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OFFICE OF  
Indian Affairs,  
Rec'd JAN 6

1893

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Indian Industrial School

Carlisle Barracks, Pa.,

Capt. R. H. Pratt, 10th Cav., Supst.

Jan. 4, 1893

Forwarding Sanitary Report  
for December, 1892.  
1 inc.

MED. 7-427

FILE

Post



U. S. Indian School,  
Carlisle, Pa.

January 4, 1893.

To the Honorable,

The Commissioner of Indian Affairs,

Washington, D. C.

Sir:

I have the honor to transmit herewith Monthly Sanitary  
Report of this school for the month of December, 1892.

Very respectfully,

  
Capt. & Supt.

1 Enclosure.



INDIAN OFFICE,

1893

545 Inclos. No. /  
MONTHLY SANITARY REPORT

OF

SICK AND INJURED

AT *Carlisle Pa.*

*Indian Industrial School Agency.*

Month of *December*, 1892

*Dec 2/27*, 1892

I certify that I prepared the within sanitary report and that it is true and correct, to the best of my knowledge and belief.

*C. R. Dixon*

Physician.

Respectfully forwarded

*R. H. Pratt*  
*Capt. 10 Cav*  
*Supt.*

MED. 7  
427



UNITED STATES INDIAN SERVICE.

MONTHLY SANITARY REPORT OF SICK AND INJURED

AT *Leardisle Pa.*

*Indian Industrial School* Agency for the month of *December*, 189*2*

POPULATION: Male, ; Female, ; Total, ;

*R. H. Pratt*  
Capt & Supt Agency

*E. P. Dixon*  
Physician.

[Here enter only those diseases of which are cases—the nomenclature and order of the statistical nosology, Indian Office memorandum, being strictly observed.]

| DISEASES.                           | REMAINING UNDER TREATMENT FROM LAST REPORT. |    | TAKEN SICK OR INJURED DURING THE MONTH. |    |              |    |         |    | TOTAL TO BE ACCOUNTED FOR. |    | DIED.                 |    |                        |    | TREATMENT DISCONTINUED. |    | RECOVERED. |    | REMAINING UNDER TREATMENT AT THE DATE OF THIS REP'T. |    |   |   |
|-------------------------------------|---|----|---|----|--------------|----|---------|----|----------------------------|----|-----------------------|----|------------------------|----|-------------------------|----|------------|----|--|----|---|---|
|                                     | M.  | F. | INDIANS.                                |    | HALF-BREEDS. |    | WHITES. |    | M.                         | F. | AGED OVER FIVE YEARS. |    | AGED UNDER FIVE YEARS. |    | M.                      | F. | M.         | F. | M.   | F. |   |   |
|                                     |   |    | M.                                      | F. | M.           | F. | M.      | F. |                            |    | M.                    | F. | M.                     | F. |                         |    |            |    |  |    |   |   |
| <i>Tuberculosis Lymph</i>           | 1   | 4  |   |    |              |    |         |    | 1                          | 4  |                       |    |                        |    |                         |    |            |    | 1  | 1  | 3 |   |
| <i>" Cystic</i>                     |   |    |   |    | 1            | ✓  |         |    |                            | 1  |                       |    |                        |    |                         |    |            |    |  |    | 1 |   |
| <i>" Pulmonary</i>                  | 2   | 1  |   |    | 2            | ✓  |         |    | 2                          | 3  |                       |    |                        | ✓  |                         |    |            |    |  |    | 2 | 2 |
| <i>Erysipelas</i>                   |   |    | 1                                       |    | 2            | ✓  |         |    | 1                          | 2  |                       |    |                        |    |                         |    |            |    | 1  | 2  |   |   |
| <i>Remittent fever acute</i>        |   |    | 1                                       |    |              | ✓  |         |    | 1                          |    |                       |    |                        |    |                         |    |            |    | 1  |    |   |   |
| <i>Pharyngitis</i>                  |   |    | 8                                       |    | 3            | ✓  |         |    | 8                          | 3  |                       |    |                        |    |                         |    |            |    | 8  | 3  |   |   |
| <i>Urinary acute</i>                |   |    | 6                                       |    | 1            | ✓  |         |    | 6                          | 1  |                       |    |                        |    |                         |    |            |    | 6  | 1  |   |   |
| <i>Conjunctivitis</i>               |   |    |   |    |              |    |         |    |                            |    |                       |    |                        |    |                         |    |            |    |  |    |   |   |
| <i>  Catarrhal</i>                  | 3   |    |   |    | 3            | ✓  |         |    | 3                          | 3  |                       |    |                        |    |                         |    |            |    | 1  |    | 2 | 3 |
| <i>  Trachomatous</i>               | 2   |    |   |    |              |    |         |    |                            | 2  |                       |    |                        |    |                         |    |            |    |  |    | 2 |   |
| <i>Abscess External Meatus</i>      | 1   | 1  |   |    |              | ✓  |         |    | 1                          | 1  |                       |    |                        |    |                         |    |            |    |  | 1  | 1 |   |
| <i>Fracture Clavicle Simple</i>     |   |    |   |    |              |    |         |    | 1                          |    |                       |    |                        |    |                         |    |            |    | 1  |    |   |   |
| <i>Burn on arm</i>                  |   |    |   |    |              |    |         |    |                            |    |                       |    |                        |    |                         |    |            |    |  |    |   |   |
| <i>2 x 4 inches. Skin destroyed</i> |   |    | 1                                       |    |              | ✓  |         |    | 1                          |    |                       |    |                        |    |                         |    |            |    |  |    | 1 |   |
| TOTAL                               | 7   | 8  | 18                                      | 12 |              |    |         |    | 25                         | 20 | 1                     |    |                        |    |                         |    |            |    | 18   | 10 | 7 | 9 |

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## 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 .....   |          |              |         | 141            | 13               |                                |          |           |             |
| Females ..... |          |              |         | 90             | 17               |                                |          |           |             |
| Total.....    |          |              |         | 231            | 30               |                                |          |           |             |

### TAKE NOTICE.

The Physician will record in his "Record Book" all cases taken sick or injured 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, except when treatment has been discontinued for some cause, which must be explained under "Remarks." 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 injured 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, etc., 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, etc., 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.

The general health for the 1<sup>st</sup> half of the fiscal year has been very good. We have suffered from no epidemic and have had no exanthematic fevers to contend with. The prevailing throat troubles, we have not entirely escaped but the cases developed among us have proved very tractable. We have had to record but one death in the six months and that occurred upon the 31<sup>st</sup> of December, resulting from Pulmonary Consumption.

HOSPITAL RECORD for the Month ending *December*, 189*2*

| DATE OF ADMISSION TO HOSPITAL. | Patients in hospital at date of last report. |    | Admitted during month. |    | Total number treated in hospital. |    | Died. |    | Discharged. |    | Patients in hospital at date of this report. |    | Number of days of hospital treatment given. |
|--------------------------------|--|----|------------------------|----|-----------------------------------|----|-------|----|-------------|----|--|----|---|
|                                | M.   | F. | M.                     | F. | M.                                | F. | M.    | F. | M.          | F. | M.   | F. |   |
|                                | 7  | 8  | 18                     | 12 | 25                                | 20 | 1     |    | 18          | 10 | 7  | 9  | 544   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
|                                |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |
| Total                          |  |    |                        |    |                                   |    |       |    |             |    |  |    |   |

This record is to be furnished wherever regular hospitals are maintained at either agencies or schools.