

5234 OFFICE OF INDIAN AFFAIRS. 1891  
Rec'd FEB 10

84-124  
Indian Training School, Carlisle, Pa.  
2/12  
Capt R. H. Pratt, 10th Cav., Supt

February 9th 1891

Forwarding Sanitary Report  
for January 1891.

RECEIVED  
MED. 7-2622  
JAN 10 1891  
INDIAN AFFAIRS  
CARLISLE, PA.

RECEIVED  
FEB 10 1891  
INDIAN AFFAIRS  
WASHINGTON, D. C.

inc

a

FILE  
Post

Report of this School, for the month of January, 1891.  
I have the honor to forward herewith Sanitary

Very respectfully,  
Yours obt. servt.

R. H. Pratt

Capt. 10th Cav., U.S.

Sgt. C.



INDIAN INDUSTRIAL SCHOOL,  
CARLISLE, PA.

February 9th, 1891.

To The Hon.,

Commr. of Indian Affairs,

Washington, D. C.

Sir:

I have the honor to forward herewith Sanitary  
Report of this School, for the month of January, 1891.

Very respectfully,

Your obt. servt.,

*R. H. Ball*

Capt. 10th Cav'y.,

Sup't.



5234

INDIAN OFFICE

1891.

Inclos (57-248) ✓

## MONTHLY SANITARY REPORT

OF

SICK AND WOUNDED

AT

Carlisle Pa

Indian Industrial School,

Month of

January, 1891

Forwarded by

C R Dixon M.D. Physician.

R H Pratt Capt. &amp; Supt.

RECEIVED AT

INDIAN OFFICE, WASHINGTON, D. C.

Month of \_\_\_\_\_, 1891

COMPILED

Month of \_\_\_\_\_, 1891

6-092

I CERTIFY that this report is correct to the best of my knowledge and belief.

Respectfully forwarded.

C R Dixon M.D.

Physician.

R H Pratt  
Capt. & Supt.



## UNITED STATES INDIAN SERVICE.

## MONTHLY SANITARY REPORT OF SICK AND WOUNDED

AT

Carlisle Indian Industrial School Agency for the month of *January*, 189*1*.

POPULATION: Male, .....; Female, .....; Total, .....

*D. H. Pratt*  
Capt & Supt Agent.

*C. P. Dizon M.D.*  
Physician.

| DISEASES.            | REMAINING UNDER TREATMENT FROM LAST REPORT. |    | TAKEN SICK OR WOUNDED DURING THE MONTH. |    |              |    |         |    |                            |    | DIED.                 |    |                        |    | TREATMENT DISCONTINUED. |    | RECOVERED. |    | REMAINING UNDER TREATMENT AT THE DATE OF THIS REPORT. |    |
|----------------------|---------------------------------------------|----|-----------------------------------------|----|--------------|----|---------|----|----------------------------|----|-----------------------|----|------------------------|----|-------------------------|----|------------|----|-------------------------------------------------------|----|
|                      |                                             |    | INDIANS.                                |    | HALF-BREEDS. |    | WHITES. |    | TOTAL TO BE ACCOUNTED FOR. |    | AGED OVER FIVE YEARS. |    | AGED UNDER FIVE YEARS. |    |                         |    |            |    |                                                       |    |
|                      | M.                                          | F. | M.                                      | F. | M.           | F. | M.      | F. |                            |    | M.                    | F. | M.                     | F. | M.                      | F. | M.         | F. | M.                                                    | F. |
| Remittent fever      |                                             |    | 4                                       | 2  |              |    |         |    | 4                          | 2  |                       |    |                        |    |                         |    | 4          | 2  |                                                       |    |
| Erysipelas           |                                             |    |                                         | 1  |              |    |         |    |                            | 1  |                       |    |                        |    |                         |    |            | 1  |                                                       |    |
| Chicken Pox          |                                             |    | 2                                       | 6  |              |    |         |    | 2                          | 6  |                       |    |                        |    |                         |    | 2          | 6  |                                                       |    |
| Toxinsilitis         | 1                                           |    |                                         |    |              |    |         |    | 1                          |    |                       |    |                        |    |                         |    | 1          |    |                                                       |    |
| Influenza            |                                             |    |                                         | 1  |              |    |         |    |                            | 1  |                       |    |                        |    |                         |    |            | 1  |                                                       |    |
| Anaemia              |                                             |    |                                         | 1  |              |    |         |    |                            | 1  |                       |    |                        |    |                         |    |            |    |                                                       | 1  |
| Consumption          |                                             | 1  | 3                                       | 1  |              |    |         |    | 3                          | 2  |                       |    |                        |    |                         |    |            |    | 3                                                     | 2  |
| Scrophula            | 1                                           |    |                                         | 1  |              |    |         |    | 1                          | 1  |                       |    |                        |    |                         |    |            |    | 1                                                     | 1  |
| Epilepsy             | 1                                           |    |                                         |    |              |    |         |    | 1                          |    |                       |    |                        |    |                         |    |            |    | 1                                                     |    |
| Conjunctivitis       | 3                                           | 5  | 6                                       | 16 |              |    |         |    | 9                          | 21 |                       |    |                        |    |                         |    | 4          | 4  | 5                                                     | 17 |
| Otorrhoea            | 1                                           |    |                                         |    |              |    |         |    | 1                          |    |                       |    |                        |    | 1                       |    |            |    |                                                       |    |
| Keratitis            |                                             |    |                                         | 2  |              |    |         |    | 2                          |    |                       |    |                        |    |                         |    |            |    | 2                                                     |    |
| Acute Bronchitis     |                                             | 4  |                                         |    |              |    |         |    |                            | 4  |                       |    |                        |    |                         |    |            | 4  |                                                       |    |
| Inflammation Lungs   | 4                                           |    | 8                                       | 4  |              |    |         |    | 12                         | 4  |                       |    |                        |    |                         |    | 11         | 1  | 1                                                     | 2  |
| Acute Indigestion    |                                             |    | 1                                       |    |              |    |         |    | 1                          |    |                       |    |                        |    |                         |    | 1          |    |                                                       |    |
| Incontinence Urine   |                                             | 2  |                                         |    |              |    |         |    |                            | 2  |                       |    |                        |    |                         |    |            |    |                                                       | 2  |
| Inflammation Bladder | 1                                           |    |                                         |    |              |    |         |    | 1                          |    |                       |    |                        |    | 1                       |    |            |    |                                                       |    |
| Ulcer                |                                             |    | 1                                       |    |              |    |         |    | 1                          |    |                       |    |                        |    |                         |    |            |    | 1                                                     |    |
| Fracture             | 2                                           |    | 1                                       |    |              |    |         |    | 3                          |    |                       |    |                        |    |                         |    | 3          |    |                                                       |    |
| TOTAL                | 14                                          | 12 | 28                                      | 33 |              |    |         |    | 42                         | 45 | 1                     |    |                        |    | 2                       |    | 26         | 19 | 14                                                    | 25 |



# BIRTHS, VACCINATED, ACCIDENTAL AND VIOLENT DEATHS.

|               | BIRTHS.  |              |         | VACCINATED.    |                  | ACCIDENTAL AND VIOLENT DEATHS. |          |           |             |
|---------------|----------|--------------|---------|----------------|------------------|--------------------------------|----------|-----------|-------------|
|               | INDIANS. | HALF-BREEDS. | WHITES. | SUCCESS-FULLY. | UNSUCCESS-FULLY. | HOMICIDE.                      | SUICIDE. | EXECUTED. | ACCIDENTAL. |
| Males .....   |          |              |         |                |                  |                                |          |           |             |
| Females ..... |          |              |         |                |                  |                                |          |           |             |
| TOTAL .....   |          |              |         |                |                  |                                |          |           |             |

## TAKE NOTICE.

The Physician will record in his "Record Book" all cases taken sick or wounded during the month. This shall constitute a basis for his Monthly Report, and the cases so entered will not be marked recovered nor dropped from report unless actually recovered of the disease from which suffering when so entered, but will be carried upon the register as remaining, and so reported in his monthly report. When a patient reported as taken sick of any disease, and still on sick report, dies during a subsequent month of another entirely distinct disease, the death will be entered in the proper column, opposite the name of the disease that was the cause of death; but no new case will be entered to correspond. In filling the first page of this report, enter in the tabular list the names of those diseases only of which there are cases to be reported as remaining from last month, or taken sick and wounded during the month. The nomenclature and order of the statistical nosology, Indian Office memorandum, being strictly observed, except when diseases occur which are not provided for by it. In such cases the physician must state under the head of "Remarks" his reasons for departing from the form. Enter opposite the name of each disease the number of cases remaining, taken sick, &c., using ordinary numerals. No arrangement is made on this blank for reporting secondary diseases or complications. Should these be in any case interesting, the facts are to be stated on the third page under the head of "Remarks." The physician is expected to make explanations, and communicate any matters of interest, such as relate to prevailing diseases, sanitary condition of the Indians, healthfulness of the location, peculiarities of the service, &c., and suggest any reforms or changes tending to improve this branch of the service. He will also report from time to time, and especially at the close of the months of March, June, September, and December, the progress made by the Indians in abandoning their own native "Medicine Men," and the increase of confidence in the practice of the agency physician, giving the relative proportion of these two classes. In these reports the physician should further state proportional number of Indians who seek his services of their own accord, and of those whom he seeks for treatment, what proportion he visits at their habitation, and what come to his office or dispensary; and what hospital accommodations there are, or ought to be, and to what extent the Indians would probably avail themselves of the benefits of a hospital. The physician will ascertain as accurately as possible the number of births each month. Violent and accidental deaths will be noted under the head of Remarks in full.



REMARKS AND PHYSICIAN'S SPECIAL REPORT.

