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ABSTRACTS OF MORTALITY STATISTICS FOR SEPTEMBER, 1917.

Total deaths 3,053; rate 12.8. In the preceding month 2,989 deaths; rate 12.2. In the same month last year 2,935 deaths; rate 12.5. Deaths by important ages were: Under, 1 year of age, 495 or 16.2 per cent of total; 1 to 4, 217; 5 to 9, 60; 10 to 14, 57; 15 to 19, 71; 65 and over 950 or 31.1 per cent of total.

SANITARY SECTIONS: The Northern Sanitary Section, population 1,009,364 reports 1,099 deaths; rate 13.3. In the preceding month 995 deaths, rate 11.6. In the same month last year 1,056 deaths; rate 12.9.

The Central Sanitary Section, population 1,191,458 reports 1,317 deaths; rate 13.4. In the preceding month 1,317 deaths; rate 13.0. In the same month last year 1,271 deaths; rate 13.1.

The Southern Sanitary Section, population 688,793 reports 637 deaths; rate 11.2. In the preceding month 677 deaths; rate 11.5. In the same month last year 608 deaths; rate 10.8.

REVIEW OF SECTIONS: The Central Sanitary Section the highest rate, which is 0.6 higher than that for the entire state. The central section also reports the highest death rate for diphtheria, cerebro-spinal fever, and cancer. The Northern Section presents the highest death rate for scarlet fever, measles, lobar and broncho pneumonia, diarrhea and enteritis, acute poliomyelitis, influenza, and external causes. The Southern section presents the highest death rate for tuberculosis, whooping cough and puerperal septicemia.

RURAL: Population 1,552,593 reports 1,459 deaths, rate 11.7. In the preceding month 1,360 deaths, rate 10.3. In the same month last year 1,342 deaths; rate 10.5.

URBAN: Population 1,337,022 reports 1,558 deaths; rate 14.1. In the preceding month 1,629 deaths; rate 14.3. In the same month last year 1,593 deaths; rate 13.8. The cities named present the following death rates: Indianapolis 15.8; Evansville, 14.1; Fort Wayne, 10.5; Terre Haute, 12.9; South Bend, 14.3; Gary, 19.8; East Chicago, 21.3; Hammond, 18.2; Muncie, 13.6; Richmond, 14.7; Anderson, 11.7; Elkhart, 11.1; Michigan City, 12.4; Lafayette, 19.4; Kokomo, 12.8; Logansport, 9.3; New Albany, 14.1; Marion, 15.3.

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.

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BIRTHS FOR SEPTEMBER, 1917.

Total births 5,235; (stillbirths excluded); State rate 22.0.
 Males 2,669; females 2,566.
 White males 2,638; white females 2,520.
 Colored births 77; males 31, females 46.
 Stillbirths 172; white 162, colored 10.
 The Northern Sanitary Section, population 1,009,364 reports 2,027 births; rate 24.6.
 The Central Sanitary Section, population 1,191,458 reports 2,037 births; rate 20.6.
 The Southern Sanitary Section, population 688,793 reports 1,171 births; rate 20.6.
 The highest rate Lake County, 40.6.
 The lowest rate Ohio County, 11.2.
 Total births to date for 1917, 47,635.

SUMMARY OF MORBIDITY AND MORTALITY FOR SEPTEMBER, 1917.

Typhoid fever was reported as the most prevalent infectious disease. The order of prevalence was as follows: Typhoid fever, pulmonary tuberculosis, scarlet fever, tonsillitis, diarrhea and enteritis, diphtheria and croup, acute rheumatism, dysentery, influenza, whooping cough, malaria fever, bronchial pneumonia, intermittent and remittent fever, smallpox, lobar pneumonia, other forms of tuberculosis,

chickenpox, measles, rabies in human, poliomyelitis, trachoma, puerperal fever, cerebro-spinal fever, erysipelas, ophthalmia neonatorum, rabies in animals.

SMALLPOX: 69 cases in 14 counties with no deaths. The counties reporting smallpox present were: Adams 4, Clay 5, Fountain 1, Gibson 7, Green 3, Jefferson 1, Johnson 15, Knox 6, Lake 1, LaPorte 2, Marion 17, Vanderburg 4, Vigo 2, and White 1.

TUBERCULOSIS: 257 deaths, of which 216 were of the pulmonary form and 41 other forms. Male tuberculosis deaths numbered 109; females 148. Of the males, 18 were married in the age period 18 to 40 and left 36 orphans under 12 years of age. Of the females, 51 were married in the same age period as above and left 101 orphans under 12 years of age. Total number of orphans made in one month by this preventable disease, 138. Number of homes invaded, 243.

PNEUMONIA: 106 deaths; rate 44.6 per 100,000. In the preceding month 69 deaths; rate 28.1. In the same month last year 105 deaths; rate 44.8. Males 58; females 48.

TYPHOID FEVER: 561 cases in 74 counties with 93 deaths. In the preceding month 336 cases in 67 counties with 63 deaths. In the same month last year 657 cases in 76 counties with 120 deaths.

DIPHTHERIA: 508 cases in 34 counties with 33 deaths. In the preceding month 207 cases in 33 counties with 19 deaths. In the same month last year 318 cases in 44 counties with 37 deaths.

SCARLET FEVER: 179 cases reported in 43 counties with 4 deaths. In the preceding month 71 cases in 10 counties with 2 deaths. In the same month last year 212 cases in 35 counties with 9 deaths.

MEASLES: 35 cases in 10 counties with 1 death. In the preceding month 67 cases in 13 counties with 1 death. In the same month last year 69 cases in 20 counties with 2 deaths.

POLIOMYELITIS: 7 cases in 4 counties with 1 death. The death occurred in Porter County, male 1 year.

RABIES: 13 persons bitten by rabid animals and treated by the State Board of Health during the month. There were no deaths.

EXTERNAL CAUSE: Total 244, males 196, females 48. *Suicide:* Total 35, males 25, females 10. Suicide by poison 15, by asphyxia 2, by hanging or strangulation 3, by drowning 2, by firearms 9, by cutting or piercing instruments 3, by jumping from high places 1. *Accidental or Undefined:* Total 192, males 157, females 35. Poisoning by food 2, other acute poisonings 1, conflagration 1, burns (conflagration excepted) 9, absorption of deleterious gases (conflagration excepted) 12, accidental drowning 11, traumatism by firearms 4, traumatism by fall 38, traumatism in mines 4, traumatism in quarries 1, traumatism by machines 9, railroad accidents and injuries 40, street-car accidents and injuries 9, automobile accidents and injuries 28, motorcycle accidents and injuries 3, injuries by other vehicles 3, other crushing 1, injuries by animals 3. *Lightning:* Total 1, males 1, females 0. Electricity (lightning excepted) 3, fracture (cause not specified) 2, other external violence 2. *Homicide:* Total 17, males 14, females 3. Homicide by firearms 13, by cutting or piercing instruments 3, by other means 1.

HEALTH OFFICERS, ATTENTION!

Delayed Birth and Death Certificates.

Each month the statistical department receives certificates for births and deaths that have occurred during the preceding months, which are not sent to this department in time to be tabulated with the report for the current month. With the report for September the following counties named below were delinquent in this matter.

BIRTHS.

Allen 5 (Ft. Wayne 1, Grabill 1); Bartholomew 4; Benton 3; Blackford 1; Boone 8 (Lebanon 2); Brown 5 (Nashville 2); Carroll 3; Clark 7 (Jeffersonville 1, Borden 1); Clay 1 (Brazil); Clinton 3 (Frankfort 2, Kirklint 1); Crawford 4 (Leavenworth 2); Decatur 2 (Greensburg 1); DeKalb 3 (Garrett 1); Delaware 2—1 for April, (Muncie 1 for 1909); Dubois 3; Elkhart 6 (city); Fayette 3; Floyd 4 (New Albany 1); Fountain 2; Franklin 1; Grant 7 (Marion 3); Greene 4 (Linton 2); Hamilton 2 (Noblesville 1); Harrison 1; Hendricks 2 (Coatsville 1, Clayton 1); Huntington 1 (city); Jackson 5 (Crothersville 1); Jasper 1 (Rensselaer); Jay 4; Jefferson 7 (Madison 1); Johnson 1; Knox 15 (Vincennes 2, Bicknell 7); LaGrange 1; Lake 19 (Gary 2, Hammond 6, East Chicago 9, Dyer 1); Laporte 4; Lawrence 2; Madison 2 (Anderson); Marion 5 (Indianapolis 2—1 for 1914, 1 for 1915); Marshall 1; Martin 1; Miami 2; Monroe 2; Montgomery 2; Morgan 3 (Morgantown 1, Brooklyn 1); Noble 1; Orange 1; Owen 3 (Spencer 1); Parke 8 (Rockville 2); Perry 1; Pike 13—2 for 1916; Putnam 1; Posey 1; Randolph 2; Ripley 16; Rush 1; Scott 2; Spencer 3; Steuben 4; St. Joseph 10 (S. Bend 2, Mishawaka 3); Sullivan 7; Tippecanoe 6 (Lafayette 4); Union 1; Vanderburgh 17 (Evansville); Vermillion 6 (Clinton 4); Vigo 7 (Terre Haute 2); Wabash 3 (Wabash 1, N. Manchester 1); Warrick 3; Wayne 2 (Richmond); Wells 9; White 8 (Monticello 1). Total 290.

DEATHS.

Allen 3; Benton 1 (Oxford); Boone 1; Clay 1 (Brazil); Clinton 1; Crawford 2 (Leavenworth); Daviess 4 (Washington 1, Odon 1); Dearborn 1; Elkhart 2; Floyd 2; Fountain 1 (Attica); Grant 3; Harrison 2; Hendricks 1; Henry 1; Howrad 2 (Greentown 1); Jay 1; Johnson 1; Knox 2 (Vincennes 1); Kosciusko 3 (Warsaw 1); LaGrange 2; Lake 2 (Gary 1); Laporte 1 (Michigan City); Lawrence 2; Madison 1; Marshall 1 (Bremen); Miami 6 (Peru); Morgan 2; Newton 1; Noble 1; Pike 4; Posey 9 (Mt. Vernon 7); Ripley 4 (Osgood 1); Steuben 1 (Helmer); St. Joseph 1 (So. Bend); Vermillion 1; Warrick 3; Wells 3; White 2. Total 82.

ELMER STANFIELD, was born May 13, 1902, and therefore at this date, November, 1917, is only 15 years old. Without the consent of his parents, he joined the British Army and now it is desired to secure his release which will be given upon presentation of proof that he is only 15 years old. He was born at Sullivan, Indiana, but the physician in attendance at time of birth did not report the same, at least it is not recorded in the record books of Sullivan County. As the State Board of Health did not commence the collection of births until 1907, having no law until that date, of course the birth record is not found at the office of said board. This incident is especially called to the attention of a certain physician in Clay county who said braggingly—"I never have reported a birth and I never will." The advice of the State Board of Health to the citizens of the state is not to employ physicians who openly declare they will not obey the law. Such are not good citizens and are not worthy of the confidence of the people.

**REPORT OF BACTERIOLOGICAL LABORATORY,
INDIANA STATE BOARD OF HEALTH,
FOR SEPTEMBER, 1917.**

Will Shimer, M. D., Superintendent.

Sputum for tubercle bacilli—		
Positive.....	125	
Negative.....	295	
	—	420
Urine for tubercle bacilli—		
Negative.....		1
Pus for tubercle bacilli—		
Negative.....		2
Feces for tubercle bacilli—		
Negative.....		2
Widal tests for typhoid fever—		
Positive.....	92	
Negative.....	187	
	—	279
Widal tests for paratyphoid fever "A"—		
Positive.....	3	
Negative.....	276	
	—	279
Widal tests for paratyphoid fever "B"—		
Positive.....	7	
Negative.....	272	
	—	279
Widal test for typhoid fever macroscopic—		
Positive.....	140	
Negative.....	84	
	—	224
Throat cultures for diphtheria bacilli—		
Positive.....	149	
Suspicious.....	26	
Negative.....	216	
Unsatisfactory.....	9	
	—	400
Throat cultures for diphtheria epidemics—		
Positive.....	27	
Suspicious.....	28	
Negative.....	655	
	—	710
Brains for rabies—		
Dogs—		
Positive.....	6	
Negative.....	1	
Rotten.....	1	
Cats—		
Positive.....	1	
Horse—		
Positive.....	1	
	—	10
Blood for counts.....		10
Blood for malaria plasmodia—		
Positive.....	3	
Negative.....	16	
	—	19
Pus for gonococci—		
Females—		
Positive.....	14	
Suspicious.....	2	
Negative.....	37	
Unsatisfactory.....	1	

Males—	
Positive.....	15
Suspicious.....	2
Negative.....	7
Sex not given—	
Positive.....	3
Suspicious.....	1
Negative.....	2
	—
	84
Pus, miscellaneous.....	3
Urine for gonococci, positive.....	1
Pathological tissues—	
Carcinoma—	
Carcinoma of lip.....	1
Carcinoma of chest.....	1
Carcinoma of breast.....	4
Carcinoma of hand.....	2
Carcinoma of pancreas.....	1
Carcinoma of liver.....	2
Carcinoma of omentum.....	1
Carcinoma of uterus.....	2
Carcinoma of cervix.....	2
Carcinoma of testicle.....	1
Carcinoma of meatus.....	1
Carcinoma location not given.....	2
Sarcoma—	
Sarcoma abdominal wall.....	1
Sarcoma location not given.....	1
Miscellaneous tissues.....	13
	—
	35
Urine for chemical analysis.....	96
Feces for typhoid bacilli, negative.....	6
Feces miscellaneous.....	1
Blood culture for typhoid bacilli negative.....	1
Throat culture miscellaneous.....	2
Parasites for identification.....	1
Milk.....	2
Water.....	1
Soap for tetanus bacilli, negative.....	2
	—
	2,870
Guinea pigs inoculated for rabies, negative.....	6
Guinea pigs inoculated for T. B., positive.....	1
Guinea pigs inoculated for T. B., negative.....	1
	—
	8
Doses of antityphoid vaccine prepared and sent out.....	757
OUTFITS PREPARED AND SENT OUT DURING SEPTEMBER, 1917.	
Tuberculosis.....	547
Diphtheria.....	504
Diphtheria epidemics.....	1,700
Widals.....	437
Gonococci.....	61
Malaria.....	37
Blood counts.....	19
Bile Media.....	6
	—
	3,311

THINGS OF INTEREST FROM THE LABORATORY.

There has been a most remarkable prevalence of typhoid in many parts of Indiana during the month of September. A few towns with an excellent water supply have had an unusual number of cases. To some persons these epidemics seem impossible while to others it means that the waters are not as safe as they might be.

Most physicians have an idea that most cases of typhoid are directly traceable to an infected water or milk supply. Under conditions where it is possible to detect the source of typhoid from either water or milk in 50% or more of the cases of typhoid the source cannot be determined. The majority of cases of typhoid, except in the case of larger epidemics of typhoid, occur sporadically.

It seems to us that it is safe to say that typhoid deaths represent only about 1% of all persons actually infected with typhoid bacilli at that time. A large experience shows that of 100 persons infected with typhoid 4 persons become typhoid bacilli-carriers for a longer or shorter time. Thus, if a city has a typhoid death rate of 24-28 per 100,000 almost a hundred bacilli-carriers would be added to the population each year.

Our figures may be somewhat too large but they do give some conception of the multiplication of possible sources of infection for any person who is not immune to typhoid fever.

Now if the medical department of the U. S. Army is unwilling to assemble large numbers of susceptible young men together without vaccination where it has absolute control of the water and food supply and other sanitary conditions, it would seem absolutely fool hardy for a City Health Board with its limited control of water and milk and its meager control of personal and other hygienic conditions to allow its susceptible citizens to go unvaccinated against typhoid.

TABLE OF DEATHS BY EXTERNAL CAUSES

	Total.	Male.	Female.
EXTERNAL CAUSES.	244	196	48
SUICIDE.	35	25	10
Suicide by poison.	13	9	6
Suicide by asphyxia.	2	1	1
Suicide by hanging or strangulation.	3	3	0
Suicide by drowning.	2	1	1
Suicide by firearms.	9	8	1
Suicide by cutting or piercing instruments.	3	3	0
Suicide by jumping from high places.	1	0	1
ACCIDENTAL OR UNDEFINED.	192	157	35
Poisoning by food.	2	1	1
Other acute poisonings.	1	1	0
Conflagration.	1	1	0
Burns (Conflagration excepted).	9	3	6
Absorption of deleterious gases (Conflagration excepted).	12	11	1
Accidental drowning.	11	11	0
Traumatism by firearms.	4	4	0
Traumatism by fall.	38	26	12
Traumatism to mines.	4	4	0
Traumatism in quarries.	1	1	0
Traumatism by machines.	9	8	1
Railroad accidents and injuries.	40	37	3
Street-car accidents and injuries.	9	6	3
Automobile accidents and injuries.	25	24	4
Motorcycles accidents and injuries.	5	3	3
Injuries by other vehicles.	3	3	0
Other crushing.	1	1	0
Injuries by animals.	3	3	0
LIGHTNING.	1	1	0
Electricity (Lightning excepted).	3	3	0
Fracture cause not specified.	2	0	2
Other violence, external.	2	0	2
HOMICIDE.	17	14	3
Homicide by firearms.	13	11	2
Homicide by cutting or piercing instruments.	3	2	1
Homicide by other means.	1	1	0

PATIENTS TAKING "PASTEUR" TREATMENT, SEPTEMBER, 1917.

Name.	Town.	County.	Age.	Sex.	Treatment began.	Treatment finished.
Robert E. Rehl	Huntingburg	Dubois	6	M	9-11-17	9-28-17
Vernie Wright	Terre Haute	Vigo	10	F	9-13-17	9-30-17
J. K. Graham	W. Terre Haute	Vigo	70	M	9-14-17	10-1-17
Mrs. E. McFeetridge	Hazleton	Gibson	22	F	9-23-17	10-10-17
Charles Beattie	Elwood	Madison	13	M	9-24-17	10-11-17
Nick Frazier	Lamar	Spencer	50	M	9-24-17	10-11-17
Loren Hatfield	Owensville	Gibson	14	M	9-25-17	10-12-17
Roy Massey	Owensville	Gibson	14	M	9-25-17	10-12-17
Paul Massey	Owensville	Gibson	7	M	9-25-17	10-12-17
Vetris Carson	Evansville	Vanderburg	9	F	9-29-17	10-16-17
Norman Carson	Evansville	Vanderburg	6	M	9-29-17	10-16-17
Alvin Carson	Evansville	Vanderburg	4	M	9-29-17	10-16-17

ANALYSES OF FOODS AND DRUGS DURING THE MONTH OF SEPTEMBER, 1917.

CLASSIFICATION	Number		Total.
	Legal.	Illegal.	
Beverages—			
Beers		1	1
Beers, Temperance	2		2
Cider		2	2
Milk Products—			
Ice Cream	4		4
Milk	7		7
Vinegar	2	2	4
Miscellaneous	4	1	5
Total.	19	6	25

Three miscellaneous drug samples were analyzed during the month. The vinegars were low in solids and acidity. The sample of beer was low in alcohol. The ciders contained alcohol.

CONDEMNATIONS.

One bakery and restaurant was condemned on account of unsanitary conditions and improper construction.

PROSECUTIONS.

County.	Dealer.	Offense.	Fine.
Marion	Mrs. Tennie Coleman	Reusing paper cups	\$20.00
Marion	Abram Miller	Unsanitary conditions	\$21.00
Marion	O. M. Miller	Reusing paper cups	\$30.00
Marion	W. Thomas	Selling sandwiches not protected.	Dismissed.
Marion	John Westfield	Exposing ice cream cones without covers	Appealed.

All of these cases were arrests made at the State Fair.

COOKING WITH SORE HANDS: We thank a layman for helping us in our disease prevention work. The said layman gave us information concerning the cook at a certain cafeteria in Indianapolis. He says, "the cook has sores on his face and his fingers are raw to the second joint. It may be this is a case of syphilis." Promptly upon information an inspector was sent to look into the matter and sure enough found the cook who was a decided syphilitic. This man should have been quarantined, and isolated but there are no provisions for such work made by the law. He therefore was allowed to go to spread his disease at will. It is strange indeed that power cannot be secured to handle this awful social disease in the way it should be handled. If necessary we could afford to permit smallpox, leprosy and all the other diseases to go unhandled in order to have the proper control of the venereals.

HEALTH OFFICER KILLED: Dr. F. A. Rodebaugh, health officer at Garrett was murdered October 24 by an insane negro who attacked him with a hatchet. The negro came to Garrett, rented a room at a negro boarding house and locked himself in his room and stayed there. The matter was reported to Dr. Rodebaugh as health officer, who investigated the matter, accompanied by the city marshal Saxer. After some parleying through the closed door, the negro finally admitted Dr. Rodebaugh and the marshal. He refused to come down stairs and while Dr. Rodebaugh was still trying to persuade him, Marshal Saxer stepped into the hall, whereupon the negro fell upon Dr. Rodebaugh with a hatchet and hacked him to death, mutilating him fearfully. The negro, whose name was Dixon, then shot himself. Nothing is known in Garrett of Dixon or from whence he came.

THE ANTI-TUBERCULOSIS FIGHT is carried on with intelligence and energy by the Indiana Society for the Prevention of Tuberculosis. This year an auto truck carrying exhibit boards, moving picture films, literature, stereoptican slides, etc., traveled over the southern part of the state. The auto first went to Hancock county, and thence with a northern sweep through Madison, Randolph, and Delaware Counties started south following the eastern and southern borders of the state. The publicity for this exhibit was provided for in four ways as reported by the secretary:

1. Before the exhibit approached a town an attractive notice and cut were sent to the largest paper announcing its coming.
2. A large sign in colors announcing the exhibit, as well as the moving picture screen, was placed on the site of the "show" in the center of the city—often on the court house lawn—as soon as the exhibit entered the town.
3. With the help of small boys a dodger was placed in each house as well as a piece of literature dealing with tuberculosis prevention.
4. Frequently megaphone announcements were made as the machine was driven thru the streets about supper time when the men were at home. This, together with the story on the sides of the auto, clinched the argument for an evening with the movies.

On fair days the three by five foot illustrated boards of the exhibit were placed on the street or before the court house and among them the Exhibit Director, Mr. James Thom, with a microscope from the Indiana University School of Medicine, showed and explained "the bugs" to passerby.

In the evening after the crowd had gathered, moving pictures were shown with accompanying talks by Mr. Thom, some of the local officers of the society in the county in which the exhibit happened to be showing, Dr. Mitchell of the State Board of Health, who accompanied the exhibit much of the time before being called to military duty, or by the Executive Secretary of the State Society.

To sustain the interest of all a comic reel was used between the running of the educational films. Stereoptican slides were often used to illustrate a lecture. Literature was distributed and personal talks with those especially interested formed part of almost every night's exhibit.

HYGIENE AND PUBLIC HEALTH by Parkes and Kenwood. Sixth Edition. Published by Blakiston. Cloth \$1.00. This is decidedly an English book and is "printed in Eng-

land." Both authors are Fellows of the Royal Sanitary Institute and are well known hygiene teachers. There are fifteen chapters and 706 pages. Including the comprehensive index there are 775 pages. The book is well printed on good paper and well bound. The 89 illustrations are clear cut and well selected.

Chapter I. **WATER**, for an abridged treatise, satisfactorily disposes of the subject. A correction seems necessary where the statement is made that "steam boilers should be of wrought iron." All boilers are made of steel these days. The wrought iron boiler days have long since departed.

Chapter II. Deals with "*The Collection, Removal and Disposal of Excretal and other Refuse.*" This chapter is well written, but the reader who knows of the Kentucky Privy and the chemical closet, is pretty sure to think that had these been described and opinions given, the treatment of the subject would have been more complete.

The recent important studies of air and ventilation which show that temperature and motion are of greatest importance, are not mentioned. The "allowable percentage" of CO₂ is rather extendedly discussed, and the authors seem from their text to fear draughts.

THE CONTAGIA is the title of Chapter IX. The divisions of this Chapter are—*The Contagia* 344 pages; *Communicable Disease* 134 pages; and *The Investigation of Disease Outbreaks; Modern Views on Isolation and Disinfection; Carriers of Disease; Isolation of the Infectious Sick and Hospitals*, are the remaining divisions. It is a plainly written chapter, without insistence upon what Hill calls "The New Public Health."

Disinfection is treated in the usual way as if it were a serious matter and without reference to Chapin and his views.

Six editions surely means popularity for a book and those who become owners of this one will not be dissatisfied.

BIRTH RECORDS AN ASSET. It would be hard to exaggerate the importance to mothers of having complete legal records made of their baby's birth. A former citizen of the United States, now resident in a Canadian city, has suffered the loss of all his property and undergone financial ruin, because of the neglect of his parents and the physician attending at his birth to make legal record of the occurrence. He had a German name and was confronted in Canada with the necessity of proving his American citizenship. He sent a frantic appeal to the health officers of the town where he lived, asking for a transcript of his birth certificate, which would of course prove that he was a native born American. Had the doctor at the time of his birth registered the birth as the law commands, the situation would have been a simple one. But careful search of the records failed to reveal any such registration, and, as a result, he has been interned, for, the Canadians say they can trust only those in free citizenship who can give proper proofs of their birth and standing. Two young men are now interned in England because they cannot produce legal evidence that they were born in America. In a letter to the State Board of Health one of these young men gave his opinion in strong terms of the doctor who had failed to make legal record of his advent into the world. A mother who applied to the State Board of Health for a transcript of the birth certificate of her child to prove its legitimacy, broke down and cried bitterly when she was told that her physician had failed to make out a certificate of birth and see that a legal record was made. All the bitter words she poured out about that physician would hardly be fit for printing. She said—"I never dreamed I would be caught in such a predicament." The State Board of Health exhorts all

mothers to see to it that a legal record be made of the births of their children. If a physician or midwife in attendance at a birth fails to make out a birth certificate within thirty-six hours, their bill for services becomes invalid and they are liable to a fine of ten to fifty dollars. If any mothers who read this article fear that their baby's births were not legally recorded, they should write to the State Board of Health giving name and post office address of mother, date of birth of child, place of birth and name of attending physician. The State Board of Health sends a present to all first mothers if their baby's birth is duly recorded.

MAURICE F. BROL is employed by the Ford Motor Company at Minneapolis, Minnesota. He writes to the State Board of Health: "I am required to produce a birth certificate and would like a transcript of the record of my birth which is in your office." As Mr. Brol was born March 6, 1893, his certificate is not in our files and therefore a transcript cannot be given. This is another of the many instances we have to record showing the value of birth certificates. Every mother should see to it that the birth records of her children are accurately made.

FIRE DRILLS: The law requiring teachers of schools and educational institutions to have fire drills is working well. Many of the schools and colleges are entering into the spirit of the law with enthusiasm and care, and good results may be expected. Now, if the teachers will go still farther and carry out the splendid suggestion of the State Board of Health and require daily health drills, it will add much to the physical training so greatly needed by the younger generation. (Meadaryville Tour.)

CONNERSVILLE. They are doing things in Connersville. The public health is receiving the attention it deserves by the intelligent people of that city. A school physician has recently been appointed whose business it is to look after the health of the school children. Dr. R. H. Elliott has been elected to the position of school physician on a definite salary. The school physician at the Gary Schools is Dr. Otis B. Nesbit. The city of Gary has led all other cities in Indiana in this respect. The time is not far distant when the people will look back to the day when children were not safe-guarded as they should be against disease, and when medical inspection was not regularly made.

"SHE GAVE SATISFACTION" are the words of Dr. A. A. in regard to an unlicensed midwife in her town. Dr. A. A. who is a woman physician, further says—"A physician was engaged by Mrs. Adams to attend her in child birth. He called on her once and charged her \$1.00 for the visit, and finding them very poor and knowing they probably could not pay for attendance, refused to go when called. The unlicensed midwife in question attended and gave perfect satisfaction. In another case two physicians refused to go and the unlicensed midwife was sent for. The refusal was because of the poverty of the families. The midwife was called and gave excellent and satisfactory service." This certainly does not speak well for the physicians who were concerned. If they are practicing solely for the dollars, and have no feeling for

humanity, they are not true disciples of medicine. We presume it would be quite impossible to convict the unlicensed midwife who attends the poor for a pittance or for nothing when licensed physicians refuse to extend their services.

CALIFORNIA AT THIS TIME NEEDS SIX DISTRICT HEALTH OFFICERS, and must select them through state civil service examination. The salary is \$3,000 per annum, with all traveling expenses. The examination will be conducted by the U. S. Public Health Service, acting for the California State Civil Service Commission. The duties of the California district health officer are: to represent the State Board of Health in one of the six state health districts; to enforce all state health laws and all orders, rules and regulations of the State Board of Health; to cooperate with local health officers; and to perform such other duties as may be prescribed by the State Board of Health. The California law requires that all candidates for the position of District Health Officer must hold a degree in medicine, sanitary engineering or public health, and have had at least one year's experience in public health work. They must further be prepared to devote their entire time to the performance of the duties of the position and to refrain from any other occupation.

INFANT MORTALITY

During the last 10 years 20,000 infants under 5 years of age have died in Indiana. In areas inhabited by the well-to-do classes, the infantile mortality rate is less than in the homes of the poor. Some of this astonishing infantile mortality is due to ignorance among mothers, especially of the poorer classes, but most of it is probably due to the fact that the mothers who are poor in this world's goods, cannot give the time and attention to their children that should be given them. The facts we have lead to the conclusion that, breast feeding is more common among "poor" mothers. It is certainly true the well-to-do mother is commonly able to devote herself to her infant and have assistance if necessary. The "poor" mother is single-handed and must perform unaided all the duties of her household, including washing, cooking for her husband and self and very likely for several children. The well-to-do mother is commonly able to make sure that the milk for her infant is clean milk, and she is able to keep it stored in a satisfactory way, and prepared under the most cleanly conditions. On the otherhand, the "poor" mother is deprived of the best facilities for keeping milk, and also is more liable to buy impoverished or dirty milk. In a word, the "poor" mother is greatly handicapped at every stage in the cleanly preparation of her infant's food, and in giving her infant cleanly surroundings. If the well-to-do mother becomes ill, good medical and nursing assistance is at once available and the infant's welfare can be safe-guarded. On the other hand, if the "poor" mother is ill the best attendance and nursing cannot be secured, and the child usually must suffer with its mother. Of course, infants and nursing mothers are greatly influenced by their environment. The mother is the main element in the environment of the infant and if her environment and duties will not permit her to look after her infant as should be done, then, of course, both suffer. Her milk is liable to be impoverished or otherwise unwholesome. It goes without saying that the infant of the well-to-do mother is much less liable to suffer in either of these ways.

If the infant mortality of the poor is to be lowered, the state must take hold of the matter, otherwise the killing must continue. The state should secure medical advice and nursing assistance to the poor when needed. The physician, the sanitarian, the social visitor and the trained midwife must all be available to give the records and advice. All this will cost money, but it would be for the purpose of saving lives which now are lost because of a sin of omission.

JUDGE A. J. RODENBECK, justice of the Supreme Court of New York seems to be a "most righteous judge." The Rochester, N. Y., Health Bureau required a specimen of blood from all persons engaged in the production and handling of milk to be sold in that city. This was for the purpose of discovering typhoid fever carriers. One dealer refused to comply with the requirements and Justice Rodenbeck rendered his decision as follows:

"The health authorities of the city are not required to wait until an epidemic of typhoid has broken out before taking precaution against it, but in the exercise of a reasonable judgment may anticipate such a condition and may and should make all reasonable efforts to perform the duty imposed upon them by statute and to take all reasonable precautions to protect the public health before the emergency arises.

The degree of precautions necessary to protect and preserve the public health under normal conditions, in the absence of an emergency calling for extraordinary measures, is to be determined by circumstances, and each requirement must be passed upon in the light of the circumstances and conditions existing at the time of its adoption.

The requirement of a blood test as a condition for a license to sell milk in the city is a reasonable condition, since it imposes no serious inconvenience upon the applicant, and it is a matter of common belief that typhoid is a contagious disease and that such a test will reveal whether or not the person whose blood is examined has had typhoid and is a carrier of typhoid, and the transmission of this disease may thus be avoided by suitable precautions.

The requirement of a blood test is one of the conditions for a license. Among others is one resting in the sound discretion and good judgment of the commissioner of public safety in the absence of an ordinance of the common council limiting his authority, and is not subject to review by the courts where the requirement appeals to the courts as reasonable and just, necessary to protect the public health, and neither capricious, arbitrary or unjust."

IS THE CAUCASIAN PLAYING OUT?

The report of the Medical Reserve Corps of the U. S. Navy says that about 50 per cent of the applicants to enter the Naval Service are rejected because of physical defects. The report shows the first and commonest defect is defective vision. Fully 35 per cent of the total number of rejection are due to this cause. It is surprising that the majority of the men who are found to have defective vision were not aware that they did not see correctly. Men who are color-blind or who have even slight defective vision must be rejected from naval service. A man who cannot see rightly without the aid of glasses, cannot be used in the Navy. This is because glasses are subject to accident such as break-

ing, moisture condenses on them and the glare of bright sunshine is blinding. The ship and lives of all depend greatly upon the eyes of the men.

The second cause of rejection and one of the very greatest importance is—flat foot. It is surprising the number of men who are found to have broken-down arches. A man with flat foot is useless as far as active naval service is concerned for he is unable to perform his work aboard a ship where he is constantly on steel decks, and when ashore as a member of a land force he is unable to walk any great distance, and consequently will always be found among the stragglers. For entrance into the Navy very careful examination is made of the feet.

The third and next important cause for rejection is defective teeth. Twenty per cent of the rejections are for this cause. The minimum requirements are 20 sound teeth, of which there must be four opposing molars and four opposing incisors. A peculiar coincidence noticed by the examining surgeons is the fact that applicants who have defective teeth almost always show defective vision. This points to the possibility that a man with a mouth full of decayed teeth develops a poison which is in some way at least partially responsible for the condition of his eyes. Bad teeth are the cause of many ills, especially of the pains and aches and miserable feelings which are generally called "rheumatism." Men who have rheumatism are not fit for the Navy, and rheumatism patients are generally the victims of their own toxins.

It is to be noted that these three prominent causes for rejection for service in the U. S. Navy are preventable. The defects are generally acquired. Color blindness is another frequent cause for rejection. In the Navy a man must have perfect color perception. Sometimes it is not color blindness but color ignorance. It is certainly true that color ignorance should never occur and would not if proper instruction had been given in the school room.

To the question—Is the Caucasian Playing Out?—I would answer, no, but he is strangely neglectful of hygiene and the laws of his well-being. He certainly will presently see that vanity, apathy, self-indulgence and immoderation do not lead to health, strength and happiness.

STATE FAIR EXHIBIT.

The Indiana State Board of Health and the Indiana Society for the Prevention of Tuberculosis staged a monster exhibit on health at the State Fair, September 3d thru the 7th.

The following were interesting features of the exhibit:

A pure food department which demonstrated food conservation, distributed a pamphlet "Ten Lessons in Food Conservation" and took Hoover pledges;

A demonstration of the preparation of a bed for outdoor sleeping was prepared by the Marion County Society for the Prevention of Tuberculosis. Lectures were given at this booth almost continuously during the five days of the Fair by nurses. Directions for making the bed and other literature on the prevention of tuberculosis was distributed;

A wax model wearing the type of suit worn by children in open air schools was on display at the booth of the Marion County Tuberculosis Society;

A patent medicine booth exposing fake nostrums for various ills attracted much attention. Members of the staff of the State Board of Health talked from this booth frequently;

The fact that one baby in seven dies before reaching the age of two years was forcibly shown by a motion exhibit purchased for this State Fair "show" by the State Board of Health;

A weights and measures department of the State Board of Health;

A death gong belonging to the State Tuberculosis Society showing that one person dies from tuberculosis every 2½ minutes in the United States;

An exhibit from the State Board of Health Laboratory showing the methods by which that Department serves the people of the State;

A microscope loaned by the Indiana University School of Medicine was used to show the tubercle bacilli to those interested. Literature on tuberculosis was also distributed from this table;

A miniature paste board model of Healthwin, the tuberculosis sanatorium of St. Joseph County, was of great interest;

A general literature booth maintained by the State Board of Health distributed literature on all diseases;

A literature booth maintained by the Metropolitan Insurance Company distributed great quantities of educational literature and considerable literature on the care of the teeth and the relation of the teeth to health was distributed by the Indiana Dental Association;

The large front tent of the exhibit was 60' by 60' and all available space not used for special exhibits mentioned above was hung with charts, boards, etc., attractively presenting the truths of disease prevention;

A continuous motion picture performance in a smaller tent at the rear of the large tent was a most important part of the exhibit. The following persons gave lectures explaining and amplifying upon the moving pictures:

Dr. J. N. Hurty, State Board of Health.....	5 lectures
Dr. McKittrick, Indiana Dental Association.....	2 lectures
Mr. Renner, Modern Woodmen.....	8 lectures
Dr. Ada Schweitzer, State Board of Health.....	2 lectures
Dr. Wm. F. King, State Board of Health.....	3 lectures
Mr. Diggs, State Board of Health Water Dept.....	1 lecture
Miss Mary A. Meyers, Marion County Tuberculosis Society.....	2 lectures
Dr. Blake, Indiana Dental Association.....	2 lectures
Dr. Lucas, Indiana Dental Association.....	1 lecture
Dr. Larue, Indiana Dental Association.....	1 lecture
Dr. Batchfield, Indiana Dental Association.....	2 lectures
—	
Total number.....	29

The following motion picture films were shown:

- "The Awakening of John Bond"
- "In His Father's Footsteps"
- "The Lone Game"
- "Fighting Tuberculosis in Indiana"
- "The Value of a Life"
- "Toothache"
- "Baby Welfare Film"
- "Open Air School Reel"

The following circulars were distributed:

Tuberculosis.

- "What You Should Know About Tuberculosis"
- "Sitting and Sleeping in the Open Air"
- "Consumption Circular"
- "Direction for Sleeping Outdoors"
- "Dust and Disease"
- "Fresh Air Treatment"
- "Tuberculosis and Domestic Animals"
- "Tuberculosis and Christian Science"
- "How to Build an Open Air Shack"
- "What is Tuberculosis?"

- "If You Have Consumption"
- "Careful Consumptives Not Dangerous"

Food.

- "Ten Lessons in Food Conservation"
- "Hoover Pledges"
- "Weights and Measures of Foods"

Dental.

- "How Death Lurks in the Teeth"
- "Pyorrhoea"

Modern Woodmen Literature.

- "Modern Woodmen Sanatorium Pamphlet"

Miscellaneous.

- "Nervous and Mental Diseases in Relation to Public Health"
- "Health Conservation"
- "Do You Need Farm Help?"
- "The Value of a Life"
- "Sanitary Disposal of Sewage Without Sewers"
- "How to Live Long"
- "First Aid in the Home"
- "Medical Aspects of Open Air Schools"
- "How to Build and Equip an Open Air School"

The attendance at the exhibit totaled approximately 24,000 and the attendance at the motion picture performance in the rear tent approximately 6,000. The records for the days are shown below:

	No. at General Exhibit	No at Motion Picture Shows.
Monday.....	4,000	1,000
Tuesday.....	5,000	1,250
Wednesday.....	6,000	1,500
Thursday.....	7,000	1,750
Friday.....	2,000	500
	24,000	6,000

ANNOUNCEMENT. The Metropolitan Life Insurance Company invites physicians, public health and social workers to make use of its valuable collection of mortality statistics.

These statistics present the principal causes of death among white and colored wage-earners in the United States and Canada. The material covers over ten million individuals for each of the six years, 1911 to 1916. Death rates are available for each race, by sex and by age period.

The Company hopes in this way to aid in the study of disease and disability among wage-earners. It desires to stimulate medical investigation and research. By offering these statistics to the medical profession and to public health and social workers, the Company expresses also its appreciation of the cooperation which it has received from physicians and others who have replied to inquiries and have given detailed information in thousands of cases. This assistance has helped to make the statistics more accurate and valuable.

All inquiries should be addressed to Statistical Bureau, Metropolitan Life Insurance Company, One Madison Avenue, New York City.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM IMPORTANT CAUSES FOR SEPTEMBER, 1917.

NORTHERN SANITARY SECTION

Total population.....	1,009,364
Total deaths.....	1,099
Death rate per 1,000.....	13.3
Pulmonary Tuberculosis, rate per 100,000.....	69.3
Other forms of Tuberculosis, rate per 100,000.....	15.8
Typhoid Fever, rate per 100,000.....	34.0
Diphtheria and Croup, rate per 100,000.....	12.1
Scarlet Fever, rate per 100,000.....	4.8
Measles, rate per 100,000.....	1.2
Whooping Cough, rate per 100,000.....	7.2
Lobar and Broncho-Pneumonia, rate per 100,000.....	59.5
Diarrhoea and Enteritis (under 2 years), rate per 100,000.....	164.1
Cerebro-Spinal Fever, rate per 100,000.....	1.4
Acute Anterior Poliomyelitis, rate per 100,000.....	1.2
Influenza, rate per 100,000.....	4.8
Puerperal Septicemia, rate per 100,000.....	7.2
Cancer, rate per 100,000.....	83.9
External causes, rate per 100,000.....	124.0
Smallpox, rate per 100,000.....	.....

CENTRAL SANITARY SECTION

Total population.....	1,191,458
Total deaths.....	1,317
Death rate per 1,000.....	13.4
Pulmonary Tuberculosis, rate per 100,000.....	100.1
Other forms of Tuberculosis, rate per 100,000.....	17.3
Typhoid Fever, rate per 100,000.....	36.7
Diphtheria and Croup, rate per 100,000.....	13.5
Scarlet Fever, rate per 100,000.....	.....
Measles, rate per 100,000.....	9.1
Whooping Cough, rate per 100,000.....	.....
Lobar and Broncho-Pneumonia, rate per 100,000.....	43.9
Diarrhoea and Enteritis (under 2 years), rate per 100,000.....	133.8
Cerebro-Spinal Fever, rate per 100,000.....	3.0
Acute Anterior Poliomyelitis, rate per 100,000.....	.....
Influenza, rate per 100,000.....	2.0
Puerperal Septicemia, rate per 100,000.....	2.0
Cancer, rate per 100,000.....	90.9
External causes, rate per 100,000.....	101.1
Smallpox, rate per 100,000.....	.....

SOUTHERN SANITARY SECTION

Total population.....	688,793
Total deaths.....	637
Death rate per 1,000.....	11.2
Pulmonary Tuberculosis, rate per 100,000.....	107.7
Other forms of Tuberculosis, rate per 100,000.....	19.4
Typhoid Fever, rate per 100,000.....	51.2
Diphtheria and Croup, rate per 100,000.....	.....
Scarlet Fever, rate per 100,000.....	.....
Measles, rate per 100,000.....	.....
Whooping Cough, rate per 100,000.....	10.6
Lobar and Broncho-Pneumonia, rate per 100,000.....	24.7
Diarrhoea and Enteritis (under 2) rate per 100,000.....	118.3
Cerebro-Spinal Fever, rate per 100,000.....	.....
Acute Anterior Poliomyelitis, rate per 100,000.....	.....
Influenza, rate per 100,000.....	.....
Puerperal Septicemia, rate per 100,000.....	8.8
Cancer, rate per 100,000.....	77.7
External causes, rate per 100,000.....	75.9
Smallpox, rate per 100,000.....	.....

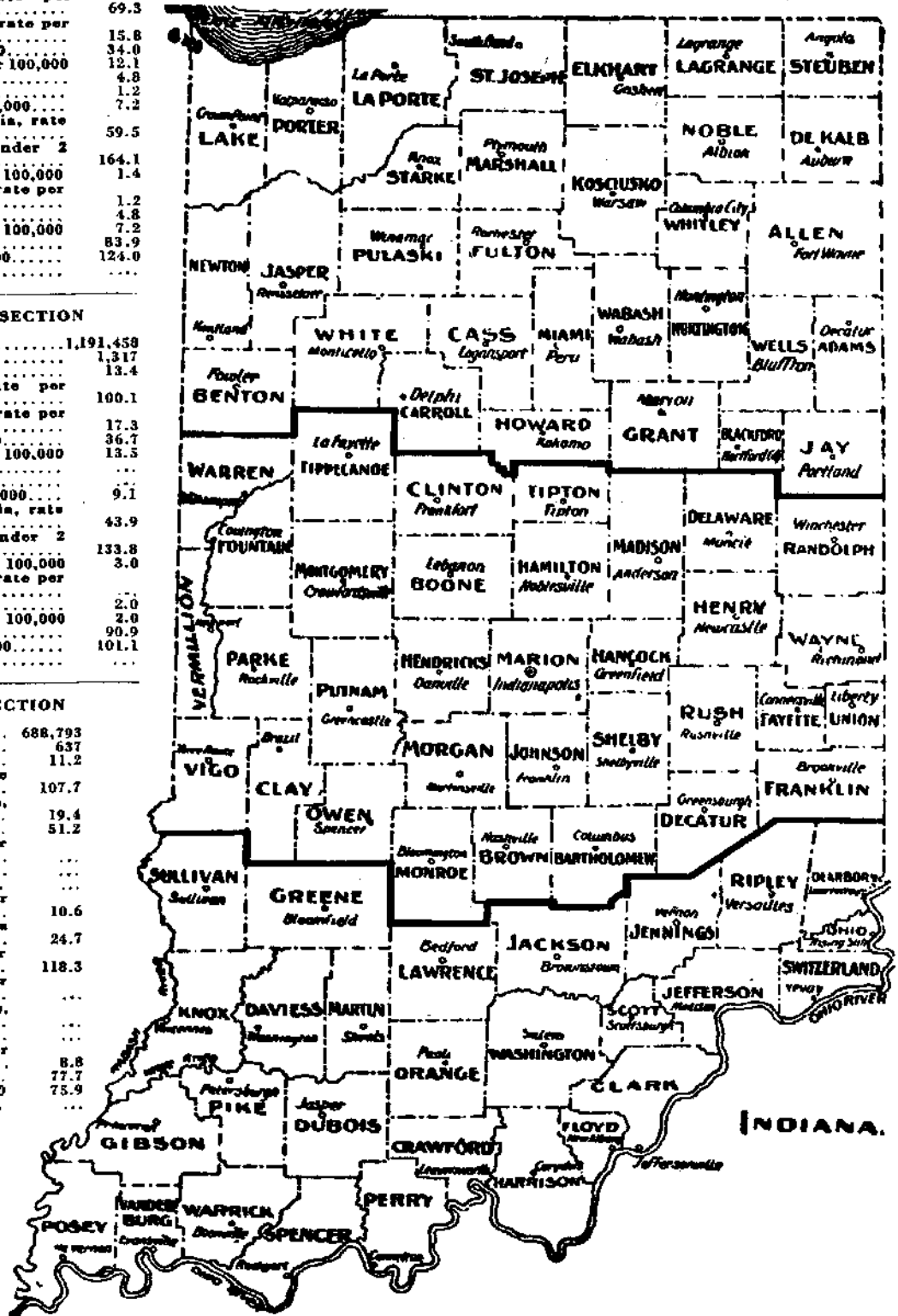


TABLE 1. Deaths in Indiana by Counties During the Month of September, 1917. (Stillbirths Excluded.)

STATE AND COUNTIES.	Population, Estimated 1917.	Total Deaths Reported for September, 1917.	Total Deaths Reported for August, 1917.	Total Deaths Reported for September, 1916.	Total Deaths Reported for the Year 1917 to Date.	Total Deaths Reported for the Year 1916 to Same Date.	Annual Death Rate per 1,000 Population.			Important Ages.						Death from Important Causes.																				
							September, 1917.	August, 1917.	September, 1916.	Rate for Year 1917 to Date.	Rate for Year 1916 to Same Date.	Under 1 Year.	1 to 4 Inclusive.	5 to 9 Inclusive.	10 to 14 Inclusive.	15 to 19 Inclusive.	65 Years and Over.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria and Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Lobar and Broncho-Pneumonia.	Diarrhea and Enteritis (under 2 years).	Cerebro-Spinal Fever.	Acute Anterior Poliomyelitis.	Tetanus.	Puerperal Septicemia.	Cancer.	External Causes.	Smallpox.	Deaths in Institutions.	Deaths of Non-Residents.	
							12	8	12	2	12	5	14	0	13	7	495	217	60	57	71	950	216	41	93	33	4	1	21	106	333	5	1	6	13	202	244		16
State of Indiana	2,889,615	3,053	2,989	2,935	30,443	29,171	12.8	12.1	12.5	14.0	13.7	495	217	60	57	71	950	216	41	93	33	4	1	21	106	333	5	1	6	13	202	244		16		
Northern Counties	1,009,364	1,099	995	1,056	10,516	10,289	13.3	13.1	16.2	9.3	8.3	204	86	24	23	306	57	13	28	10	4	1	6	49	135	2	1	4	6	69	102		32			
Adams	22,032	17	10	22	149	162	9.3	5.3	12.1	9.0	9.8	19	4	1	1	6	1	1	1	1	1	1	1	2	2								1			
Allen	104,672	102	97	967	932	10	6.1	5.1	11.4	12.2	12.2	19	8	4	4	20	8	1	1	2	1	1	1	2	8									9		
Benton	12,688	5	5	77	99	4	7.4	6.4	4.2	7.5	10	1	1	1	1	3	1	1	1	1	1	1	1	1	1											
Blackford	16,270	11	23	20	161	130	8.2	21.6	6.5	0.13	2.10	2	2	1	1	1	1	1	1	1	1	1	1	1	1											
Carroll	17,982	10	13	13	169	161	6.7	8.5	8.8	12.5	11.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1											
Cass	38,072	650	40	52	485	484	15.9	12.3	13.6	7.7	0.17	23	5	2	2	23	5	1	1	1	1	1	1	1	1											
DeKalb	25,504	30	27	24	256	236	14.3	11.2	11.1	0.13	4.12	2	2	2	2	12	2	1	1	1	1	1	1	1	1											
Elkhart	51,882	42	49	51	534	505	9.8	11.1	11.2	3.13	7.13	2	2	2	2	14	3	3	3	3	3	3	3	3	3											
Fulton	16,879	11	17	13	162	178	7.9	9.1	8.9	3.12	8.14	1	1	1	1	1	1	1	1	1	1	1	1	1	1											
Grant	52,638	661	63	75	629	729	14.9	14.0	17.7	4.15	9.18	15	10	10	10	24	10	5	5	5	5	5	5	5	5											
Howard	37,017	39	38	43	396	376	12.7	10.2	10.4	4.14	2.13	11	11	11	11	9	11	11	11	11	11	11	11	11	11											
Huntington	29,450	28	19	28	274	291	11.5	7.5	7.5	6.12	4.13	2	2	2	2	9	2	2	2	2	2	2	2	2	2											
Jasper	13,122	17	14	11	122	128	15.7	7.2	5.10	2.12	3.13	4	4	4	4	9	4	4	4	4	4	4	4	4	4											
Jay	25,159	23	18	29	242	249	11.1	8.4	10.12	8.13	2.12	3	3	3	3	9	3	3	3	3	3	3	3	3	3											
Kosciusko	28,200	24	25	39	234	279	10.3	10.4	16.8	11.15	2.12	17	17	17	17	17	17	17	17	17	17	17	17	17	17											
Lagrange	15,148	13	10	15	135	182	10.4	7.7	12.0	11.16	9.16	6	6	6	6	15	6	6	6	6	6	6	6	6	6											
Lake	118,865	184	92	151	1,699	1,533	18.9	9.9	11.6	9.0	17.1	62	30	6	8	3	14	6	1	4	1	1	22	56	2											
Laporte	49,928	58	60	50	511	524	14.0	14.1	11.2	4.13	6.14	14	8	1	1	9	14	2	2	2	2	2	2	2	2											
Marshall	24,283	24	21	22	248	222	12.0	10.1	11.1	0.13	6.12	14	14	14	14	15	14	14	14	14	14	14	14	14	14											
Miami	30,814	20	25	30	279	314	7.8	9.5	11.1	9.12	0.13	7	7	7	7	5	7	7	7	7	7	7	7	7	7											
Newton	10,534	6	8	4	109	83	6.9	8.8	8.8	4.6	13.7	1	1	1	1	4	1	1	1	1	1	1	1	1	1											
Porter	24,981	19	14	21	265	259	9.2	6.5	10.3	3.14	1.13	10	10	10	10	10	10	10	10	10	10	10	10	10	10											
Starke	13,312	15	13	13	112	117	13.7	11.1	11.1	9.11	2.11	1	1	1	1	4	1	1	1	1	1	1	1	1	1											
St. Joseph	99,284	111	103	116	1,150	984	13.3	12.1	11.4	6.13	6.13	27	27	27	27	30	27	27	27	27	27	27	27	27	27											
Wabash	26,962	24	21	17	237	218	10.8	9.1	7.6	11.7	7.10	4	4	4	4	12	4	4	4	4	4	4	4	4	4											
Wells	22,718	14	10	16	160	150	7.4	5.1	8.6	9.4	8.8	2	2	2	2	1	2	2	2	2	2	2	2	2	2											
White	17,638	11	13	14	159	156	7.5	8.6	9.6	12.0	11.8	3	3	3	3	3	3	3	3	3	3	3	3	3	3											
Whitley	17,174	13	13	13	145	140	9.2	8.2	9.2	11.2	10.9	1	1	1	1	3	1	1	1	1	1	1	1	1	1											
Central Counties	1,191,458	1,317	1,317	1,271	13,161	12,401	13.4	13.0	13.1	14.7	14.0	193	90	28	24	28	423	98	17	36	23	9	43	131	3	2	2	89	99							
Bartholomew	25,221	24	27	15	229	229	11.5	12.5	7.7	2.12	1.12	5	1	1	1	8	2	2	2	2	2	2	2	2	2											
Boone	25,273	26	27	22	251	242	12.5	12.5	10.6	6.13	2.12	8	8	8	8	13	8	8	8	8	8	8	8	8	8											
Brown	7,925	7	9	9	69	70	10.6	6.4	4.3	7.11	5.11	4	4	4	4	13	4	4	4	4	4	4	4	4	4											
Clay	33,523	25	24	28	254	282	9.0	8.4	10.2	2.10	1.13	1	1	1	1	7	1	1	1	1	1	1	1	1	1											
Clinton	27,592	23	28	30	272	275	10.1	7.6	13.3	3.13	1.13	2	2	2	2	7	2	2	2	2	2	2	2	2	2											
Decatur	19,021	13	22	19	199	194	8.3	13.6	12.1	1.13	9.13	10	4	1	3	14	4	4	4	4	4	4	4	4	4											
Delaware	53,250	63	67	65	536	509	14.3	14.1	8.14	9.13	9.13	10	4	1	3	14	10	5	5	5	5	5	5	5	5											
Fayette	14,963	18	17	16	188	175	14.6	13.3	13.1	1.16	7.15	5	5	5	5	14	5	5	5	5	5	5	5	5	5											
Fountain	20,703	13	24	15	184	214	7.6	13.3	8.8	11.8	8.13	1	1	1	1	6	1	1	1	1	1	1	1	1	1											
Franklin	15,335	10	10	11	145	158	7.9	7.7	8.8	11.8	8.13	4	4	4	4	6	4	4	4	4	4	4	4	4	4											
Hamilton	27,194	24	30	30	267	282	10.7	11.1	6.13	4.13	1.11	4	4	4	4	10	4	4	4	4	4	4	4	4	4											
Hancock	19,030	24	21	22	177	182	15.3	7.7																												

Mortality of Indiana for September, 1917. (Stillbirths Excluded.)

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL	Population Estimated 1917	Total Deaths Reported for September, 1917	Total Deaths Reported for August, 1917	Total Deaths Reported for September, 1916	Total Deaths Reported for the year 1917 to date.	Total Deaths Reported for the Year 1916 to same date.	Annual Death Rate per 1,000 Population					Important Ages											
							September, 1917	August, 1917	September, 1916	Rate for Year 1917 to date	Rate for Year 1916 to same date	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		65 and Over	
							Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
State.....	2,889,615	3,053	2,989	2,935	30,443	29,171	12.8	12.2	12.5	14.0	13.7	495	16.2	217	7.1	60	1.9	57	1.8	71	2.3	950	31.1
Northern Counties	1,009,364	1,099	995	1,056	10,516	10,281	13.8	11.6	13.9	13.6	13.6	204	18.5	86	7.8	24	2.1	23	2.0	23	2.0	306	27.8
Central Counties	1,191,458	1,317	1,317	1,271	13,161	12,440	13.4	13.0	13.4	14.0	14.0	193	14.0	90	6.7	24	1.9	24	1.9	28	2.1	428	33.1
Southern Counties	688,793	637	677	608	6,766	6,450	11.3	11.6	10.5	12.1	12.6	98	13.2	41	6.4	12	1.7	10	1.5	20	3.1	221	32.1
All Cities.....	1,337,022	1,558	1,629	1,593	15,770	14,891	14.1	14.3	13.8	15.7	15.1	291	18.7	125	8.0	36	2.5	43	2.7	36	2.3	388	24.9
Over 100,000.....	272,338	354	359	353	3,506	3,315	15.8	15.5	16.2	17.2	16.6	58	18.3	28	7.9	12	3.3	7	1.9	7	1.9	78	29.0
45,000 to 100,000.....	291,631	311	333	313	3,084	2,964	13.0	13.4	13.5	14.3	14.3	55	17.6	26	8.0	9	2.6	9	2.6	9	2.6	64	20.5
20,000 to 45,000.....	311,158	392	452	399	4,181	3,731	15.3	17.1	15.9	17.9	17.3	102	26.0	39	9.3	11	2.8	11	2.8	11	2.8	76	19.5
10,000 to 20,000.....	155,949	180	146	202	1,683	1,511	14.0	11.0	16.1	14.4	14.1	34	13.6	13	3.9	3	1.2	10	2.9	5	1.1	41	22.7
Under 10,000.....	306,546	321	339	326	3,316	3,261	12.7	13.0	13.1	14.4	14.3	42	13.0	26	6.1	12	3.0	15	4.8	9	2.8	129	40.1
Country.....	1,552,593	1,495	1,360	1,342	14,673	14,281	11.7	10.3	10.5	12.6	12.2	204	13.6	92	6.1	24	1.6	14	.9	35	2.3	562	37.5

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

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL	Pulmonary Tuberculosis		Other Forms Tuberculosis		Typhoid Fever		Diphtheria and Croup		Scarlet Fever		Measles		Whooping Cough		Lobar and Broncho-pneumonia		Diarrhea and Enteritis (Under 2 Years)		Cerebro-spinal Fever		Acute Anterior Poliomyelitis		Influenza		Puerperal Septicemia		Cancer		External Causes		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	Number	Death Rate	Number	Death Rate	Number	Death Rate		
	State.....	216	90.9	41	17.2	93	39.1	33	9.4	4	1.6	1	.4	21	8.8	106	44.6	333	140.2	5	2.1	1	.4	6	2.5	13	5.4	202	85.0	244	202.7	
Northern Counties..	57	69.3	13	15.8	28	34.0	10	12.1	4	4.8	1	1.2	8	7.2	49	59.5	135	164.1	2	1.4	1	1.2	4	4.8	6	7.2	69	83.9	102	124.0		
Central Counties....	98	100.1	17	17.4	36	36.7	23	13.5	.....	.....	.....	.....	9	9.4	43	43.9	131	133.3	3	3.0	.....	.....	2	2.0	8	8.0	89	90.9	95	101.1
Southern Counties..	61	107.7	11	19.4	29	51.2	.....	.....	.....	.....	.....	.....	10	16.3	14	24.7	67	118.3	.....	.....	.....	.....	.....	.....	5	8.8	44	77.7	43	75.9
All Cities.....	115	104.6	20	18.2	54	49.1	26	23.6	2	1.8	.....	.....	15	13.6	68	61.8	200	182.0	2	1.8	.....	.....	2	1.8	10	9.1	93	84.6	150	136.5
Over 100,000.....	34	151.9	3	13.4	9	40.2	16	71.5	.....	.....	.....	.....	5	22.3	18	80.4	39	174.2	1	4.4	.....	.....	.....	.....	2	93.3	34	151.9		
45,000 to 100,000.....	20	83.6	3	12.5	19	79.4	.....	.....	.....	.....	.....	.....	5	20.8	10	41.6	29	121.2	1	4.1	.....	.....	.....	.....	4	16.7	13	54.3	38	163.0
20,000 to 45,000.....	24	93.8	5	19.2	9	35.1	6	23.4	1	3.9	.....	.....	7	7.8	20	113.3	29	308.5	.....	.....	.....	.....	.....	.....	2	7.8	19	74.3	42	164.2
10,000 to 20,000.....	11	85.3	1	10.0	6	62.4	4	31.3	17	179.5	3	33.4	12	93.0	14	109.2	
Under 10,000.....	26	103.2	8	31.7	9	35.7	2	7.9	1	3.9	.....	.....	3	11.9	7	27.7	30	119.1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Country.....	101	79.1	121	16.4	39	30.5	7	5.4	2	1.5	1	.7	6	4.7	38	29.7	133	104.2	3	2.3	1	.7	4	3.1	3	2.3	109	85.4	94	73.6		

U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of September, 1917.

J. H. ARMINGTON, SECTION DIRECTOR, IN CLIMATOLOGICAL DIVISION

TEMPERATURE—IN DEGREES FAHRENHEIT

Section Average	Departure from the Normal	Extremes							
		Station		Highest	Date	Station		Lowest	Date
64.4	-2.6	Rome.....		95	6	Laporte.....		2.6	11

PRECIPITATION—IN INCHES AND HUNDREDTHS

Section Average	Departure from the Normal	Extremes				
		Station		Greatest Monthly Amount	Least Monthly Amount	
1.73	-1.80	Connersville.....		4.55	Tab.....	0.22