, remarked: "I watched the ventilation of the room I was in, and know that it was not good the most of the time. It seems to me the thing to do would be to have some system that would supply the proper amount of pure air. The forced system of ventilation is the only one which will do this. I was ill pretty nearly the whole of the last half of the session, and did not recover from my cold and lagrippe until I got home."

Representative E. T. Reasoner: "During the days while in session I had a dull headache most of the time. I feel sure the chamber is not properly ventilated."

Representative Ira C. Batman: "I had a three-weeks' siege of lagrippe while attending the Legislature—the worst case I ever had—and was ill three weeks after adjournment."

Representative Jackson Boyd: "I think the building poorly ventilated. My friends who visited me always had the headache."

Representative T. G. Pierson: "I was not ill, but I always noticed after coming in out of the fresh air that the house seemed stuffy."

Representative R. N. Elliott: "I came home in good health and have been well since. I was troubled, however, for about three weeks during the first half of the session with tonsilitis, which was always better on Sundays, when we were not in session."

Representative J. N. Patton: "I do not know whether it was bad atmosphere that caused my condition, but I do know that I have been about dead on my feet for about five weeks since the session closed. My illness started with a cold, and now the physician says it is a form of grippe, expressed in the form of stomach trouble. I have lost sixteen pounds in flesh since this attack came upon me."

Senator H. M. Purviance: "I was quite ill with lagrippe ten days before the close of the session, and immediately upon my return home was compelled to go to bed."

Senator Chas. M. Kimbrough: "I have not done a week's work since the adjournment of the Legislature. I do not know to what my difficulties are attributed, but do know that during the last two weeks of the Legislature I had a struggle to occupy my seat. On the closing night of the session I was attacked with rheumatism, from which I did not recover for six or eight weeks, and am just able to be at my desk."

Senator Armin C. Koehne: "I was not ill during the session, nor since, but I know the ventilation of the

Senate chamber is bad, and no doubt has caused much trouble."

Senator Edgar E. Hendee: "I was not ill during the session. I think I became immune from my sickness after the session of 1901."

Senator R. C. McCain: "By reason of strength, I was not sick during the session, but I do know that the Assembly rooms are miserably ventilated, and certainly others were made sick by bad air."

Senator Rome C. Stephenson: "I have been in excellent health and did not suffer any bad effects from the poor ventilation of the Senate chamber. However, I believe that the new ventilators that were installed at the windows were not effective and did not produce the results expected. I observed that most of the time visitors sitting along the aisles in front of the windows objected to the draught from the ventilators, and so did some of the Senators. The result was the openings were closed most of the time. I think it would be advisable to have some system of forced ventilation installed so that the air can be heated before it enters the chamber, and some means should be provided to get the foul air out of the room. I know that the room was illy ventilated and some of the members suffered bad effects therefrom, and I am very glad this matter is receiving the attention of the State Board of Health."

Senator Will R. Wood reported that he had an attack of influenza lasting ten days immediately following the close of the session.

Senator W. A. Kittinger: "I had an attack of lagrippe following the close of the session, which lasted four weeks and confined me to my room."

Senator John C. Farber: "I had cough and cold and something like lagrippe. The first month I was in the Senate was most serious. I caught cold, and while in my seat could feel, most of the time, something like cold draughts on my head. I was not in my bed any of the time, but kept going, though I did not feel so inclined."

Senator D. L. Crumpacker: "Had cold and lagrippe for four weeks."

Senator M. E. Newhouse: "I had a severe cold and throat trouble during most of the session."

Senator Martin M. Hugg: "Was sick several times during the session and had lagrippe during adjournment."

Senator E. A. Mock: "I was ill during the session, and after adjournment suffered from malaria and nervous prostration."

Senator E. T. Lane: "I was sick during the session. Had lagrippe and tonsillitis during the session and immediately after adjournment."

Senator Lew W. Ulrey: "Sick during the session and immediately after adjournment suffered from cough and exhaustion. I could perceive a difference in my phys-

ical status for the better within two hours after leaving the Senate chamber."

Senator L. Ert Slack: "I was ill several times during the session and immediately following adjournment suffered from extreme nervous trouble and physical exhaustion."

Senator W. N. Matthews: "In answer to the first question, if ill in any degree within ten days after the adjournment of the legislature, YES, SIR," and underscores. His trouble was cold and lagrippe, lasting over four weeks.

Senator Thos. T. Moore: "Suffered from lagrippe. I was taken with it the day before adjournment and was confined to my bed and house for about ten days."

Senator A. R. Beardsley: "Had some cold during the session; also sore throat and bronchial trouble. I think the climate of Indianapolis is somewhat to blame."

Senator Presley Smith: "During the session I had lagrippe and was bilious. I got well when I came home."

Senator Edgar Durree: "Was sick several times during the session; had fever, headache and cold. I attribute my illness to improper ventilation of the Senate. I improved steadily from the time of my return home."

Senator S. D. Coats: "Was ill during the session and suffered with a severe headache that lasted about two weeks after my return home."

Senator J. G. Powell: "Was sick during the session and immediately upon return home had severe cold, almost pneumonia."

Several of the answers were humorous in character, and one member says: "I have been perfectly well during the session and also since then, but my old complaint still hangs on. My thirst is as bad as ever."

Careful consideration of all the facts gathered warrant the conclusion that most of the sickness among the members was caused by the continuous breathing of foul air. This, of course, means that the chambers of the House of Representatives and Senate are miserably ventilated. There certainly is no economy for the General Assembly to occupy poorly ventilated rooms. The bad air causes headaches, dullness, coughs, colds, acute catarrhs, influenza, pneumonia, and in two instances in the past eight years, consumption. One member from Noble County, who was taken with consumption shortly after the adjournment of the Legislature in 1899, developed pulmonary tuberculosis and died. He was emphatic in his statement that he took on the infection in the House of Representatives. Whether or not the members were right in their claim that the bad air caused their illness, it nevertheless is true that bad air is the inducing cause of such troubles as are complained of above.

It is to be hoped that, as a matter of good business, if for no other reason, the next Legislature will provide for the proper ventilation of the legislative chambers.

THE STATE LABORATORY OF HYGIENE.

The State Laboratory of Hygiene, established by act of the last General Assembly as a department of the State Board of Health, is being equipped as rapidly as possible, and we hope will be open for work early in August.

The chemical department of the Laboratory is located in rooms 19 and 20 in the basement of the State House, where a floor space of 1,900 square feet will be covered with a full and complete equipment for conducting a food, drug and water laboratory.

The first work of the Laboratory will be to establish a system of milk inspection in all the cities and towns of the State that have not already in operation a municipal laboratory, and the chemist and inspector will make visits during the present month with that end in view. As soon as the laboratories are equipped, it is hoped that the citizens of the State will awake to the possibilities then open to them for testing the purity of their water supplies, and for determining whether or not the foods and food products they are consuming are pure, or adulterated with inert or poisonous materials.

In order to regulate the work of the Laboratory it will be necessary to make rules governing the admission of samples for analysis, but it is the intention of the State Board of Health to so develop this department that it may be at the service of every citizen of the State on every question that affects the public health, with as little red tape as possible.

Reports of the work of the Laboratory will be published from month to month in the "Monthly Bulletin" of the State Board of Health, and also in the newspapers and magazines of the State. We shall endeavor to keep the public mind abreast of the work by publishing many short articles dealing with special problems that are of common interest, such as water supplies, purity of milk, food adulterations, use of preservatives and coloring materials in food products, drug adulterations and the manufacture of dairy products, etc.

As a room for the bacteriological and pathological laboratory has not yet been secured, we can not venture a guess as to when it will be ready to serve the public.

NASAL OBSTRUCTION AND NUTRITION:

P. Fridenberg (N. Y. Medical Journal) says that the loss of the sense of smell may lead to a blunting of taste, cause lack of discrimination in diet and lead to the abuse of spices and condiments. Loss of appetite may be due to difficult aeration alone. Any abnormal intranasal condition diminishing the secretion of nasal mucus, thus preventing it passing naturally backward and being swallowed, will lead to stomach trouble and thus affect nutrition. Breathing can only take place between the acts of swallowing. Much air is likely to

be taken into the stomach, often resulting in vomiting. Mastication is imperfect and the jaw and the teeth imperfectly developed. Nasal obstruction leads to the accumulation of discharge in the naso-pharynx which is generally swallowed, thus introducing into the stomach a vicious factor which leads to chronic catarrhal and fermentative processes.

* * *

THE POLITICAL BOSS AND THE HEALTH OFFICER:

We have received the following letter from a public health officer:

I regret to say that reform is not likely to come from those who find employment in laboratories controlled by politicians. Their mouths are and will be sealed by the implied threat of losing their positions, and when it comes to "bread versus honesty," the latter at once assumes an elasticity which it ordinarily does not and should not possess. Health officers, official chemists and bacteriologists owe their positions, as a rule, to a few politicians, and their freedom of action and expression is and will be limited by the intelligence and ulterior motives of these politicians. A well-trained health officer in this respect is no better than one who is totally ignorant, since it is not how much he knows, but how much he is permitted to tell. You no doubt remember the plague incident in San Francisco, where the political bosses decreed that "the plague does not exist"; and such instances could be easily duplicated.

Such statements may displease some of our "powers that be," and plain speech is punished, should one refuse to be "quieter than water and lower than grass" (a Russian proverb) and continue his public utterances "*pro bono publico*," he will no doubt be safely removed from the source of information.

Of course, one is somewhat fortunate if he has a profession to fall back on, but what should those poor fellows do whose only stock in trade is their specialized knowledge, with the municipal politician as the only possible purchaser?

The root of this evil derives its nourishment from our system of municipal government, and so long as boards of health, health officers and similar officials are appointed by mayors and governors, so long will the conditions prevail.

Physicians, and more especially medical societies, can do a great deal in awakening public interest and molding public opinion, but physicians are notoriously lethargic and medical societies as a rule are inactive in matters pertaining to public welfare. A few wide-awake societies have, it is true, shown the way, but the rest refuse to follow. The duty of the medical editor and journalist is to keep that pathway clear.

* * *

ON REPORTING TUBERCULOSIS.

(Resolution of the Wayne County Medical Society.)

WHEREAS, The fearful prevalence and high mortality from tuberculosis (causing, as it does, one death in every seven, in general, and one death in every eight in Richmond and Wayne County), entailing an inestimable amount of suffering and financial loss upon individuals and communities; and,

WHEREAS, Systematic instruction of patients and their friends and the public generally have, in many

places, brought about a striking decrease in incidence and mortality; and.

WHEREAS, The State Board of Health purposes to initiate and carry on in Indiana such a work against tuberculosis as has proven beneficent and effective in other States, and to this end, in the absence of legislation, must rely on the voluntary coöperation and help of physicians in gathering statistics.

Resolved, That it is the sense of the Wayne County Medical Society that a vigorous and persistent campaign should be waged against tuberculosis in State, city and county; that every physician should report promptly to the proper health officer every case of pulmonary tuberculosis that comes under his observation, giving name, age, sex, residence, for statistical purposes only and not for publication. And that physicians should coöperate heartily with the State and local health officers in instructing the public as to the nature of the disease, the best methods of preventing its spread, and especially by advising the prompt disinfection of premises after removal, by death or otherwise, of a case of pulmonary tuberculosis.

A HERO DIES OF CONSUMPTION: "Many of the episodes in the commonplace life of the people, with which the priest becomes acquainted as no one else can," said the Rev. Francis H. Gavisk, of St. John's parish, "have a most pathetic interest. I was called to the bedside of a man dying of consumption. His wife had the same fell disease. He died and she soon followed him. They had two daughters, one seven or eight, the other ten years old. They were beautiful children, with almost transparent complexions. Evidently they, too, were marked to be victims of the disease that had made them orphans.

"The neighbors were kindly sympathetic, but there was no one who would undertake to care for these girls. One day they came to me, the older leading the younger by the hand like a little mother. It was really very touching. I arranged to put the children in St. John's Academy to be cared for.

"There was not much in the home, but a few days later the older child found a paper yellowed by age in her father's trunk. It proved to be his discharge from the United States army. I took the paper to a claim agent, who hunted up this man's army record. O'Brien, for that was his name, had never spoken to his daily associates of his service in the war for the Union. The claim agent discovered that he had enlisted at Wabash and went to the front among the very first; that he had served continuously through the war and had been in the last battle fought in Texas, some time after the surrender of Lee at Appomattox.

"The agent told me that this man's service was probably larger than that of any soldier furnished by Indiana in the civil war. Yet he had never talked about that service or asked for a pension. The man

beside whom he worked at Kingan's pork house had served sixty days, had never been in a battle, but was continually playing the old soldier. He was sure O'Brien had never been in the army.

"O'Brien was one of those waifs of New York who were sent to Indiana about 1856—there were hundreds of them scattered through the West—finding places chiefly among farmers. Yet out of this material came a true hero, and more than that, one who did not boast of his deeds.

"A pension was obtained for the little girls, but they did not live long. Both died at about the age of sixteen years of consumption."

* * *

"LITTLE DID I THINK!" In December, 1904, the writer delivered a lecture before the students of the Indiana University at Bloomington, the subject being "The Prevention of Consumption." In the course of the lecture the audience was told that one in seven of all deaths in Indiana was caused by consumption. The ravages of the disease were illustrated by lantern pictures and brief statistical tables. The audience was, of course, composed mostly of well, strong people, and doubtless many who, though interested, never thought that the horrible disease known as tuberculosis would ever enter their lives. Since that date two members of the audience have been heard from, one was a woman who has developed the disease and is now fighting for her life. The second is a young man who was a student at the university and lives at Monon. In his letter he says: "I spent last year in the State University and there heard your lecture on consumption, which interested me greatly. Little did I think at that time that the awful disease would invade our family. Until March last year my sister seemed well and hearty, weighing between 160 and 170 pounds. Gradually she commenced to fail and now it develops she has intestinal tuberculosis. The disease has progressed very rapidly, and the doctor says my sister is beyond recovery, still we have hopes, and hence this letter to you. Have you any suggestions as to something which might be done? We will be very thankful for any help or advice you can give us."

* * *

HARRY GIBSON, CONSUMPTIVE: When Harry Gibson entered the office of the State Board of Health June 26th, he was pale, wasted, trembling and hardly able to stand. A drink of water with a teaspoonful of whisky in it was given him, and shortly he gained strength enough to tell his story. "I am an upholsterer," he said, "and formerly lived at Cincinnati. Last October I took grippe and was sick until in November. I didn't get well, and I finally realized I was growing weaker every day, so I went to the Homeopathic Hospital and asked to be doctored. The doctor

there told me I had consumption, and said, 'Go out West right away; don't stay here a day if you can help it.' My little savings had about all been used up doctoring for the grippe, but I took what I had, \$22.30, and started for San Antonio, the place the doctor told me to go to. He told me I could get some light work there, and would get well in that climate. I got stuck at Memphis, found a little work in my line, but it was soon plain I couldn't work at my trade for lack of strength. The other men in the shop chipped in, and I finally got to San Antonio. It was awful down there; very hot in the day time and cold at night. The heat took my strength, and as I had to sleep in my clothes on the ground out of doors I was chilled and sometimes almost frozen every night. I gained some strength but not much, and had to beg. There were many other consumptives there in my fix, and we all wanted some kind of light work, but there was no light outdoor work, and people don't want to hire consumptives nohow. I can't tell you how many times I cursed that doctor sending me from home. Do you think he didn't know any better, or did he want to just get rid of me?

"I was now a consumptive tramp, and there was dozens there like me, and some of 'em died lying on the grass under trees. I got a letter one day saying my mother had died, and then I got home-sick and commenced to go down. I tell you, sir, it's wicked for a doctor to send a fellow like me away out West when he's got consumption.

"One day I told my story to a railroad man, who got me a pass to New Orleans. When I got there I was very weak, and was arrested and taken to the station-house for loitering. The police surgeon told me I had consumption, and I had a hemorrhage right there, and was taken to the hospital. In about ten days I was able to be up and was turned out with this note."

This note was addressed to the United Charities Society, and read:

This man, Harry Gibson, is a consumptive, which is not curable, and therefore we can not keep him in the City Hospital. *He should go West.*

"There you see it is again," he said, as he pointed to the advice, "He should go West." "Even the New Orleans doctors tell consumptives to go West, and it is the last place on earth they should go to. Of course, if a fellow has money it would be all right, but to send a poor person out there is wicked." Continuing, he said: "I know I can't get well now, and I want awful bad to die in my old home. I have studied all about curing consumption by sleeping out of doors and resting and eating lots of plain good food, and all that, but how is a fellow going to rest where he must work or beg for his food? I can get lots of outdoor air; everybody will let me have that."

Harry Gibson was given something to eat and a ticket to Cincinnati. The authorities there will shortly bury him at public expense.

THE HAVOC WROUGHT BY AIR STARVATION IN INDIANA IN 1904.

Consumption deaths.....	4,876
Pneumonia deaths.....	3,100
Bronchitis deaths.....	523
Influenza deaths.....	348
Total.....	8,847

In addition to this, at least 5,000 new consumptives were produced, 20,000 persons had pneumonia, 10,000 had bronchitis, 10,000 had influenza and 2,000,000 had coughs and colds. What was the cost? Railroads, ships, bridges, enormous buildings are projected and constructed upon estimates; then why not estimate the cost of the havoc from diseases induced by air starvation? Surely each case of sickness costs the patient or parents or friends money, and each death also costs money. It is not admissible to say all must die, anyhow, and therefore the cost must be met some time, because all of these deaths were preventable; and further, a large percentage was of persons in the prime of life. Let us adopt some trifling sum as the average cost for each case of the different named diseases. Say for each cough and cold, 30 cents; for each case of influenza, \$10; for each case of bronchitis, \$10; for each case of pneumonia, \$100; and for each case of consumption, \$500. The man who objects to these figures should try coughing with consumption for three years and then die for \$500, or try having a simple cough or cold for 30 cents.

Adopting these figures and extending them, we get the following:

5,000 cases of consumption, at \$500.....	\$2,500,000
20,000 cases of pneumonia, at \$100.....	2,000,000
10,000 cases of bronchitis, at \$100.....	1,000,000
100,000 cases of influenza, at \$10.....	1,000,000
2,000,000 cases of coughs and colds, at 30c.....	600,000
	<hr/>
	\$7,100,000

However, this is not all, for the deaths represent a loss. Remember the total deaths were 8,847 and each one preventable. Had these persons been killed on a railroad, and if negligence could be shown, the courts would have allowed on an average of \$5,000 for each one. Only a few weeks ago the Indiana Supreme Court confirmed a verdict against the Big Four Railroad for \$2,500 on account of killing a boy nine years of age. Let us assume that the courts overdo the matter, and that the statute which values a human life unnecessarily sacrificed at \$10,000 is a little too much and therefore settle, not on \$5,000, the average allowed by the courts, but upon \$1,000. Then taking this basis, we have a further loss of \$8,847,000. Add this to the sickness loss, and we will have a total of \$15,947,000. This amount stuns one. It is real, however; it can not be pooh-poohed down the wind. These figures do not lie and the figurer is not a liar.

AIR STARVATION IN THE SCHOOLS.

Now let us look into the schools from the air starvation standpoint. How many school rooms are there which are not well ventilated? And how many pupils are there who suffer from air starvation? I am sure all teachers will sustain the statement that the majority of school rooms are not properly ventilated. In the last eight years I have inspected 280 school rooms and kept a careful record of measurements and tests. The sum-up is:

Imperfectly ventilated.....	37 per cent.
Badly ventilated	60 per cent.
Passably ventilated.....	3 per cent.
Well ventilated	0 per cent.

If we estimate thirty pupils to each room, the investigation applies to 8,400 pupils, all forced to live under conditions adverse to health and progress. The study extended to twenty counties, but, of course, not all the school rooms were inspected. There are 750,000 school children in Indiana, going to school in at least 15,000 rooms, and there are 16,000 teachers. By the investigation, 97 per cent. of the rooms are badly or imperfectly ventilated, and so not less than 450,000 pupils are forced for weeks to breathe bad air, and we know this causes bad health, illness and death. I feel confident if any teacher is asked how many of his or her pupils have colds or coughs in a single term, the answer will be at least 80 per cent., and 90 per cent. of them are due to breathing bad air. Every cold is some help toward pneumonia and consumption, and some colds are caught by breathing bad air at home. Twenty per cent. of all consumption deaths are in the age period of 15 to 25 years, and the probability that their lungs were prepared for the consumption germ by breathing bad air at school is very great.

All of these considerations are mentioned and more could be given to show we can not find a satisfactory base upon which to estimate the money loss due to bad ventilation of school rooms, but I take it none will deny there is a money loss and it is not small. Anyhow, as said, ill health, sickness and death, is induced in badly ventilated school rooms, and this question is sane and pertinent—*Why not ventilate?* It is a crime against nature not to ventilate, and the poor children must suffer on account of the crime of the parents, and the crime entails a monetary loss. Now the hygienist wants to save this money, but his positively proven facts do not find root—and what is the cause? I think I know why, at least in part. It is too much politics and also too much business. Business, we all know, is for profit, and it is proper it should be so, but when profit is sought in administering government, then corruption appears. The economist for re-election reasons is also abroad in the land. This variety of economist when he assumes office, says: "I will spend less money than my predecessor and then I will be elected again." This fellow is great with that class

which go into a corner to make whispered arguments which they dare not have known to the public. This economist does not ask: How may I improve things under my care? How may I better affairs in a practical way? He does not know that he will be known by his works, and to save money through good works, is beyond him. So he buys desks all of one size, for they are at first cheaper than adjustable desks, and what cares he if some of the children acquire spinal curvature in consequence? He will not put in ventilating ducts, for they cost something and he must be economical (?), and what cares he if the children are made stupid and sick and their health undermined by breathing over and over the bad air which the ducts would remove? "No, sir," said a school trustee to me, "I will not remove the gas radiators, for they cost less for heating than it costs for furnaces." "But," said I, "the gas radiators vitiate the air and make the children and teacher sick." "That's all nonsense and you are a crank," said he. That was great argument and great was his satisfaction. But I found out afterward why it was all nonsense and I a crank. The economist had purchased the radiators from his brother-in-law.

THE ECONOMY OF PRESERVING THE HEALTH OF SCHOOL CHILDREN.

If a man were to deliberately gradually starve his child, there is a law which would punish him. But food starvation is not the only kind of starvation. There is air starvation, and its victims fall everywhere like autumn leaves. There is no law against the killing of children, nor against the killing of anyone by slow air starvation. We may live for forty days without food, and for five or ten days without water, but we can not live five minutes without air. The diseases which follow gradual air starvation are: Influenza, coughs, colds, catarrh, pneumonia, consumption and the whole list known as diseases of the respiratory tract. Air starvation also frequently has following it, mal-nutrition, headaches, neurasthenia and other ills. Air is free. We do not have to buy it at the grocery. Unlike many foods, it is not colored with coal tar dyes, nor preserved with boric acid, salicylic acid, or other chemicals, nor can it be cornered by the trusts. Why, then, suffer from air starvation? Why not always keep our lungs full of pure air, and thus always have our blood thoroughly oxydized? If we will do so, the microbes of influenza, coughs, colds, catarrh, pneumonia and consumption will knock in vain for admittance. This is not a theory; it is simply a discovered fact. Even after we have acquired the worst of the above diseases, consumption, provided it is not far advanced, may be routed by continuous life in the open air. This is being done every day in certain very progressive states, and particularly in Germany, and therefore is not an experiment.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES IN JUNE, 1905.

NORTHERN SANITARY SECTION.

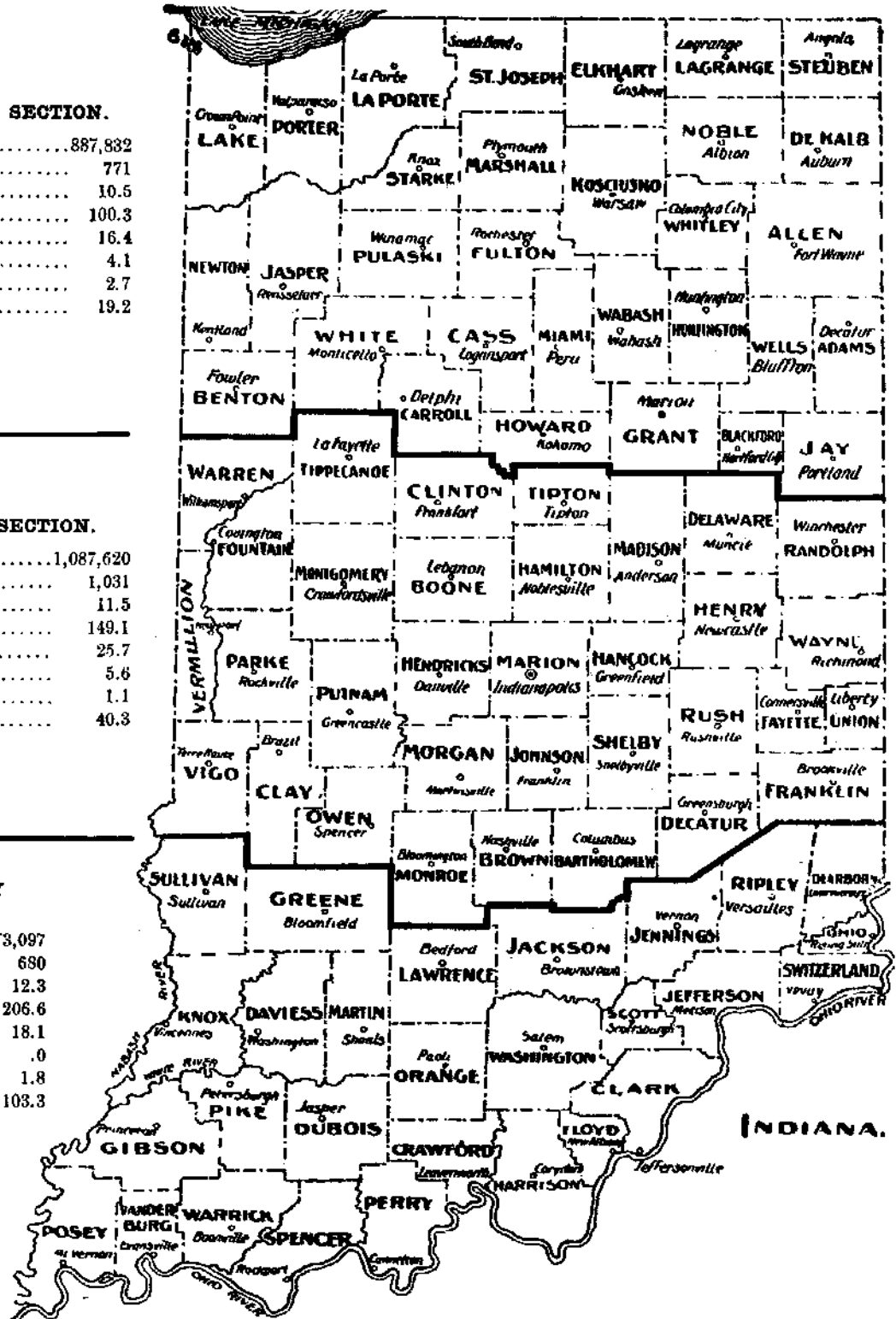
Total population	887,832
Total deaths	771
Death rate per 1,000	10.5
Consumption, rate per 100,000	100.3
Typhoid, rate per 100,000	16.4
Diphtheria, rate per 100,000	4.1
Scarlet fever, rate per 100,000	2.7
Diarrheal diseases, rate per 100,000	19.2

CENTRAL SANITARY SECTION.

Total population	1,087,620
Total deaths	1,031
Death rate per 1,000	11.5
Consumption, rate per 100,000	149.1
Typhoid, rate per 100,000	25.7
Diphtheria, rate per 100,000	5.6
Scarlet fever, rate per 100,000	1.1
Diarrheal diseases, rate per 100,000	40.3

SOUTHERN SANITARY SECTION.

Total population	673,097
Total deaths	680
Death rate per 1,000	12.3
Consumption, rate per 100,000	206.6
Typhoid, rate per 100,000	18.1
Diphtheria, rate per 100,0000
Scarlet fever, rate per 100,000	1.8
Diarrheal diseases, rate per 100,000	103.3



Mortality of Indiana for June, 1905.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Estimated by U. S. Method.	Total Deaths Reported for June, 1905.	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.
State	2,648,549	2,482	11.4	164	367	15.8	129	5.5	61	2.6	46	1.9	90	3.8	679	29.2	320	147.4	34	15.6	45	20.7	8	3.6
Northern Co's	887,832	771	10.5	53	106	14.7	23	3.2	24	2.6	24	1.2	23	3.2	232	32.3	73	100.3	9	12.3	12	18.4	5	4.1
Central Co's	1,087,620	1,031	11.5	61	136	14.0	55	5.6	24	2.4	24	2.4	37	3.8	266	27.4	133	149.1	16	17.9	23	25.7	5	5.6
Southern Co's	873,097	680	12.3	50	125	19.8	51	8.1	18	2.8	13	2.0	30	4.7	181	28.7	114	206.6	9	16.3	10	18.1		
All cities	977,802	1,058	13.5	87	174	17.3	59	5.9	23	2.2	21	2.0	45	4.4	249	24.8	138	172.1	15	18.7	23	27.4	8	9.0
Over 50,000	260,046	303	14.2	28	41	15.0	19	6.9	4	1.4	6	2.1	19	6.9	64	23.2	44	206.4	5	23.4	2	9.3		
25,000 to 50,000	159,349	262	15.4	13	48	25.4	7	3.7	1	0.7	1	0.7	9	4.7	34	18.0	19	145.4	2	15.3	2	15.3	4	30.6
10,000 to 25,000	231,707	251	13.2	15	37	15.6	11	4.6	1	0.4	1	0.4	8	3.4	65	28.3	24	126.3	2	10.5	12	63.1	2	10.5
5,000 to 10,000	196,779	196	12.1	18	32	18.0	15	8.4	1	0.5	1	0.5	4	2.0	45	25.3	29	179.7	2	12.3	1	30.9	1	6.1
Under 5,000	129,931	136	12.7	13	16	13.0	7	5.7	1	0.8	1	0.8	5	3.8	41	32.3	22	206.5	4	37.5	1	9.3	1	9.3
Country	1,670,747	1,394	10.1	77	193	14.6	70	5.3	38	2.8	25	1.9	45	3.4	430	32.6	182	132.8	19	13.8	23	16.7		

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.		Diarrheal 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.
State	2	.9	4	1.8	1	.4	9	4.1	89	40.9	107	49.2	25	11.5	7	3.2	7	3.2	120	55.2	160	73.7	4	1.8
Northern Co's	1	1.3	2	2.7			4	5.2	32	43.9	14	19.2	6	8.2	2	2.7	3	4.1	44	60.4	65	89.3	4	5.5
Central Co's	1	1.1	1	1.1	1	1.1	4	4.4	39	43.7	36	40.3	13	16.5	4	4.4	2	2.2	47	52.7	54	71.7		
Southern Co's			1	1.8			1	1.8	18	32.6	57	103.3	6	10.8	1	1.8	2	3.6	29	52.5	31	56.1		
All cities	1	1.2	3	3.7			6	7.4	39	48.6	50	62.3	12	14.9	4	4.9	3	3.7	62	77.3	67	83.5	4	4.9
Over 50,000							1	4.6	16	75.0	14	65.6	3	14.0	1	4.6	1	4.6	13	60.9	9	42.2		
25,000 to 50,000	1	7.6					2	15.3	7	53.5	8	61.2						12	91.8	15	114.8	4	30.6	
10,000 to 25,000			1	5.2			1	5.2	10	52.6	9	47.3	3	15.7	2	10.5	1	5.2	15	78.9	22	115.8		
5,000 to 10,000							2	12.3	3	18.5	15	92.9	4	24.7			1	6.1	11	68.1	11	68.1		
Under 5,000			2	18.7			3	28.1	4	28.1	4	37.5	2	18.7	1	9.3			11	103.2	10	93.8		
Country	1	.7	1	.7	1	.7	3	2.1	50	36.5	57	41.6	13	9.4	3	2.1	4	2.9	58	42.3	93	67.9		

Meteorological Summary for June, 1905. 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.		
	Mean.	Departure from Normal.	Highest.					Lowest.					In Inches.				Number of Days.			
			Degrees.	Date.	Place.	Degrees.	Date.	Place.	Average.	Departure from Normal.	Snowfall Un-melted.	Days with .01 inch or more.	Clear.	Partly Cloudy.	Cloudy.	Prevailing Direction.				
Northern Section	69.1	-0.9	95	19	Winamac	41	27	South Bend	44	28	Winamac	4.48	+0.32	0	10	16	7	7	SW.	
Central Section	71.5	-0.6	88	18	Farmersburg	43	3	Northfield	43	3	Northfield	2.38	-1.67	0	7	14	10	6	S.	
Southern Section	74.5	+1.3	102	19	Salem	47	1	Rome	47	1	Rome	3.66	-0.54	0	8	16	9	5	SW.	
State	71.7	-0.1	102	19	Salem	41	27	South Bend	41	28	Winamac	3.61	-0.63	0	8	15	9	6	SW.	

* And other directions.