

3888

OFFICE OF  
Indian Affairs  
Rec. JAN 16

1905

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Indian School, Carlisle, Pa.,  
Jan. 14, 1905.

Capt. W. A. Mercer,  
Supt.

Transmits quarterly sanitary  
report for 2d quarter, 1905.

\* \* \* \* \*

*W.A.M.*

File.

DEPARTMENT OF THE INTERIOR,  
INDIAN INDUSTRIAL SCHOOL,  
OFFICE OF SUPERINTENDENT.

CARLISLE, PA.

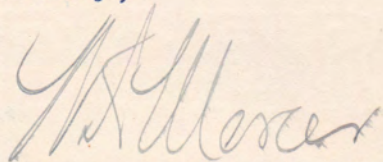
January 14, 1905.

To the Honorable,  
The Commissioner of Indian Affairs.

Sir:

I have the honor to transmit herewith Quarterly Sanitary  
Report of this school for the quarter ended December 31, 1904.

Very respectfully,



Captain 7th Cavalry,

Superintendent.

AES

3888

Indian Office,

Incl. No. of

1905

QUARTERLY SANITARY REPORT  
OF  
DISEASES AND INJURIES

TREATED AT

*Indian Industrial School,**CARLISLE, PA.**Agency,*

Quarter ending

*Dec. 31, 1904**Dec. 31, 1904*

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

*G. Phamaker*  
Physician.

Examined and respectfully forwarded.

*M. W. Moser*  
Agent.

*Capt. 7th Com. Supt.*

# UNITED STATES INDIAN SERVICE.

## QUARTERLY SANITARY REPORT OF SICK AND INJURED

AT

Carlisle Indian Industrial <sup>School</sup> Agency for the Quarter ending Dec 31, 1904.

POPULATION: Male, 531; Female, 411; Total, 942.

Capt. H. A. Mercer  
7th Cav. Supt. Agent.

J. J. Shoemaker  
Physician.

CLASS.	ORDER.	[N. B.—Here enter only those diseases of which are cases that have been attended by the Physicians—the nomenclature and order of the statistical nosology, issued by the Indian Office, being strictly observed. When additional pages are required, the extra half sheets (5-248 b) are to be used.]	REMAINING UNDER TREATMENT FROM LAST REPORT.		TAKEN SICK OR INJURED DURING THE QUARTER.								TOTAL TO BE ACCOUNTED FOR.		DIED.				TREATMENT DISCONTINUED.		RECOVERED.		REMAINING UNDER TREATMENT AT THE DATE OF THIS REP'T.			
					INDIANS.		HALF-BREEDS.		WHITE.		AGED OVER FIVE YEARS.				AGED UNDER FIVE YEARS.											
					M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.							M.	F.
I	I	Influenza - La Grippe			8	9					8	9							6	8	2	1				
"	"	Scarlet fever - anginal			1						1											1				
"	"	Tuberculosis - lymphatic			1	3					1	3						2	1				1			
"	"	do osseous			1						1									1						
"	"	do pulmonary			3	2					4	2						4	1				1			
"	II	Erysipelas				1					1												1			
"	III	Scarlet fever - acute				1					1												1			
"	IV	Intermittent fever - tert.									1												1			
"	"	Remittent				1					1												1			
II	I	Arthritis				4					4												4			
"	II	Fibroma - of eyelid				1					1												1			
III	I	Chorea				2					2												2			
"	"	Headache	1		1	8					2	8											2	8		
"	"	Neuralgia - facial			1	1					1	1											1	1		
"	II	Asthma - functional				1					1	1						1	1							
"	"	Bronchitis - acute	1		7	4					7	5											7	5		
"	"	Epistaxis				1					1													1		
"	"	Rhinitis				1					1													1		
"	"	Congestion - pulmonary				1					1													1		
"	IV	Sub-B. Agammaglobulinemia - Congestive				2					2													2		
"	V	Dyspepsia - A. Indigestion	1		5	4					5	5												5	5	
"	"	Diarrhoea - A. Toxicities			15	12					15	12												15	12	
IV	I	Eczema - vesicular	1		2						2	1												1	1	1
"	"	Herpetic			1						1													1		
"	"	Scabies	1		1	2					2	2												2	2	
"	II	Conjunctivitis - catarrhal			3	3					3	3												3	3	
"	"	Ulcer - corneal				1					1														1	
"	III	Inflammation of Middle Ear				4					4														2	2
"	"	Tinnitus				1					1														1	
V	I	Sec. A. Dislocation of head of humerus			1						1														1	
"	"	" " Fracture of Acromion process of humerus			1						1														1	
"	"	" " Sprain of neck			2						2														2	
"	"	" " Sprain of back			1						1														1	
"	"	" " Abscess of eyelid			1						1														1	
"	"	" " " " Hot	1		2						3														3	
"	"	" " " " Vanilla			2						2														2	
"	"	" " " " Hot			1						1														1	
"	"	" " " " Face	1								1														1	
"	"	" " " " Hot neck				1					1														1	
"	"	" " " " Drained wound of head			1						1														1	
TOTAL			7	3	62	71					69	74							5	4	59	65	5	5		

## BIRTHS, VACCINATED, ACCIDENTAL AND VIOLENT DEATHS.

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

## SPECIAL NOTICE.

While responsible to the agent or superintendent, the physician will have charge of the health and sanitary condition of the Indians, the agency or reservation, and all sanitary matters connected with a school.

All Indians and all agency and Government school employees, and such members of their families as may be resident on the reservation, are entitled to the services of the physician, and it is his duty to furnish them such medical and surgical aid as may be needed.

A permanent record, known as the sanitary record, must be kept by the physician in a book provided by the Indian Office for that purpose. In it he should enter the name of every person treated for sickness or injury, nature of the disease or disability, length of time under treatment, and the manner of the termination of the case. In this book the physician should keep as accurate a record as possible of all births and deaths among the Indians, whether he personally attended the case or not. The cause of death, if known, should be stated. Good judgment must be exercised in entering cases in the sanitary record. Trivial cases encumber the record, and do not conduce to intelligent, concise, and reliable information as to the hygienic or sanitary condition of those who are under the physician's care. The Indian sanitary statistics should be full, accurate, and absolutely reliable. The physician should be certain of the correctness of his diagnosis before reporting a case, and great care is to be taken in reporting as "recovered" cases of chronic or constitutional disease, or such as are in their nature incurable. Where such report is made an explanation must accompany it. When the microscope or chemistry has been employed in order to determine a diagnosis, the important facts in connection with the examination should be given. In entering a case, the name of the primary disease is to be given, and after or under it, that of the variation, if any, or its special anatomical location. The name of a symptom must not be entered as that of the primary disease when the cause of the affection is known. When a patient's name has been recorded and the disease or disability noted, the case must not be marked recovered, nor is it to be dropped from the record unless the patient actually recovers or dies; it must be carried as remaining under treatment. If, however, treatment is discontinued for any other cause than recovery or death, such cause is to be noted on the record, and an explanation made on the sanitary report for that quarter under "Remarks." Should a patient, while under treatment, die of an intercurrent but entirely distinct disease from that first noted, the death will be entered in the column opposite the name of the disease causing death, but no new case will be entered. A statement of the fact must accompany the sanitary report for the corresponding quarter.

From the data contained in the sanitary record, quarterly reports must be made to the Indian Office, through the agent or school superintendent, upon this blank, showing the number of cases and the nature of the diseases or injuries treated. These reports must be neat, legible, and all the footings correct. All cases appearing as treated must be properly accounted for, and cases remaining under treatment at the end of each quarter must be properly carried forward to the report for the succeeding quarter. Enter in the proper columns opposite the name of each disease the number of cases remaining, taken sick, etc., in ordinary numerals. A duplicate of each quarterly report is to be prepared for and retained by the agent or superintendent.

A separate quarterly sanitary report must be made for each Government boarding school at an agency, and cases of disease or injury that have been treated among the pupils or employees of such school are not to be enumerated with those on the report for the agency. In making up the sanitary record and the quarterly sanitary reports the "Nomenclature of Disease and Nosology," published by the Indian Office, must be strictly followed. Should a disease occur which does not appear in such nomenclature, that adopted by the United States Army, Navy, and Marine-Hospital Service may be used, and the important facts in connection with the case, if any, be noted under "Remarks." At an agency or school where a regular hospital is maintained the physician will have immediate supervision of such hospital and all buildings connected therewith, and he will see that both buildings and premises are kept in good sanitary condition. The physician at such agency or school shall prescribe the general régime of the hospital, give instructions in the treatment and care of all cases, and decide upon the admission and dismissal of patients. Every precaution practicable must be taken to guard

against the destruction by fire of medical property and buildings under the charge of the physician, especially hospitals. In connection with the sanitary report, AT THE END OF EACH QUARTER, the physician must note the progress the Indians are making in abandoning medicine men and adopting rational medical methods, the proportional number of Indians who seek his service and those whom he seeks for treatment, what proportion he visits at their homes, and what proportion come to his office or dispensary. The prevalence of venereal diseases among the Indians is a matter of great importance, and physicians are expected to use all means at their command to modify and abate the same. The physician's quarterly reports should note whether such disorders are increasing or decreasing. Employees or other white persons having any form of venereal disease must not be allowed to remain at an agency or school, and when such case comes to the knowledge of the physician he must report the fact, through the agent or superintendent, to this office.

The physician will not only treat Indians in his office, but will also visit them in their homes, and will do all in his power to give needed treatment and care to the sick. He will be governed by the highest code of professional conduct, give prompt attention to all calls for his service, impress upon his patients and their attendants the importance of the careful and regular administration of medicine and food, and instruct them in proper methods of nursing. He will also endeavor to improve sanitary and hygienic conditions generally and instruct the Indians how to do so. He should do his best, with tact and firmness, to induce the Indians to discard the practices of their native medicine men and to substitute civilized treatment for superstitions and barbarous rites and customs. The physician should give special attention to the condition of agency and school buildings and grounds, and report immediately to the agent or superintendent any defects in sewerage, heating, or ventilation of apartments, and any condition of grounds or water supply which endangers the health of Indians or employees. A thorough inspection of all matters affecting the health of the Indians or employees should be made at least once in each month, and more frequently if necessary. The physicians must promptly report to this office, through the proper channels, all facts that may come to their knowledge concerning the outbreak or spread of scarlet fever, diphtheria, smallpox, or other epidemic diseases at or near an agency or school. Upon the outbreak of epidemic smallpox the physician should, as far as possible, vaccinate all Indians and employees who, in his judgment, require it. Any person at an agency or boarding school found attacked by a contagious disease should be immediately isolated, and a rigid quarantine be established and maintained until the disease is completely under control and all probability of its further spread has ceased. Buildings occupied by persons suffering from a contagious disease should, after being vacated by the patients, be immediately destroyed by fire, or thoroughly disinfected by fumigation and scrubbing before being used for any other purpose. Infected clothing and bedding should be burned or completely disinfected by dry heat, prolonged boiling, or other equally efficacious method.

In addition to his professional duties a school physician shall give the pupils at Government boarding schools appropriate talks, at least as often as once a week, on the elementary principles of physiology and hygiene, explaining particularly the necessity for proper habits in eating and drinking, cleanliness, ventilation, and other hygienic conditions; the derangements resulting from the use of alcohol and tobacco; the correct manner in treating emergency cases, such as hemorrhage, fainting, drowning, and sunstroke. Classes of the most advanced and intelligent pupils should be instructed in regard to nursing and care of the sick, administering medicine, preparing food for invalids, and other points of like character. In the absence of a school physician these duties will devolve upon the agency physician as far as practicable. Talks as above outlined need not be given by him oftener than once a month. The physician shall thoroughly examine pupils proposed for transfer to another school, and when requested to do so, he shall examine Indian children previous to their being admitted to reservation schools to ascertain whether they have any form of incurable, infectious, or inoculative disease that might affect other pupils or be seriously aggravated by the confinement incident to school work. If by negligence the physician certifies to the soundness of those who are found on subsequent examination to have been unsound, he will be held responsible.

REMARKS AND PHYSICIAN'S SPECIAL REPORT.

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Lined area for writing remarks and special report.

# HOSPITAL RECORD for the quarter ending *Dec. 31*, 190*4*.

DATE OF ADMISSION TO HOSPITAL.	Patients in hospital at date of last report.		Admitted during quarter.		Total number treated in hospital.		Died.		Discharged.		Patients in hospital at date of this report.		Number of days of hospital treatment given during the quarter.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	<i>7</i>	<i>3</i>	<i>62</i>	<i>71</i>	<i>69</i>	<i>74</i>			<i>64</i>	<i>69</i>	<i>5</i>	<i>5</i>	<i>730</i>
TOTAL.....	<i>7</i>	<i>3</i>	<i>62</i>	<i>71</i>	<i>69</i>	<i>74</i>			<i>64</i>	<i>69</i>	<i>5</i>	<i>5</i>	<i>730</i>

This record is to be furnished wherever regular hospitals are maintained at either agencies or schools, and the date of admission of each patient must be given.