

INDIAN OFFICE.

FILES.

CAUTION!

Positively no papers to be added to or taken from this file, except by an employee of the Mails and Files Division.

By order of

E. B. MERITT,

Asst. Commissioner.

6-4345

1137609

CARLISLE

File No.

150



11376

11 m

Original Report
of
Medical Supervisor Murphy
on
Health Conditions
at Carlisle. — 150

(The duplicate report requested by the Office is being forwarded personally by Supervisor Newton.)

11876



DEPARTMENT OF THE INTERIOR,

Subject:

UNITED STATES INDIAN SERVICE,

Submitting the
report of
Med. Sup. Murphy
on Health conditions
at Carlisle.

U. S. Indian Industrial School,

Phoenix, Ariz., Feb. 5, 1909.

The Hon. Commissioner of Indian Affairs,
Washington, D.C.

Sir:

In accordance with instructions given me November 21, 1908, to investigate tubercular and other conditions at Carlisle Indian School along the same general lines as those followed at Haskell Institute, I have the honor to advise you that the investigation is completed and submit the enclosed report.

The report consists of the following named sections and exhibits:

Section I.. The Investigation.
Plan of the Investigation.

Section II. The Physical Condition of the Pupils.
Health Conditions in General.
Eyesight and Eye Diseases.
Enlarged Thyroids.
Heart Lesions.

Section III. Tuberculosis Conditions at Carlisle.
Class 1.
Recommendations as to Class 1.
Class 2.
Recommendations as to Class 2.
Tuberculosis Treated in the Hospital during the Year.
Glandular Tuberculosis.
Experimental Treatment of Tuberculosis Cases at Carlisle.
The Erection of Sleeping Porches.

cc-Inst

2. Commissioner Indian Affairs.

Section IV. Sanitary Condition of Buildings at Carlisle.
The Dormitories.
Recommendations in regard to Dormitories.
The Dairy Barn.
The Guard House.
Recommendations as to the Guard House.

Section V. Personal.

Sec 1 Exhibit 1. Family History Classified according to Tribes.
Sec 2 { Exhibit 2. Physical Condition of Girls at Carlisle.
Exhibit 3. Physical Condition of Boys at Carlisle.
Sec 3 { Exhibit 4. Class 1. (Tubercular Pupils)
Exhibit 5. Class 2. (Suspected Pupils)
Exhibit 6. Plans of Sleeping Porches at Carlisle. (To be
forwarded by Supt. Friedman).

The investigation was completed December 27, 1908, but the preparation of the report has been done at odd moments as time permitted throughout the examination here at the Phoenix School.

Very respectfully,

Joseph A. Murphy

Medical Supervisor.

DEPARTMENT OF THE INTERIOR,

Subject:

UNITED STATES INDIAN SERVICE,

Submitting the
report of
Med. Sup. Murphy
on Health conditions
at Carlisle.

U. S. Indian Industrial School,

Phoenix, Ariz., Feb. 5, 1909.

The Hon. Commissioner of Indian Affairs,
Washington, D.C.

Sir:

In accordance with instructions given me November 21, 1908, to investigate tubercular and other conditions at Carlisle Indian School along the same general lines as those followed at Haskell Institute, I have the honor to advise you that the investigation is completed and submit the enclosed report.

The report consists of the following named sections and exhibits:

- Section II. The Investigation.
 - Plan of the investigation.
- Section II. The Physical Condition of the Pupils.
 - Health Conditions in General.
 - Eyesight and Eye Diseases.
 - Enlarged Thyroids.
 - Heart Lesions.
- Section III. Tuberculosis Conditions at Carlisle.
 - Class 1.
 - Recommendations as to Class 1.
 - Class 2.
 - Recommendations as to Class 2.
 - Tuberculosis Treated in the Hospital during the Year.
 - Glandular Tuberculosis.
 - Experimental Treatment of Tuberculosis Cases at Carlisle.
 - The Erection of Sleeping Porches.

2. Commissioner Indian Affairs.

Section IV. Sanitary Condition of Buildings at Carlisle.
The Dormitories.
Recommendations in regard to Dormitories.
The Dairy Barn.
The Guard House.
Recommendations as to the Guard House.

Section V. Personal.

Exhibit 1. Family History Classified according to Tribes.
Exhibit 2. Physical Condition of Girls at Carlisle.
Exhibit 3. Physical Condition of Boys at Carlisle.
Exhibit 4. Class 1. (Tubercular Pupils)
Exhibit 5. Class 2. (Suspected Pupils)
Exhibit 6. Plans of Sleeping Porches at Carlisle. (To be
forwarded by Supt. Friedman).

The investigation was completed December 27, 1908, but the preparation of the report has been done at odd moments as time permitted throughout the examination here at the Phoenix School.

Very respectfully,

Joseph A. Murphy,

Medical Supervisor.

Report of
Med. Sup. Murphy
on Health conditions
at Carlisle.
Jan. 1, 1909.

Section 1.

The Investigation.

On account of the outing system in force at Carlisle, the entire enrollment could not be examined, but all those present in the school, consisting of 675 pupils, 431 boys and 244 girls, were given a careful and thorough physical examination, the findings being recorded on Physical Examination Cards intended for a permanent record to be filed in an alphabetical index, and to be the starting of a card index system for the recording of the physical condition of all pupils entering the school, leaving to go out onto the outing system, or returning from leave.

Plan of the Investigation.

In accordance with instructions, the plan of investigation was practically the same as that previously followed, namely: physical examination of pupils, tuberculin tests, and investigation of the sanitary condition of the buildings and grounds.

The greater part of the time was taken up with the physical examination of the pupils. Since each pupil must receive individual study, the work is exacting, and it requires fresh concentration of attention for the detection of the very slight changes in the lungs which mark the incipient stage of tuberculosis.

Following the physical examination the doubtful cases were tested with tuberculin, the Detre cutaneous differential diagnostic tests being used. It was the intention to use the Calmette ophthalmic

reaction but Christmas being at hand it was deemed inadvisable since a positive reaction causes a transitory inflammatory condition in the eye. It is the intention of Dr. Shoemaker to try this test on some of those who were tested with the cutaneous reaction.

Inspections of the dormitories and other buildings were made throughout the course of the investigation. Dr. Shoemaker and Mr. Friedman were consulted in regard to the erection of suitable quarters for the isolation and care of tubercular cases arising in the school, and there has been some correspondence between myself and Supervisor Newton on the subject. Reference will be made to this in a separate section.

An epidemic of measles in which eighty-five pupils, 12½ per cent of the school, were infected, prevailing during the course of the examination, and the presence of seven cases of smallpox, rendering the re-vaccination of a large number of pupils advisable, interfered somewhat with the otherwise smooth course of the examinations. The hospital was found entirely inadequate for the accomodation of the large number of cases of measles so they were isolated as well as possible in a section of the girls' dormitory and the athletic quarters.

Joseph A. Murphy.
Medical Supervisor.

Exhibit 1. Family history
classified according to tribes.

Family History
Classified
According to Tribes.

Exhibit No. 1.

FAMILY HISTORY CLASSIFIED ACCORDING TO TRIBES.

	<u>Tubercular</u>	<u>Good</u>	<u>Negative</u>	<u>Total</u>
Alaskan			7	7
Aleut	1			1
Apache				
Arapahoe	1		2	3
Arickaree	1		1	2
Assinaboine	1		1	2
Bannock			2	2
Brothertown			1	1
Caddo		1	7	8
Catawba	2			2
Cayuga	1		7	8
Cayuse			1	1
Cherokee	2	4	20	26
Chesto			2	2
Cheyenne	1	6	11	18
Chickema			1	1
Chippewa	16	13	48	77
Chittenack				
Chittemache			7	7
Choctaw	1			1
Colville		2	3	5
Comanche			1	1
Concow	1			1
Couer d' Alene			1	1
Crow		4	4	8
Dakota			1	1
Delaware		1	3	4
Digger	2		1	3
Gros Ventre	7	2	2	11
Hopi		1	7	8
Hoopa		1		1
Klamath	7	1	7	15
Lapan			1	1
Layuga	1			1
Little Lake	1	2		3
Lummi	1			1
Mandan		1		1
Mashpee			1	1
Menominee	5	3	1	9
Miami			1	1
Mission	2	1	3	6
Mohawk	7	10	32	49
Munsee			1	1
Narragansett	1			1
Navajo	1		3	4
Nez Perce	8	6	16	30

	<u>Tubercular</u>	<u>Good</u>	<u>Negative</u>	<u>Total</u>
Nomelacki	1	2		3
Nooksack		2	1	3
Omaha	1	3	3	7
Oneida	3	2	22	27
Onondaga	1	1	16	18
Onsit	1			1
Osage		1		1
Ottawa			3	3
Pawnee	6	2	7	15
Penobscott	1	2		3
Peoria	2			2
Pequot			1	1
Phillipine		1		1
Piegan	1	1	4	6
Piute	1		3	4
Pima		1	1	2
Pitt River			1	1
Pokanoket	1	1	2	4
Ponca	1		2	3
Pottowatomie	1	1	1	3
Pueblo	1	3	15	19
Sac & Fox	6	2	3	11
San Poil	1			1
Seneca	15	12	37	64
Serrano			1	1
Shoshoni	6	4	6	16
Sioux	16	9	30	55
South Sea	1		1	2
Stockbridge	2			2
Tuscarora	1	2	8	11
Umatilla			2	2
Umpqua			1	1
Ute		3	1	4
Wampanog			1	1
Washoe			1	1
Wichita	4	2	9	15
Wishoe		1		1
Winnebago	1	2	4	7
Wyandotte			2	2
Yuma	1		3	4

Report of
Med. Supl. Murphy
on Health conditions
at Carlisle.
Jan. 1, 1909.

Section 2. The Physical Condition of the Pupils.

Health Conditions in General.

The physical condition of the majority of pupils enrolled at Carlisle is excellent. There are a number of reasons for this. Great care is taken in the selection of the more desirable pupils, and the rejection of unhealthy ones. This shows not only in the record of physical examination passed by the pupils themselves, but in the record of the health conditions in the homes from which they come. In the accompanying chart, exhibit 1, showing the family history of the pupils classified according to tribes, analysis of the figures shows that of the 665 pupils counted, only 147, or 22.1 per cent came from homes in which, according to their own statement, there was tuberculosis, 119, or 17.8 per cent, belonged to families all the members of which were living and in good health, while 400, or 60.1 per cent, came from families in which the pupils knew of no tubercular conditions, but in which deaths had occurred from causes more or less known, and since some of these deaths may have been tubercular, they were classed as negative. These figures show, however, that as far as the statements of the pupils can be relied upon, nearly four-fifths of the school came from non-tubercular homes. This is somewhat in contrast with the percentage of tubercular family history at Haskell Institute, which was obtained in the same way and gave a percentage of 37.5 per cent as against 22.1 per cent at Carlisle.

After admission to Carlisle the pupils enjoy a number of advantages in the interest of their health which undoubtedly help to

maintain a high standard and which are not such marked features at other schools. These are the outing system; the compulsory course in calisthenics and physical culture by both sexes under a physical director; the incentive to outdoor exercises and games furnished by good foot-ball fields, tennis courts, baseball cage, bowling alleys, ice skating ponds, well equipped gymnasium, and a good trainer and victorious athletic teams; the dormitory system tending toward rooms for small groups rather than large numbers; good food, on which the maximum amount of money is spent (the earnings of the Athletic Association by increasing the amount received from the government allows more liberality here), a fairly healthful climate; good water; medical attention by a competent and conscientious resident physician whose entire time is used in the care of the health of the pupils; and the active interest of the superintendent and the faculty in the matter of health and sanitation.

The outing system as practiced here is of distinct benefit to those pupils who have any tubercular tendencies. It takes them away from dormitory rooms to individual rooms, gives them a change of food, and relief from the routine and sometimes trying school work. It frequently puts them into the open air of the country and affords a relief to those who are not standing the strain of school work competition.

Eyesight and Eye Diseases.

In the course of the examination each pupil's eyesight was tested by the use of a simple test card on which were printed letters of various standard sizes which should be read by the normal eye at given distances. The record of the pupils' eyesight was recorded

by the use of a fraction, the numerator indicating the distance from which the card is actually read, and the denominator the distance from which it should be read. The minus sign (-) was placed after the fraction in cases where a part of the letters were read correctly.

The following is the record of those having defective vision, divided according to sex:

	Boys	Girls	Total
10/10	31	21	52
10/15	32	36	68
10/20	20	24	44
10/30	12	5	17
10/40	2	0	0
10/50	4	2	6
10/70	3	1	4
10/100	0	1	1
10/100-	0	2	2
Practically blind,	1	1	2
Number examined,	431	224	655
Number having defective vision	105	93	198
Percentage of defective vision	24.3%	41.5%	30.2%

As may be seen from the study of this chart, there is a large proportion of pupils with defective vision, especially among the girls. This disproportion between the boys and the girls is marked, but the reason is not apparent. Most of the cases can be remedied by the use of glasses, and this is being arranged for by the school authorities.

Cases in which the defect is excessive are usually caused by corneal scars or nebulae, and can only be aided slightly by treatment or glasses.

Two cases, one boy and one girl, were absolutely unable to distinguish any of the test types, even at close range. Both of these pupils entered the school with chronically inflamed eyes, and have spent the greater part of their time in the hospital under treatment for this condition. They receive the benefit of good treatment here but it is an open question whether such cases should be admitted or retained in the schools. The boy, Nelson Bartlett, has been in the hospital since May, and has done practically no school work for several years, while the girl, Lucy Hill, has also been in the hospital for many months.

A large number of pupils suffer from inflammatory conditions of the eyes. Reference is made to prophylactic measures which should be adopted under another section.

Enlarged Thyroids.

The study of goitre among the Indians is an interesting one, and the number found at Carlisle make it worthy of mention in this report. Since the disease is confined to certain regions and is generally more common in the female sex, the following charts have been prepared showing the proportion of cases coming from the various tribes and states, also divided according to sex.

Number of girls having enlarged thyroids,	21
" " boys " " " "	<u>8</u>
Total pupils " " " "	29
Percent of girls " " " "	9.3%
" " boys " " " "	1.8%
Total percentage " " " "	4.4%

Number of pupils having enlarged thyroids from the following states:

New York,	8	North Dakota,	1	Wyoming,	1
Wisconsin,	4	Oklahoma,	1	Montana,	1
Michigan,	2	Oregon,	1	Louisiana,	1
South Dakota,	2	Idaho,	1	New Mexico,	1
Ohio,	2	Utah,	1	Minnesota,	1

As may be readily seen, the disease is most prevalent among the girls. Nearly one-third of the cases come from the state of New York, Wisconsin coming second. In the majority of cases the tumor is small, causing very little deformity or discomfort, and consists of a simple hypertrophy of the gland. No cases of exophthalmic goitre were observed. The cause of the disease is unknown, but is usually attributed to some constituent of the drinking water. It is not regarded as serious or as contagious.

The chart on the following page gives the names, tribe, state and size of the gland of the individual pupils.

ENLARGED THYROIDIS.

Female	Male	Size	Tribe	State
Logan, Mabel	:	:Slight	:Cayuga	:New York
Printup, Bessie	:	:Slight	:Mohawk	:New York
Skye, Hallie	:	:Slight	:Seneca	:New York
Two Guns, Salina	:	:Marked	:Seneca	:New York
Williams, Claudia	:	:Slight	:Seneca	:New York
	:Pierce, Howard	:Slight	:Seneca	:New York
	:Thomas, George	:Slight	:Onondaga	:New York
	:Henry, Noah	:Slight	:Tuscarora	:New York
Metoxen, Ivy	:	:Prominent	:Oneida	:Wisconsin
Mishler, Lillian	:	:Slight	:Chippewa	:Wisconsin
Stone, Dollie	:	:Slight	Chippewa	:Wisconsin
	:Feather, John	:Slight	:Menominee	:Wisconsin
James, Martha	:	:Slight	:Chippewa	:Michigan
Peters, Margaret	:	:Slight	:Ottawa	:Michigan
Birdnecklace, Mary	:	:Slight	:Sioux	:South Dakota
Redthunder, Mary	:	:Slight	:Sioux	:South Dakota
Greenbrier, Carlisle	:	:Marked	:Menominee	:Ohio
Greenbrier, Adeline	:	:Prominent	:Menominee	:Ohio
Hasholy, Nancy	:	:Slight	:Sioux	:North Dakota
Dunlap, Irene	:	:Slight	:Caddo	:Oklahoma
McArthur, Rose	:	:Slight	:Umpqua	:Oregon
Penney, Elizabeth	:	:Slight	:Nez Perce	:Idaho
Pike, Anna	:	:Slight	:Ute	:Utah
Peters, Flora	:	:Slight	:Chippewa	:
	:Large, Roy	:Slight	:Shoshone	:Wyoming
	:Oldman, David	:Marked	:Cheyenne	:Montana
	:Sanders, Paul	:Slight	:	:Louisiana
	:Spier, William	:Slight	:Navajo	:New Mexico
Porter, Susie	:	:Slight	:Chippewa	:Minnesota

Heart Lesions.

Valvular insufficiency of the heart was observed in only ten instances, eight boys and two girls. Mitral regurgitation was the predominant lesion, eight of the ten cases being of this variety. Aortic stenosis and irregularity of nervous origin were found in the remaining two cases. In the most marked cases history of acute articular rheumatism was obtained, pointing to this as a probable origin of the disease.

A synopsis of the physical condition of the individual pupils will be found in exhibits Nos. 2 and 3, accompanying this section.

Joseph A. Murphy,
Medical Supervisor.

Exhibit 2. Physical condition of
girls at Carlisle.

Exhibit 3. Physical condition of
boys at Carlisle.

Physical Condition
of
Girls at Carlisle School.

Exhibit No. 2.

Anderson, Phena	Physical condition good. Brother died of tuberculosis.
Aragon, Rose	Good physical condition. Two brothers have tuberculosis.
Arquette, Theresa	Class 2. Hollow below right clavicle; pitch high in same region. Few sibillant rales on forced inspiration in same region. Health seems good.
Axtell, Ida	Good physical condition. Vision 10/30.
Amera, Mary	Class 2. Few rales in chest. Convalescent from measles. Has conjunctivitis. Vision 10/10-
Allenwort, Jennie	Good physical condition. Has conjunctivitis. Amenorrhoea for past six months. Vision 10/15.
Am Bissonette, Edna	Class 1. See class 1.
Bonser, Clara	Good physical condition.
Birdnecklace, Mary	Good physical condition. Cervical scar. Enlarged thyroid. Vision 10/15.
Baronovitch, Cecelia	Good physical condition.
Bartlett, Eunice	Good physical condition.
Burnett, Grace	Good physical condition. Vision 10/10-.
Bear, Stella	Good physical condition. Father and mother died of tuberculosis.
Beck, Savannah	Class 1. See class 1.
Bryden, Agnes	Good physical condition. Sister died of tuberculosis.
Battice, Cora	Good physical condition. Vision 10/10-.
Bernell, Thirsa	Good physical condition.
Baldeagle, Rose	Good physical condition. Cervical glands enlarged; becoming smaller. Brother died of tuberculosis.
Brown, Inez	Good physical condition.
Brown, Irene	Good physical condition.
Beck, Stacy	Slight impairment of resonance at base of lung.

Beck, Rose	Good physical condition.
Buchler, Sarah	Good physical condition.
Bennet, Georgia	Good physical condition, vision 10/10-
Bero, Annie	do do with glasses
Blackhawk, Minnie	Class 1. See class 1.
Blackwood, Margaret	Good physical condition
Boone, Virginia	do
Boutang, Adeline	do
Brittain, Mary	do vision 10/15 with glasses
Butler, Jane	do vision 10/15
Bird, Phoebe	do
Blackhawk, Bertha	do brother died of tuberculosis
Cornsilk, Martha	Good physical condition; vision 10/15; brother died of tuberculosis
Cabay, Rachel	Good physical condition
Cornelius, Amy	Convalescent from measles
Cabay, Agnes	Good physical condition; vision 10/10-
Chisholm, Anna	do do
Charley, Fannie	do father died of tuberculosis
Charles, Lucile	Class 1. See class 1. Vision 10/20
Clement, Nellie	Class 2. Tenderness in inter-scapular region. Cough and hemoptys is at Mt. Pleasant school last year. General condition good.
Chase, Rachel	Good physical condition. Mother has tuberculosis.
Chisholm, Olive	Good physical condition.
Cooke, Maud	do
Cooke, Mary	do vision 10/10-
Crow, Anona	do
Deloney, Ella	Class 2. Tone slightly higher over left lung. Subject to heat spells. Health good.
Daniels, Ethel	Good physical condition. Vision 10/15
Day, Eunice	do Vision 10/20
Day, Martha	Convalescent from measles; vision 10/15
Delorrimere, Nancy	Good physical condition
" Margaret	do
Dibow, Annie	do sister died of tuberculosis
Doyle, Frances	do
Doxtator, Minnie	do
" Edna	Class 2. Cough for past three months, some expectoration. Mother has tuberculosis; sister died of tuberculosis.
Dunlap, Irene	Good physical condition. Thyroid enlarged. Vision 10/15.
Earle, Gladys	Good physical condition
Eaglechief, Flora	do
Edwards, Eva	do
Ellenwood, Jennie	do
Ellis, Estella	do brother died of tuberculosis; two sisters died of tuberculosis.
Esanet, Eva	Good physical condition. Cervical scar.

Fisher, Emma	Good physical condition. Mother died of tuberculosis; vision 10/100-
Gabriel, Christiana	Good physical condition. Sister has tuberculosis
Gheen, Evelyn	Cervical glands slightly enlarged. Old cervical scars. Vision 10/15.
Ground, Nora	Class 1. See Class 1. Vision 10/30.
Guthrie, Shela	Class 1. See Class 1. Vision 10/20.
Grinnell, Ellen	Good physical condition. Sister died of tuberculosis.
Garlow, Florence	Good physical condition
Gates, Josephine	Subject to chronic cough. Vision 10/15.
Guitar, Susette	Good physical condition. Mother, brother and two sisters died of tuberculosis.
Greenbriar, Carlisle	Good physical condition. Very large goitre; vision 10/10-.
" Adeline	Good physical condition. Thyroid slightly enlarged.
Hart, Mable	Good physical condition. Axillary scar. Vision 10/20.
Hill, Maggie	Good physical condition. Mother died of tuberculosis.
" Glannie	do do vision 10/15
" Maria	Good physical condition
" Lavina	do
" Lucy	Physical condition fair; practically blind. Eyes acutely inflamed.
Hull, Elizabeth	Class 1. See class 1. Vision 10/10-.
Harris, Edith	Good physical condition. Mother died of tuberculosis.
Hood, Rose	Good physical condition. Sister has tuberculosis
" Tina	Cough with expectoration since last summer. General health good. Sister has tuberculosis. Vision 10/20-.
Homer, Alice	Enlarged cervical glands. Amenorrhoea for some time. Vision 10/15. Class 2.
Hemlock, Susan	Good physical condition
" Julia	do
Hall, Clara	do vision 10/15
Hoxie, Sarah	do
" Mamie	do vision 10/20
Harris, Mary	do vision 10/10-. Mother died of tuberculosis.
" Jeanette	do vision 10/20.
Hatyewinney, Etta	Cervical scar. Breath sounds increased in right apex; lost 4 lbs. since summer. Health good.
Hawk, Bertha	Good physical condition. Brother died of tuberculosis.
Hasholy, Nancy	Has had cough for past month. Thyroid enlarged. Brother died of tuberculosis.
Jacobs, Agnes	Good physical condition. Vision 10/10-.
Johnny John, Betsy	do
Jacobs, Elnora	do Thyroid glands enlarged
" Annie	do has scabies; vision 10/15

Jackson, Julia	Good physical condition.
" Junie	Convalescent from measles. Has scabies.
" Jeanette	Class 1. See class 1. Vision 10/15.
James, Martha	Good physical condition. Vision 10/10-.
Johnson, Bessie	do " 10/15- with glasse
John, Nancy	do cervical scar;
" Della	vision 10/30
Jones, Grace	Good physical condition.
" Minnie	do
" Flora	Class 1. See class 1.
Jerome, Elmira	Has chorea. Father died of tuberculosis.
Jake, Alice	Vision 10/50.
Jackson, Marjorie	Good physical condition.
Jimerson, Mary	Cervical glands enlarged. Vision 10/20
Keokuk, Fannie	Class 2. Cough with expectoration since last
Kinninock, Mary	summer. Lost 4 lbs. in past six weeks.
Keshena, Eliza	Good physical condition. Brother has tuberculosis.
Ketchenago, Jane	do
Kie, Grace	Class 1. See class 1. (was dying of tuberculosis
Kingsley, Nettie	in hospital at time of examination) (is
Kenny, Louisa	Good physical condition. Sister died of tuberculos
Lewis, Marie	do Brother has tuberculosis.
LaFrance, Elizabeth	do
Lane, Helen	Cervical scar. Slight systolic murmur in second
Logan, Mable	left interspace. Mother died of tuberculosis.
Runs close to the	Cough and hoarseness. Aphonia at times.
Lodge, Sarah	Good physical condition. Vision 10/50/
LaRose, Rosa	do " 10/15.
Leonard, Margaret	Class 2. Hemoptysis one week ago. General
Lavata, Emma	condition good. Vision 10/15.
Lamieauz, Elizabeth	Good physical condition. Thyroid enlarged.
Lydick, Ruth	Vision 10/10-.
McFarland, Nora	do
Marcotte, Mary	Good physical condition; vision 10/15; father
Maybee, Clara	has tuberculosis.
McLean, Gladys	Good physical condition. Cervical scar.
Metoxin, Ivy	do Mother died of tuber-
McArthur, Rose	do
Mt. Pleasant, Mamie	do vision 10/20- with glasses
McKay, Margaret	do
	do vision 10/20; eight brothers
	and four sisters died of tuberculosis.
	Convalescent from measles. Few rales in apex.
	Vision 10/15.
	Good physical condition; vision 10/30
	do vision 10/15
	do thyroid enlarged;
	vision 10/10-.
	Convalescent from measles. Few fine rales in
	apices. Thyroid slightly enlarged.
	Convalescent from measles.
	Good physical condition. Sister died of tuber-
	culosis

Metoxen, Mercy
May, Katie
McDonald, Flora
Metoxen, Bessie
Mingo, Daisy

Convalescent from measles.
Good physical condition.
do

Class 1. See class 1.
Class 2. Bad cough for one week. Has had cough for a long time. Hemoptysis and loss of weight two years ago.

Mishler, Lillian
Mitchell, Christine

Good physical condition. Thyroid slightly enlarged. Vision 10/20. Sister has tuberculosis. Good physical condition; mother and two sisters died of tuberculosis.

Morris, Alice
Nash, Josephine
Newashe, Emma

Good physical condition; sister has glandular tuberculosis. Vision 10/70 with glasses. Good physical condition. Class 2. Slight dulness in right apex; hemoptysis three years ago. Lost 10 lbs. then. Good health since. Mother died of tuberculosis.

Nori, Effie
Norton, Agnes
Ohmert, Rose
Pollard, Annetta

Good physical condition.
do vision 10/20
do
Convalescent from measles; mother and brother died of tuberculosis.

Penney, Elizabeth
Peters, Margaret
Penney, Rachel
Peters, Myrtle
Peters, Flora

Good physical condition; thyroid slightly enlarged
do do
do lost 7 lbs. in September
do sister died of tuberculosis
Cough last winter; this fall and winter. Slight hemoptysis last winter. Gaining in weight at present. Vision 10/15 with glasses. Mother and sister died of tuberculosis. Class 2.

Peters, Jennie
Peters, Rosina
Peters, Nancy

Good physical condition; vision 10/15.
do vision 10/20
Class 2. Chest flat. Breath sounds increased. Had cough and fever in hospital for four weeks. Under suspicion. Mother and sister died of tuberculosis. Vision 10/20. Has scabies.

Pena, Juliana
Pickard, Rose
Paul, Pauline
Parker, Masie
Phillips, Cecelia

Good physical condition; sister died of tuberculosis
Good physical condition
do
do has cough; vision 10/15

Poodry, Hattie
Printup, Mary
" Bessie

Class 2. Pitch high on right side; chest flattened on right side; health good.
Good physical condition
do vision 10/20

Pike, Annie
Pierce, Evelyn
Porter, Susie

Class 1. See class 1. Phlyctenular conjunctivitis; ~~xxx~~ thyroid enlarged. Vision 10/20 with glasses
Good physical condition; thyroid enlarged.
do vision 10/10-
do thyroid slightly enlarged
do vision 10/10-.

Porterfield, Lillian
Passedoah, Lillie

do
do vision 10/100. Brother dies of tuberculosis.

Renville, Fleeta
" Germaine

Good physical condition
do

Roulette, Anna	Has a cold; has congenital hip trouble; mother died of tuberculosis. Vision 10/20--.
Redbird, Alice	Class 1. See Class 1.
Rowland, Lizzie	Class 1. See Class 1.
Reinkon, Olga	Good physical condition
Ranco, Edith	do
Redeye, Rosetta	do
Redthunder, Mary	Cervical scar; thyroid enlarged; weight 131 two years ago; now 120. Vision 10/10--.
	Good physical condition.
	do
	do
	vision 10/20
Salazar, Mary	Class 1. See Class 1. Thyroid enlarged;
Sutton, Myrtle	vision 10/20.
Sampson, Grace	Good physical condition. Vision 10/15. Mother died of tuberculosis.
Skye, Hallie	Good physical condition. Vision 10/20 with glasses.
" Stella	Vision 10/20.
Saunook, Nan	do
Saracena, Bessie	do
Sawatis, Hattie	do
Stevens, Bertha	do
	Vision 10/15; mother has tuberculosis
" Lucy	Convalescent from measles
" Agnes	Good physical condition; vision 10/10--.
Smith, Josephine	do
" Elsinia	Occasional cough; lost 12 lbs. since August.
	Cervical scar.
" Grace	Good physical condition
" Louisa	do
" Amy	do
Silas, Elizabeth	do
Snyder, Dora	do
" Roxie	do
Simpson, Rose	Class 2. Cervical scar. Hemoptysis last winter. Lost 8 lbs. since September. Slight cough, but no expectoration at present. Mother and sister have tuberculosis.
Simons, Lilly	Convalescent from measles. Vision 10/15; father, mother and sister died of tuberculosis.
Spring, Eleanor	Class 2. Cough and expectoration for past two years. Hemoptysis one month ago after being struck. Mother died of tuberculosis. Cervical scar.
Spotted Horse, Clara	Good physical condition. Vision 10/10- with glasses
Spotted Eagle, Lizzie	do " 10/100--. Mother has tuberculosis.
Stone, Dollie	Good physical condition; thyroid enlarged.
Trepania, Clara	Mitral regurgitation.
Thompson, Nellie	Good physical condition; has scabies
Tubbs, Texie	do
" Laura	do
Tall Chief, Nina	do
" Mary	do
Thomas, Myrtle	do
	vision 10/10--.
	vision 10/15.

Thomas, Rebecca	Good physical condition	
Ten Eyck, Mattie	do	vision 10/15
Two Moons, Nora	Class 2. Cervical scar; tactile fremitis increased on right side; slight impairment of resonance in right apex. Bad cough last summer; good health at present. Vision 10/15.	
Towns, Ida	Good physical condition.	
Teokasim, Bridget	do	Vision 10/10-.
Two Guns, Selina	do	Thyroid greatly enlarged. Mother died of tuberculosis.
Tramper, Lottie	Good physical condition.	
Venne, Ernestine	do	Brother and sister died of tuberculosis.
White, Susan	Good physical condition; father died of tuberculosis	
" Minnie	Good physical condition; vision 10/15	
Whipper, Rose	do	brother has tuberculosis
Wheelock, May	do	vision 10/20
" Lila	do	
Webster, Elizabeth	do	
Williams, Claudia	do	thyroid enlarged
Whiteman, Florence	do	cervical scar; vision 10/20
Wesh, Katie	do	vision 10/15
Wahahahoo, Lystia	do	
Welch, Helen	do	
Waite, Agnes	do	
Wetenhall, Martha	Annoying cough at night for past two months. Mother, two brothers and two sisters died of tuberculosis. Vision 10/15.	
Wolfe, Pearl	Good physical condition. Vision 10/10-	
" Katie	do	Vision 10/15-
Warrington, Jennie	Convalescent from measles; slight impairment of resonance right axillary line; rales in same region.	
Waggoner, Romana	Good physical condition; vision 10/20	
" Daphne	do	vision 10/15
Wagner, Vera	do	sister died of tuberculosis
Youngbear, Katherine	Good physical condition.	

Physical Condition
of
Boys at Carlisle.

Anderson, Robert	Good physical condition
Arcasa, Alexander	do
" Joseph	Class 2. Hollow beneath right clavicle. Resonance slightly impaired right apex. Cough for past three weeks.
Aregon, Lewis	Class 1. See Class 1.
" Williams	Class 1. See Class 1.
Arquette, Mitchell	Good physical condition
Aspaas, J. Hans	do
Axtell, Obet	Class 2. Chest slightly flattened. Pitch high in right apex. Cough for past month. improving.
Animikwan, Joseph	Good physical condition.
Armstrong, Elmer	Cervical scar. Mother died of tuberculosis.
Adams, Eddie	Good physical condition.
Allison, Wendell	do
" Lafe	do
Baer, John	do
" Charles	do
Balenti, Michael	do
Bartlett, Nelson	In hospital since May on account of eyes; practically blind.
Beaudion, William	Good physical condition
Bertrand, Judson	Class 2. Cough for past year; general health not good. Father died of tuberculosis.
Black, Jerry	Good physical condition
Blaine, James	do vision 10/15
Blackstar, Simon	do
Blatchford, Henry	Class 2. Sent to California for cough four years ago. Has occasional cough now. Sister died of tuberculosis.
Bishop, Tracy	Good physical condition.
Boyd, Oscar	Class 2. Difference in tone in apices; lost 3 lbs. in past three months.
Brown, Alonzo	Good physical condition
Burd, Sampson	do
Bishop, William	do father died of tuberculosis
Bear, Louis	do
Blackwood, Edward	do
Bero, Peter	do
Boone, Daniel	do
" Robert	Class 2. Convalescent from measles. Numerous rales over chest.
Bacon, Francis	Good physical condition
Cabay, Judson	Has cough; lost 3 lbs. during last week; health fair. Vision 10/70.
Cadotte, Alexander	Good physical condition
Callahan, William	do Vision 10/20-.
Campbell, James	do
Chabitnoy, Michael	do
Chapman, Henry	Class 2. Hollow beneath right clavicle. Impaired resonance in right apex. Three years ago had cough and hemoptysis. Gaining in weight at present.

Charles, Reuben	Good physical condition
Chew, George	Had cough all winter; vision 10/15
Clearmont, Philip	Good physical condition; vision 10/15
Cloud, Simon	do two brothers died of tuberculosis.
Coleman, Francis	Slight impurity of systolic sound at apex
Conklin, Roscoe	Good physical condition; vision 10/10-. Brother and sister died of tuberculosis.
Cook, Allison	Good physical condition
Coons, Arthur	do Vision 10/10-; father died of tuberculosis
Corbett, William	Supra and infra-clavicular spaces hollow; cough and loss of weight one year ago; gaining now. Has suppurative otitis media
Corn, John	Good physical condition; vision 10/15
Cornelius, Fred	Good physical condition
" Philip	do
Crane, James	do
Crow, Ute	do brother died of tuberculosis
Crowghost, Morgan	do
Cabay, Chester	do
Carpenter, Wilson	Class 2. Impaired resonance base of left lung. cough and expectoration last winter, and at present.
" Alpha	Class 2. Convalescent from measles. Rales in apex of right lung.
Crouse, Lloyd Arthur	Good physical condition
Cole, Abraham	do vision 10/10-
Cook, Peter	do
" William P.	do
Casey, James	Class 2. Clavicles prominent. Slight dulness above clavicle. Has cough. Health fair. Brother died of tuberculosis.
Calac, Peter	Good physical condition.
Davenport, Robert	do
Daley, George	Lost 9 lbs. since summer. Subject to cough.
Dale, William	Good physical condition.
Davies, Robert	do sister died of tuberculosis
Deerday, Lawrence	do
DeGraffe, Clarence	do
DeGrasse, Alfred	do
Deloney, George	do vision 10/15-.
Denny, Joseph	Class 2. Tone high in apex; bad cough five months ago; none at present. Vision 10/10-.
Dolson, George	Good physical condition
Doxtator, Earl	Class 2. Resonance slightly impaired in right apex. Systolic cardiac murmur. Hemoptysis last spring. Convalescent from measles. Health apparently good.
Driskell, Charles	Good physical condition.
Duster, Albert	do mother and brother died of tuberculosis
Duncan, Roy	Cervical scar; vision 10/10-.
Depremont, Adrian	Good physical condition.
Doyle, John	do
" Robert	do

Eagle Elk, Edward	Good physical condition; mother has tuberculosis
Elgin, Stafford	do
Echo Hawk, Elmer	Impurity of systolic sound at second interspace
	Vision 10/10-
Eagle Bear, Edward	Good physical condition
Esau, Joseph	do Vision 10/20
Ettawageshik, William	Class 2. Chest flat; hollow beneath right clavicle. Pitch high and voice sounds increased in right apex. Hemoptysis last spring.
	Good physical condition
	do
	do vision 10/10-; sister died of tuberculosis
Fancy Eagle, Simon	Good physical condition; sister died of tuberculosis
	Good physical condition
	do thyroid enlarged; brother and two sisters died of tuberculosis.
Farr, John	Good physical condition; cervical scar; vision 10/10-
Feather, John	Good physical condition; vision 10/30
Fish, Charles L.	do
Fisher, Abe	do
Forte, Joseph	do
Frazier, Otis	do
Friday, Moses	do brother died of tuberculosis
Funmaker, Eugene	do
Feeder, Roy	do vision 10/10-
Glori, Steven	do
Gaddy, Peter	do
Garow, Loran	do
Gray, Moses	do
Gould, Tissie	do
Gardner, George	do
Garlow, James	do
" William	do
Gates, George	do vision 10/70
George, Lewis	do vision 10/15
" Ned	do vision 10/20
Goesback, Bruce	do mother died of tuberculosis
Gosling, John	do
Goodshield, Edward	do
Gray, Lewis	do vision 10/10-
Green, Thomas	do
Grinnell, George	do
Gordon, Alpheus	see Alpheus Jordan
Henry, Noah	Good physical condition
Hill, Hyson	do vision 10/20; brother died of tuberculosis
	Good physical condition; brother died of tuberculosis
Hays, Axtell	do
Huff, Morris	do
Hunter, James	do
Hobbs, Leo	do vision 10/20
Herford, Lonnie	do
Hermeyesva, Joshua	do
Henry, James	Class 1. See Class 1.

Hendricks, Fritz	Good physical condition
Hill, Charles	Class 2. Chest flat; clavicles prominent; slight dulness in right apex; lost 18 lbs. in last four years.
" Levi	Good physical condition; vision 10/20
Hinmon, Richard	Cervical scar; vision 10/10-; mother died of tuberculosis.
Hitchcock, Raymond	Class 2. Subject to cough. Suppurating cervical glands. Father died of tuberculosis.
Hooges, William	Good physical condition
Holstein, Charles	do
Homer, Jonas	Marked mitral regurgitation; pulse irregular
Hauser, Emil	Good physical condition
" Peter	do
Hoyuma, Wallace	do
Hunt, Walter	Class 2. Cervical scar. Slight impairment of resonance right apex; cough and pain in chest for past week. Vision 10/10-.
Huber, Charles	Slight impairment of resonance right apex; in 1907 fever, cough and pain in right side; one month in hospital. Good health since. Mother died of tuberculosis.
Harrison, Roy	Good physical condition. Cervical scar; vision 10/20-.
Iron, Ernest	Class 1. See class 1.
Three Irons, Victor	Good physical condition; vision 10/10-.
Jacobs, Ernest	do vision 10/15
Johnson, Orlando	do
Jabeth, Nathaniel	do vision 10/50
Jackson, John	Conjunctivitis. Vision 10/10-. Mother died of tuberculosis.
Jack, Warren	Good physical condition; vision 10/10-.
Jacob, Angus	do vision 10/30
Jackson, Cornelius	do
Jacob, Leonard	do father died of tuberculosis
James, Wesley	Chest flat; lost 5 lbs. since October; has had cough for one year; health fair; vision 10/10- Class 2.
Jeffers, Lorenzo,	Class 2. Resonance impaired in right apex. Cough for past month. General health not good.
Jimerson, Eugene	Good physical condition.
Joe, Harry	Rough and breathing; has cough
Johnson, Frank	Good physical condition
" Joseph	do two brothers died of tuberculosis
John, Lyford	do father died of tuberculosis
" Oliver	do
Johnny John, Mitchell	do
Jones, Howard	do
Josytewa, Glen	Dulness base left lung in axillary line.
Jordan, Peter	Good physical condition
Jackson, Jack	do
Johnson, Stanley	do
" Jack	do

Jordan, Alpheous	Class 1. See class 1.
Kennedy, Alvin	Good physical condition
" Raymond	do
Knox off two, Augustine	do
" Tom	do
Kissitti, Richard	do health not good at present
Kenny, Antonio	Pitch slightly high over right clavicle
Kennerly, Jerome	Good physical condition; sister died of tuberculosis
Kennedy, Victor	Class 1. See class 1.
Lafleur, Mitchell	Good physical condition; vision 10/10-
Large, Roy	do thyroid enlarged
Launderville, Charles	do
Leclair, Michael	do
Lewis, Antonio	do vision 10/15
Lefthand, Roy	do vision 10/15
Libby, Joseph	do
Littlewolf, William	do
Lockwood, Absalom	do
Locust, Peter	Class 2. Dulness over right lung. Friction fremitus in right axilla. Coughed for some time. General health fair.
Lorenze, Albert	Slight dulness in left axillary line. Vision 10/20
" Henry	Good physical condition
Lott, Harrison	do
" Nathan	do vision 10/15
Loubear, Joseph	do
Luce, Maxie	do mother died of tuberculosis
Luther, James	do
Long, Walter	do
Lydick, James	Marked mitral systolic murmur
Lyon, James	Cough with expectoration for past year. Vision 10/20
Lang, Joseph	Good physical condition; vision 10/15
Lafrance, Tom	do
Lavatta, George	do
Lazore, Fred	do
" Peter	do
" Peter Tom	do
Laquire, Charles	do
Lewis, Wallace	do father died of tuberculosis
Lone Star, Frank	Father, do father, mother and sister died of tuberculosis
Lumbar, Frank	Good physical condition
Lee, Charles	Class 2. Slight impairment of resonance right apex. Cough for past few months, hemoptysis one week ago when running.
Lone Elk, Charles	Class 2. Lost seven pounds since October. Has cough.
Mayo, Thomas	Good physical condition
McDonald, Charles	do cervical scar; sister died of tuberculosis
Mead, John	Had cough all last winter; father died of tuberculosis.

McKay, Alphonse	Good physical condition	
Marco, Viries	Convalescent from the measles; fair development;	
	numerous rales in lungs	
" O'Neal	Good physical condition	
Mile, Aaron	do	
McAdam, Lonnie	Bad cold for past three weeks; vision 10/20-	
Myiow, Tom	Class 2. Bronchitis for seven years; cough and	
	some expectoration.	
Madison, Nehemiah	Class 2. Not feeling well for past two months.	
	Hemoptysis and cough.	
Manning, Elworth	Good physical condition; mother and sister died	
	of tuberculosis	
Maria, Jose	Aortic stenotic murmur	
Martel, William	Good physical condition; brother died of tuber-	
	culosis	
Martin, Richmond	Good physical condition; vision 10/20	
Martine, Michael	do	
McCann, Frank	do	
McKinley, John	do	vision 10/10-.
" Owen	do	
McLean, Robert	do	
" Samuel	do	
Medicine Ball, Willis	do	
Miguel, Ambrose	do	
" Jefferson	Cervical scar; brother died of tuberculosis	
" Lorenzo	Good physical condition	
Miller, Abram	Good physical condition; sister died of tuber-	
	culosis	
" George	do	vision 10/10-.
" Houston	do	sister died of tuber-
		culosis
Mileham, Harry	do	vision 10/20
Minthorn, Aaron	do	vision 10/50-
" Wilford	do	
Mitchell, Charles	do	vision 10/30
Monhart, John	Class 1. See Class 1.	
Moore, Edgar	Good physical condition; father died of tu-	
	berculosis	
Morris, Philip	do	
Mora, Joseph	do	
Moses, Alpea	do	
Mumblehead, James	do	
Moses, Leroy	do	
Madison, Hezekiah	do	vision 10/30
Mannis, John	do	
McCann, Mitchell	do	vision 10/30
Marques, Frank	do	
McInnis, John	do	vision 10/15
Nesbit, John	Conjunctivitis; vision 10/15	
Newashe, William	Good physical condition; father died of tuber-	
	culosis	
Nohongva, William	do	
Nelson, William	do	vision 10/15
Nephew, Percy	do	vision 10/40
Northrup, Joseph	do	
Nelson, Fred	do	vision 10/15; mother
	died of tuberculosis	

O'Brien, James	Class 1. See class 1.
Ohmert, L. Audman	Good physical condition
Oldman, David	do Thyroid enlarged
Ouray, Robert	do
Otto, Lee	do
" Foster	do vision 10/40
Owl, William	do vision 10/10-
Pecore, Leonard	do
Peters, Charles	do has scabies
Printup, Jonathan	do
Podry, Aaron	do
Powlas, Jesse	do
Pierce, Franklin	do vision 10/20
Peters, William	do
Powlas, McClelland	do
Paul, Everest	do
Packineau, Charles	do
Pancho, Juanito	Class 2. Lost 2 lbs. in last two months
Paisano, James	Good physical condition
Parsons, Apollos	do
Patterson, Spencer	do vision 10/30
Patton, Alonzo	Class 1. See class 1.
Paul, Edward	Good physical condition
Payne, Albert	do
Pedro, Ray	do
Penney, Benjamin	do
Pickard, Joseph	Has had bad cough for some time.
Pichard, Samuel	Good physical condition
Pierce, Mitchell	do cervical scar
Podry, Harrison	Class 2. Sibillant rales base of left lung posteriorly. Coughed for one year.
	Good physical condition
Powell, Stansill	Cough for past three weeks. Vision 10/20
Powlaws, Gilbert	Good physical condition
Plenty Horse, Guy	Class 2. Slight dulness in left axillary line.
Printup, Chester	Sibillant rales. Bad cough for past week.
" Jesse	Good physical condition
Porte, Jose	do
Pierce, Howard	do thyroid enlarged; two sisters died of tuberculosis
Quick Bear, Ernest	Good physical condition; mother died of tuberculosis
Quinn, Isaac	do
Red Star, David	Class 2. Slight dulness in right apex. Cough in morning. Health good. Mother died of tuberculosis
	Good physical condition
Rice, Frank	Class 2. Tone high over right lung. Hemoptysis three months ago. Has cough. Health fairly good. Brother and sister died of tuberculosis.
Reboine, @ Allen	Good physical condition
Roland, Benton	do
Rogers, Gilbert	do
Ramsey, John	do vision 10/10-
Ransom, Philip	do
Ray, Louis	do

Real Rider, Warren	Chest flat; hemoptysis in 1907. Good health since then.
Redeye, Warren	Good physical condition; vision 10/15
Redwing, George	do
Regis, Peter	do
Ribs, Harry C.	Appendicitis; vision 10/10--.
Robinson, David	Good physical condition
Ross, Joseph	do vision 10/20; sister died of tuberculosis
" Charles M.	Good physical condition; vision 10/15
" Clarence	do mother died of tuberculosis
Roussian, John	Class 1. See class 1. Vision 10/15
Rowland, Reno	Class 1. See class 1.
" Thomas	Good physical condition; vision 10/15
Runsclose, John	do
Runnels, Louis	Class 2. Cervical scar. Occasional cough. Hemoptysis last summer. Vision 10/10--. Father died of tuberculosis.
Ryan, Charles	Good physical condition.
Solomon, David	do Two sisters died of tuberculosis
Smith, Frank	Cervical scar; cough for past two weeks
Saunooke, Stilwell	Pitch slightly high in right apex; convalescent from measles
Spring, Ira	Good physical condition
Stevenson, Ned	Class 2. Cough; inspiration painful on right side. General health fair. Cervical scar. Vision 10/15
Stevens, Oscar	Class 2. Cervical scar. Tubercular scars also on arm and in axilla. Development fair. Slight impairment of resonance near right apex
Sanders, John	Good physical condition
Schenadore, Fred	do vision 10/15
Sutton, Henry	Tuberculosis of the knee. Vision 10/30-
Schuyler, Cleveland	Cough for one week. Roughened breathing.
Saricina, Francisco	Good physical condition
Sheppard, George	Purulent otitis media; mother died of tuberculosis
Sundown, Philly	Good physical condition
Sawmick, David	do
Smoke, Phillip	do
Schenadore, Fred	Class 2. Chest flat. Resonance impaired in apices. Conjunctivitis of one year's standing.
Sampson, James	Good physical condition; vision 10/30; two brothers died of tuberculosis.
Sanders, Paul	Marked mitral regurgitation; thyroid enlarged; Vision 10/15
Santiago, John	Good physical condition; vision 10/10--.
Saricina, Walter	do
Saul, Thomas	do brother died of tuberculosis
Scott, Albert	do
Seneca, Hulsier	Class 2. Resonance impaired in left apex and base. Cough for some time.

Sequayah, Toquah	Good physical condition; cervical scar
Shaw, Gordon	do vision 10/15
Shabonakay, Francis	do vision 10/20
She Bear, David	do vision 10/20
Schemeny, James	Cough since last year; vision 10/15
Sickles, Fred	Good physical condition
Simons, Zehemiah	History of chronic cough; brother died of tuberculosis
Smith, Arthur	Class 2. Chest flat; chronic cough; hemoptysis last year. Vision 10/30; father, mother and two sisters died of tuberculosis.
" Clarence	Class 2. Clavicles prominent. Slight variation in resonance over lung. Cough all summer; has lost weight.
" Harrison	Good physical condition; vision 10/10-.
Snow, Ebon	Occasional cough; mother and two brothers died of tuberculosis.
Spier, William	Good physical condition; thyroid enlarged.
Strangerhorse, Moses	do brother died of tuberculosis
Sylvester, Carl	Class 2. Fair development; pitch high at left apex and near right base. Cough with expectoration. Health not good for some time.
Stevenson, Nuss	Good physical condition
Spottedeagle, Gallus	do vision 10/15
Tarbell, Roy	do
" Tom	Convalescent from measles
" Joseph	Slight systolic murmur at apex
Tallochief, Frank	Good physical condition
Terence, Moses	do brother died of tuberculosis
Tallochief, Wesley	do sister died of "
Tallerane, Fred	Class 2. Hollow above right clavicle. Slight impairment of resonance at right apex. Chronic cough. Vision 10/30.
Tawane, Edward	Good physical condition
Taylor, Clifford	do
Tewa, Ponqua	do
Tewani, Lewis	do
Thomas, Albert	Cough since last fall
" George	Good physical condition; thyroid enlarged
" Peter	do vision 10/15
Thompson, George H.	do
" Noble	do vision 10/30 with glasses
Thorpe, James	do
Three Irons, Victor	See under "I"
Tillahash, Antonio	Good physical condition
Tramper, Chiltosky	Class 2. Pitch high on right side. Cough for past month. Conjunctivitis. Father died of tuberculosis.
Trepania, Joseph	Good physical condition
Twinni, Lewis	do
Two Moons, Wesley	do vision 20/20
Two Hearts, Joseph	do vision 10/15

Ute, Hewitt	Good physical condition
Vilnave, Alex	do
" Lewis	do
Valenskie, Chay	do brother died of tuberculosis
Verney, Patrick	do
Ventewa, Tawa	do
War Bonnet, Charles	do father and mother died of tuberculosis
Waterman, Harrison	Cough for some time. Is gaining in weight; health fair. Cervical scar. Vision 10/70.
Walker, William	Class 2. Chest flat. Clavicles prominent. Cough with expectoration. Is losing weight. Cervical scar. Brother has tuberculosis.
Wuppose, William	Class 2. Subject to cough and occasional pain on right side. Vision 10/20. Mother and sister died of tuberculosis.
Webster, Lewis	Good physical condition
Weeks, William	do vision 10/15 with glasses Brother died of tuberculosis
Wechersham, Arthur	Class 2. Resonance impaired above clavicle. Conjunctivitis. Cough all last winter. Health only fair.
Welch, Gustava	Slight impurity of systolic sound at apex. Mother, brother and two sisters died of tuberculosis.
Wheeler, DeWitt	Class 2. Convalescent from measles. History of cough and loss of weight. Mother and two sisters died of tuberculosis.
" Harry	Good physical condition
Walker, Fred	do vision 10/10-
" Charles	do vision 10/10-
Welch, James	Slight systolic murmur at apex; mother, brother and two sisters died of tuberculosis. Has had cough for one week.
Williams, Richard	Good physical condition
Wickersham, Jesse	do father died of tuberculosis
Woodbury, Harry	do vision 10/15
Wolfe, Edward,	do vision 10/50-
Wheelock, Hugh	do
" Joe	do
White, Albert	do vision 10/10-
" Benjamin	do
" David	do
" George	Expiratory sounds prolonged
" Hugh	Good physical condition; mother died of tuberculosis
" John	Class 2. Cough on rising in the morning. Lost 10 lbs. since last spring. Mother died of tuberculosis.
" Mitchell	Good physical condition. Mother died of tuberculosis
" William	do vision 10/20 with glasses
" Lewis D.	do
Whitfield, Elmer	Cervical scar. Brother died of tuberculosis.
Whitdeer, Charles	Class 1. See class 1. Vision 10/15.
Williams, Joseph	Good physical condition
" Levi	do
" Charles	do
Wilson, Samuel	do

Winde, James H.	Good physical condition
Winnie, William	do sister died of tuberculosis
Woodbury, Clarence	do father died of tuberculosis
Wounded Eye, Davis	do
Wellman, Phillip	do
Youngdeer, Jesse	Conjunctivitis
Yankee Joe, William	Good physical condition; cervical scar; vision 10/20- with glasses
Yellowboy, Silas	Right side painful on deep inspiration; vision 10/30.
Yuda, Montreville	Good physical condition
Yupe, Pierce	do vision 10/15-.
Zahn, William	do

Report of
Med. Sup. Murphy
on Health conditions
at Carlisle.
Jan. 1, 1909.

Section 3. Tuberculosis Conditions at Carlisle.

As a result of the physical examination, 87 pupils, consisting of 31 girls and 56 boys, were found who showed evidence of pulmonary trouble or who were suffering from glandular tuberculosis. These were divided into classes according to the degree of pulmonary involvement and the degree of probability that this involvement was the result of infection with the tubercle bacillus. 33 of the most suspicious cases, 18 boys and 15 girls, were tested with tuberculin according to the Detre cutaneous method, with the result that 25 reacted positively and 8 gave practically no reaction.

The 25 reacting positively were considered as almost without a doubt infected with tuberculosis and with two other cases, one who had reacted negatively and one not tested, were requested to be segregated in the dormitories or hospital for further study and treatment by the resident physician, Dr. Shoemaker. This made twenty-seven cases on whom the diagnosis was almost positive, and who were designated Class 1, and left sixty pupils who were to be given more personal attention on account of their physical condition. These pupils were designated Class 2.

Only one case was found that was in any way advanced. This was an Alaskan girl who was dying of tuberculosis in the hospital, and who on this account was not tested. The majority of the twenty-seven were apparently in good physical condition, and some gave only very slight physical signs of the disease. This is consistent with a fre-

quent type of the disease in the Indian, for it has been stated by many observers that the Indian shows very slight, if any, physical deterioration until his actual final rapid decline. The fact that so many are found who are apparently in the incipient stages and are not recognized for a long time goes to show that when the Indian starts to break down it is not necessarily from a recent infection, for the disease may have passed unrecognized or have been quiescent for a long time. A number giving history of pulmonary trouble showed a remarkable improvement, and several cases who had been under suspicion in the hospital on account of hemorrhage were in good physical condition at the time of the examination. They responded well to the tuberculin test and were undoubtedly arrested cases.

12.3 per cent of the suspected cases showed a rise in temperature, a slight advance over 8.6 per cent, the percentage showing an elevated temperature for the whole school. Of the eighty-seven pupils who were found to be below normal thirty-two, or 35.9 per cent, came from tubercular families, eleven, or 12.3 per cent, from families classed as good, and forty-six, or 51.9 per cent, from families classed as negative. The percentage of 35.9 per cent stands in contrast with that of 22.1 per cent, which is the percentage of tubercular families for the whole school.

Although the tuberculin test was only used as confirmatory to the physical findings and clinical symptoms, and not considered as absolutely specific for all cases in all stages of the disease, it was noted that the cases most strongly suspected reacted best to the test.

A great deal of consideration has been given to the best policy to pursue in regard to the class of cases here under consideration, cases of arrested tuberculosis, cases in the incipient stages in which

there is no fever nor bacilli in the sputum, cases which give history of having had typical tubercular symptoms, but who are gaining in weight, health and strength, under good hygienic management. In the final analysis the decision must rest on the conditions of the individual case. In any event no cases should be allowed to remain in the school who give any evidence of active tubercular infection.

It was for further study and to render the diagnosis more positive that the pupils were placed in Class 1 under the care of the resident physician.

Class 1.

This class consists of twenty-seven pupils, fifteen girls and twelve boys. Their names and the synopsis of their physical condition will be found in the chart of Class 1, exhibit No. 4. The tentative diagnosis of tuberculosis has been made in every case, and all but one have reacted to tuberculin. Each of them requires individual consideration.

Cases 1 and 2 are arrested cases, case 1 showing signs of becoming active again. Case 3 has been under treatment for severe hemorrhages in the hospital for a long time and is now improving, having no cough or fever. He is undoubtedly tubercular. Cases 4, 8, 9, 16, and 24 were convalescent from measles at the time of examination and although reacting to the tuberculin the lung changes found may not have been entirely due to tubercular infection. Case 5 has also been treated for a long period for severe hemorrhages. He was in splendid physical condition at the time of examination and his case is evidently an arrested one. He has no cough nor elevation of temperature. The con-

dition of cases 6 and 7 was good, there being only slight physical signs of the disease, their history and the tuberculin reaction served to confirm the diagnosis. Case 7 is in the hospital as a nurse, under the eye of the resident physician; she has no cough nor elevation of temperature, and is gaining in weight, but hemorrhage one month ago shows that the disease has recently been active. Case 10 gives a very bad tubercular family history and has as well physical signs of the disease. Case 11 has only recently entered school. She claims that she was not given any physical examination by the physician who signed her papers. Cases 12, 13, 14, and 15 are all suffering from suppurating cervical glands. They have in addition pulmonary changes which require further study. The remaining cases show only slight physical signs of pulmonary trouble. Their reaction to the tuberculin was fair, however, and all give history of the symptoms of tubercular infection. Case 27 died in the hospital of the disease shortly after the close of the examination.

Recommendations as to Class 1.

I would recommend that all pupils in Class 1 be examined by the resident physician and returned to their homes where the diagnosis of tuberculosis is confirmed. Those that remain should be segregated, either in the hospital or the dormitories, according to the condition of the individual case, and be also assigned to separate tables in the dining hall. They should be kept under close inspection by the hospital authorities, weekly tests of weight and temperature made, and microscopical examination made of the sputum where there is any. They should be given the benefit of a diet especially suited to their

condition and special care be taken in regard to ventilation of their rooms and to the securing of exercise in the open air. Any case showing tubercle bacilli in the sputum should be promptly dismissed from the school. All showing elevation of temperature or frequent cough should be temporarily isolated at the hospital and sent home promptly as soon as the resident physician decides that these symptoms are the result of renewed activity of the tubercular infection.

All cases in whom the diagnosis of tuberculosis is confirmed by the resident physician should be sent home except where for the purpose of experiment they are retained for the study of the effect of modern treatment.

Recessed Class 2.0 to Class 2.

Class 2 is composed of sixty pupils, sixteen girls and forty-four boys, who on account of their history, physical findings, or clinical symptoms, are under suspicion. These include cases of bronchitis, cases convalescent from measles; having rales in the chest, and in fact, all cases giving pulmonary symptoms the diagnosis of which must be differentiated from that of tuberculosis. Seven pupils in this class were tested but did not react to tuberculin. A list of these pupils with the synopsis of their condition is given in the accompanying chart, exhibit No. 5. The individual record of the remaining members of this class will be found in Exhibits Nos. 2 and 3, accompanying Section 2 of this report, which contains the record of the physical condition of all the pupils examined.

Recommendations as to Class 2.

These pupils should be watched by the hospital and school authorities with sufficient frequency to prevent any further advance in symptoms, and special attention paid to any loss in weight noted in the monthly weighing. All cases in whom the symptoms advance sufficiently to make the diagnosis of tuberculosis positive should be sent home except where they are retained for the experiment of open air treatment.

Tuberculosis treated in the hospital during
the year.

As may be seen by the chart on the following page, there were sixteen cases of pulmonary tuberculosis treated in the hospital from January 1 to December 18, 1908, twelve of these were male and four female. Thirteen were sent home and three died in the hospital. The average number of days spent in the hospital was 25.4 days. Nine cases had tubercle bacilli in the sputum.

The distribution of the cases over the various months of the year is of interest. Eleven occurred during January, February and March. From April 10 to September 23, five months and 13 days, no new cases diagnosed pulmonary tuberculosis were treated.

Five cases of hemoptysis, not diagnosed as tuberculosis, were treated in the hospital. In these cases the hemorrhages were actually observed by the hospital authorities. A number of pupils gave history of hemorrhage in answer to questions during the physical examination who had never reported it to the authorities.

TUBERCULOSIS TREATED IN THE HOSPITAL
DURING THE YEAR.

Investigation of the hospital records from January 1, 1908 to December 18, 1908 produces the following facts in regard to tubercular cases arising during the year, and their final outcome.

Names	: Sex:	: Entered Hospital :	: Sent Home :	: Died in Hospital:	:	: Diagnosis
Frank Calico	: M :	: Jan. 4 :	: Jan. 7 :	:	:	: Pulmonary tuberculosis
Fred Warbonnet	: M :	: Jan. 10 :	:	: Feb. 2 :	:	: Pulmonary tuberculosis
Tom Katchenago	: M :	: Jan. 17 :	: Feb. 26 :	:	:	: Pulmonary tuberculosis
Sarah Shayson	: F :	: Jan. 20 :	: Feb. 5 :	:	:	: Pulmonary tuberculosis
Fred Roundsone	: M :	: Jan. 20 :	: Feb. 26 :	:	:	: Hemoptysis - got well
John Reboine	: M :	: Feb. 7 :	: Feb. 26 :	:	:	: Pulmonary tuberculosis
William King	: M :	: Feb. 12 :	: Mar. 17 :	:	:	: Pulmonary tuberculosis
Don Cooley	: M :	: Feb. 27 :	: Mar. 14 :	:	:	: Pulmonary tuberculosis
Garfield Sitarangot	: M :	: Mar. 3 :	: May 25 :	:	:	: Pulmonary tuberculosis
Geo. Burning Breast	: M :	: Mar. 16 :	: Mar. 28 :	:	:	: Pulmonary tuberculosis
Wallace Matthews	: M :	: Mar. 17 :	: Apr. 23 :	:	:	: Pulmonary tuberculosis
Claudie Marie	: F :	: Mar. 17 :	:	: Mar. 25 :	:	: Pulmonary tuberculosis
Robert Frazier	: M :	: Apr. 10 :	: May 18 :	:	:	: Pulmonary tuberculosis
Harrison Jabeth	: M :	: Apr. 22 :	: May 25 :	:	:	: Cervical tuberculosis
Alice Red Bird	: F :	: Apr. — :	:	:	: In quarters	: Cervical tuberculosis
Bessie Standing Elk	: F :	: May 9 — :	:	:	: Went to coun- try in Sept.:	: Cervical tuberculosis
Alonzo Patton	: M :	: June 26 :	:	:	: Went home Je- 26, returned	: Hemoptysis
	:	:	:	:	: in fall	:
Earl Doxtator	: M :	: June — :	:	:	: In quarters	: Hemoptysis
James Diedrer	: M :	: Sept. 23 :	: Oct. 26 :	:	:	: Pulmonary tuberculosis
John Simpson	: M :	: Sept. 30 :	: Oct. 26 :	:	:	: Pulmonary tuberculosis
Lucy Charles	: F :	: Oct. 9 :	:	:	: In quarters	: Hemoptysis
Stella Sowanek	: F :	: Oct. 10 :	: Oct. 14 :	:	:	: Pulmonary tuberculosis
Ernest Irons	: M :	: Oct. 13 :	:	:	: In hospital	: Hemoptysis
Mary Kinninook	: F :	: Nov. 12 :	:	: Dec. 28 :	:	: Pulmonary tuberculosis
Bessie Printup	: F :	: Dec. — :	:	:	: In hospital	: Cervical tuberculosis
Janet Jackson	: F :	: Dec. 8 :	:	:	: In hospital	: Cervical tuberculosis

Five cases of cervical tuberculosis were treated in the hospital during the year.

The greater number of cases of pulmonary tuberculosis sent home during the year have since died. Accurate statistics on this point are not available, since reports in regard to the outcome of these cases can only be received indirectly, but the fact that so many have resulted fatally serves to emphasize the importance of proper attention to all suspected cases.

Glandular Tuberculosis.

The following chart gives the number of cases of glandular tuberculosis present in the school, divided according to sex:

	Girls	Boys
Tubercular cervical scars,	13	18
" axillary scars,	1	0
" scars of hip,	1	0
" cervical glands (enlarged or suppurating) at present	<u>8</u>	<u>1</u>
Total,	23	19

Total number of cases, 42.

Nine per cent of the girls examined showed old tubercular scars or were suffering from enlarged or suppurating tubercular glands, while only 4.4 per cent of the boys showed evidences of the same condition. The greater prevalence of the disease among the girls is readily apparent but its cause is not so.

The coincidence of cervical tuberculosis or cervical scars and defective vision was also an interesting observation. Out of the forty-two cases of glandular tuberculosis or cervical scars existing in the school twenty-three, or 54.7 per cent, have defective vision. The percentage of defective vision for the school is 30.2 per cent.

Experimental Treatment of Tuberculosis Cases at Carlisle.

At the recent conference between Dr. Ferdinand Shoemaker, Dr. Jacob Breid, Dr. Fred A. Spafford and Supervisor Newton, held in Washington at the time of the International Congress on Tuberculosis, the following conclusions, among others, were reached:

"Camps for tuberculosis patients should be established on the reservations and at the nonreservation schools. At present there is no place either at the school or at home where the child can have special care who is exiled from the regular school on account of tuberculosis.

"Nonreservation schools should maintain camps where incipient cases can be treated. At such schools, the equipment, the discipline and the command of proper facilities afford excellent facility for the management of early cases.

a. Such cases should not be treated in the hospital but segregated in adjacent quarters where they can be served from the hospital dining room and be under the direct supervision of the hospital authorities.

b. All cases showing continuous temperature, progressive loss of weight, a bad cough and other signs of decline, should be sent home."

In following out these conclusions some place must be provided for the proper accommodation for isolation and open air treat-

ment. Plans for one small building have already been prepared and presented to the Office by the school authorities, but further consideration of the conditions to be met show that this building will be inadequate, the fact that it could only accommodate one sex, while both sexes have to be considered, makes it impracticable.

The Erection of Sleeping Porches.

Mr. M. Friedman and Dr. F. Shoemaker were both freely consulted in regard to this matter, and we are all agreed that the best solution of the problem will be the erection of sleeping porches on the east and south sides of the hospital building, one for the boys on the first floor adjoining the south wing or boys' ward, the other for the girls on the second floor at the east end, or back of the hospital.

These porches would be 10 ft. wide and protected from the weather by sliding glass windows at the ends, and a partition 4 ft. high in front, the remaining space to the roof being open except for wire screening which would afford protection against intruders and mosquitoes. Canvas curtains should be provided to protect against too severe stormy weather. The eaves of the porch should be of sufficient width to prevent rain or snow from beating in.

The porch as attached to the boys' ward would not interfere with light or ventilation in that ward, for besides the five windows opening out onto it there are three in front. The use of the hospital ward for a heated dressing room, the nearness of the toilet room, the advantages for supervision, nursing, and serving of food, render this plan very practical. The use of this porch for convalescents and ambulatory patients alone would make it a desirable

Tuberculosis conditions at Carlisle.

addition to the building.

The girls' porch at the east end, or back of the hospital, would not be adjacent to the wards, but would be convenient to the toilet room. It does not interfere with the light to the hospital, for there is only one window at this end of the building, which opens on the back stairway.

Mr. Friedman has promised to furnish complete plans and estimates for these porches to the Office at an early date, the plans to be considered as an exhibit accompanying this report. Both structures should cost not more than \$300.00, and should give very good service and satisfaction.

These porches would be an ideal place for the treatment of some of the cases in Class 1, but no case of tuberculosis should be allowed to remain in the school unless some such provision is made for it.

Joseph A. Murphy,
Medical Supervisor.

Exhibit No. 4. Class 1 (Tubercular pupils)

Exhibit No. 5. Class 2 (Suspected pupils)

Exhibits Nos. 2 and 3, accompanying Section 2, are also referred to in connection with Class 2.

Exhibit No. 6. Plans for sleeping porches at Carlisle.
(to be forwarded by Supt. Friedman)

Class 1.
(Tubercular Pupils.)

Exhibit No. 4.

CLASS 1.

Bissonette, Edna	Arogan, Louis
Beck, Savannah	Arogan, William
Blackhawk, Minnie	Henry, James
Charles, Lucile	Iron, Ernest
Ground, Nora	Jordan, Alpheus
Guthrie, Shela	Kennedy, Victor
Hull, Elizabeth	Monhart, John
Jackson, Janet	O'Brien, James
Jones, Minnie	Patton, Alonzo
Kinninook, Mary (died of tuberculosis in the hospital)	Roussian, John
Metoxin, Bessie	Rowland, Reno
Printup, Bessie	Whitdeer, Charles
Redbird, Alice	
Rowland, Lizzie	
Skye, Hallie	

1. Louis Arrogan
Good development. Says he had consumption in 1902. Symptoms, cough, loss of weight, night sweat and hemoptysis. Has gained since coming to Carlisle. Has hacking cough at present. Brother has had tuberculosis. Tuberculin reaction good.
2. William Arrogan
Well developed. Had consumption in 1901. Symptoms, loss of weight, cough, hemoptysis. Has gradually gained weight since. Pain in chest and soreness at times now, but no cough. Health good. Brother has had tuberculosis. Tuberculin reaction good.
3. Ernest Iron
Fair development. Chest slightly flat. Slight dulness over areas in right lung. Hemoptysis July 4 and October 13, 1908. Not permitted to attend school at Crow Agency on account of lung trouble. Has been in hospital most of the time since entering school; does not cough now. Weight 134 in September, 117½ now. Tuberculin reaction good.
4. Alpheus Jordan
Development poor. Dulness over lower part of left lung. Impairment of resonance over areas of right lung. Crackling rales over both lungs, especially left. Convalescent from measles. Tuberculin reaction good.
5. Alonzo Patton
Well developed. Slight impairment of resonance at base of right lung posteriorly. Extensive hemoptysis last spring and this September. Weight 130 in June, 150 in September. Has had good health for some time, but is losing weight now. Tuberculin reaction good.
6. Charles Whitedeer
Fair development. Pitch slightly higher over apices. Slight variation from normal at base also. Few rales in right apex. Has lost four pounds since last spring. Has had cough and gives history of hemoptysis. Went home from school April 22, '08 on account of health. Mother died of tuberculosis. Tuberculin reaction good.
7. Savannah Beck
Fair development. Pitch slightly higher on right side. Hemoptysis last April, and one month ago. No cough at present. Has been gaining in weight. Tuberculin reaction good.

8. Victor Kennedy
Good development. Slight impairment of resonance at base of left lung posteriorly. Numerous rales in same region. Has had cough for some time. Lost 4 pounds during past week. Tuberculin reaction good.
9. Edna Bissonette
Fair development. Dulness in right apex. Voice sounds slightly increased over both lungs. Confined to bed in hospital, convalescent from measles. Has cough. Temperature 104. Tuberculin reaction good.
10. Nora Ground
Fair development. Slight impairment of resonance in left apex. Voice sounds increased in same region. Hemoptysis December 1, 1908. Has had cough for a long time with some expectoration. Mother, father, three brothers and three sisters died of tuberculosis. Tuberculin reaction good.
11. Elizabeth Hull
Well developed. Slight cervical scar. Rhoncial fremitus. Slight variation in tone over both lungs. Numerous sibillant rales in apices. Expiratory sounds prolonged. Has had bad cough all summer, especially at night, with occasional hemoptysis. Gained 3 pounds in three weeks, since coming to Carlisle. Tuberculin reaction good.
12. Jeanette Jackson
Tubercular. Tubercular scars on neck, axilla and thigh, suppurating glands of neck and bone of foot. Impetigo on nose and face. Conjunctivitis, right side of chest flat, slight impairment of resonance in right apex. Hemoptysis two years ago. Sent home from Lapwai school at that time with suppurating glands. Cough at present, but more expectoration some time ago. Father and mother died of tuberculosis. Tuberculin reaction good.
13. Alice Red Bird
Fair development. Round shouldered. Cervical scars and suppurating glands. Conjunctivitis. Tone higher on right side of lung. Tenderness in same region. No cough at present. Tuberculin reaction good.
14. Hallie Skye
Good development. Suppurating cervical glands. Enlarged thyroid. Had cough all last summer, Hemoptysis. Lost 5 pounds since October. Coughs occasionally now. Some expectoration. Mother, brother and two sisters died of tuberculosis. Tuberculin reaction good.

15. Bessie Printup Fair development. Chest flat. Extensive cervical scars and enlarged glands. Phlyctenular conjunctivitis. Thyroid enlarged. Lost 9 lbs. since summer. Tuberculin reaction good.
16. Minnie Jones Very fleshy. Impairment of resonance in right apex. Numerous moist rales all over lung. In bed convalescent from measles. Cough at present and last summer. Hemoptysis several days ago. Tuberculin reaction fair.
17. James O'Brien Well developed. Slight impairment of resonance near base of left lung, posteriorly. Few rales in same region. Hemoptysis four months ago. Has cough. Tuberculin reaction fair.
18. John Roussian Fair development. Supra and infra clavicular spaces sunken on right side. Slight hollow at level of third rib on left side. Slight impairment of resonance in right apex. Cough began last winter. Lost 30 lbs. Had hemoptysis, fever and loss of strength. In hospital two weeks last spring. Has gained 4 lbs recently. Cough is improving. Mother and sister died of tuberculosis. Tuberculin reaction fair.
19. Reno Rowland Fair development. Clavicles prominent. Slight impairment of resonance in small area over right apex. Hemoptysis for one week last December. Lost about 10 lbs. then. Is gaining in weight now; cough improving. Tuberculin reaction fair.
20. Minnie Blackhawk Fair development. Cervical scars. Pitch slightly higher in apices. Hemoptysis two years ago. Coughs occasionally. Two brothers and four sisters died of tuberculosis. Tuberculin reaction fair.
21. Lucile Charles Good development. Slight increase in breath sounds, base of left lung posteriorly. Has had cough for a long time. Hemoptysis in September. Lost 2 lbs. in past two weeks. Mother died of tuberculosis. Tuberculin reaction fair.
22. Shela Guthrie Good development. Slight impairment of resonance in right apex. Cough. Hemoptysis two years ago. Tuberculin reaction poor.
23. Bessie Metoxin Good development. Slight dullness at base of right lung posteriorly. Has had bad cough since June with some expectoration and fever at night. Tuberculin reaction poor.

24. Lizzie Rowland Fair development. Expansion greater on right side. Tactile fremitus increased on left side. Dulness over left lung. Fine crackling rales over left lung. In bed, convalescent from measles. Has bad cough. Tuberculin reaction poor.
25. John Monhart Good development. Supra-clavicular and right infra-clavicular fossae hollow. Impairment of resonance and increase of voice sounds in right apex. Hemoptysis three years ago. Cough ever since and at present and some expectoration. Has lost weight. One brother and two sisters died of tuberculosis. Tuberculin reaction poor.
26. James Henry Good development. Clavicles prominent. Slight suggestion of higher pitch in right apex and base. Rales in same region on forced inspiration. Cough for past fifteen months with expectoration. Fever and sweats at night. Hemoptysis at intervals for past four weeks. Lost 19 lbs. during that time. Father has lung trouble, five brothers died of consumption. Tuberculin reaction negative.
27. Mary Kinninock Expansion diminished. Fair development. Flatness over entire chest, except small area in left axillary line. Rales over both lungs. Breath sounds harsh. Expiration prolonged. Orthopnoea. Confined to bed in hospital for past five weeks. Irregular septic temperature. In dying condition. (Not tested with tuberculin). Died December 28, 1908.

Class 2.

Suspected Pupils.

(Including also the physical condition
of pupils tested but not reacting to
tuberculin.)

Exhibit 5.

(For physical condition of pupils in this class
see exhibits Nos. 2 and 3)

CLASS 2.

- | | | |
|------------------------|---------------------------|----------------------|
| 1. Arquette, Theresa | 28 Denny, Joseph | |
| 2. Amera, Mary | 29. Doxtator, Earl | |
| 3. Clement, Mellie | 30. Ettawageshik, William | |
| 4. Deloney, Ella | 31. Hill, Charles | |
| 5. Doxtator, Edna | 32. Hunt, Walter | |
| 6. Homer, Alice | 33. Hitchcock, Raymond | |
| 7. Jackson, Marjorie | 34. James, Wesley | |
| 8. Lane, Helen | 35. Jeffers, Lorenzo | |
| 9. Mingo, Daisy | 36. Lee, Charles | |
| 10. Newashe, Emma | 37. Locust, Peter | |
| 11. Peters, Flora | 38. Lone Elk, Charles | |
| 12. Peters, Nancy | 39. Marco, Viries | |
| 13. Phillips, Cecelia | 40. Myiow, Tom | |
| 14. Simpson, Rose | 41. Madison, Nehemiah | |
| 15. Spring, Eleanor | 42. Pancho, Juanito | |
| 16. Two Moons, Nora | 43. Printup, Chester | |
| 17. Arcasa, Joseph | 44. Redstar, David | |
| 18. Axtelle, Obet | 45. Reboine, Alan | |
| 19. Bertrand, Judson | 46. Runnels, Lewis | |
| 20. Blatchford, Henry | 47. Seneca, Hulsier | |
| 21. Boyd, Oscar | 48. Stevenson, Ned | |
| 22. Boone, Robert | 49. Stevens, Oscar | |
| 23. Chapman, Henry | 50. Skenandore, Fred | |
| 24. Carpenter, Wilson | 51. Smith, Arthur | |
| 25. Carpenter, Alpha | 52. Smith, Clarence | |
| 26. Casey, James | 53. Sylvester, Carl | |
| 27. Cloud, Ira | 54. Tall Crane, Fred | |
| 55. Tramper, Chiltosky | 56. Walker, William | 57. Wupoose, William |
| 58. Wechersham, Arthur | 59. Wheeler, DeWitt | 60. White, John |

The Following pupils were tested with Tuberculin but did not react.

1. Theresa Arquette Right infra-clavicular space hollow. Pitch high in same region. Few sibilant rales on forced inspiration in same region. Health seems good.
2. Earl Doxtator Well developed. Slight impairment of resonance in small area over right lung. Systolic cardiac murmur at apex. Hemoptysis last spring, followed by cough and loss of weight. Went home; gained 20 lbs. returned in September; convalescent from measles now. Health good.
3. William Ettawageshik Chest flat; hollow beneath right clavicle. Pitch high in same region and voice sounds increased near right apex. Weight 135 lbs last spring; had cough, hemoptysis and loss of weight. Present weight 122 lbs.
4. Harrison Poodry Well developed. Sibilant rales base of left lung, posteriorly. Has had cough for some time.
5. Chester Printup Slight dulness in left axillary. Sibilant rales in same region. Has had cough for one week.
6. Hulsier Seneca Chest slightly flat. Slight impairment of resonance in left apex and base. Had cough all last summer and fall.
7. Charles Lee Fair development. Slightly impaired resonance in right apex. Cough for past two months. Hemoptysis one week ago while running. Lost 5 lbs. in past few weeks.

Report of
Med. Sup. Murphy
on Health conditions
at Carlisle.
Jan. 1, 1909.

Section 4. Sanitary Condition of Buildings
at Carlisle.

Dormitories.

The general sanitary condition of the dormitories is good. The use of separate rooms to which groups of three or four pupils are assigned is an excellent plan compared with that of large common dormitory rooms. The extensive spread of pulmonary, as well as other contagious diseases, is certainly held in check by this system.

The rooms in the large boys' building are in over a third of the cases occupied by groups of four pupils, the remaining rooms being occupied by three pupils each. This is also true in the small boys' building. In these rooms each pupil has about 455 cu. ft. of air space, exceeding the Office minimum allowance by at least 50 cu. ft. In a climate as cold as that of Carlisle, unless ventilation depends on something more reliable than pupils keeping the windows partly open, 450 cu. ft. is hardly sufficient if the tubercular tendencies of the Indian are to be considered. Not more than three pupils should be assigned to each of these rooms, and careful supervision should be had over their proper ventilation.

Boards about 6 inches wide intended to prevent complete closing of windows, thus allowing outside air to come in between the upper and lower sash, are supplied for all dormitory rooms. These were

in place in a large number of rooms at the time of the monthly inspection, but during cold weather the pupils are compelled to completely close windows for their own personal comfort while occupying rooms during the day or evening, there being no heat in the rooms themselves, only the halls containing radiators. At night the windows will be completely closed in a large number of cases. It is during the winter season, when the pupils are most confined indoors and most inclined to keep closed windows, that, according to the hospital records, the greatest number of cases of tuberculosis manifest themselves, and it is at this time that there is the greatest need for thorough ventilation. If all windows were partly open during sleeping hours and the pupils warmly covered, no harm, and much good would result. These could be opened at night after taps by a pupil regularly detailed to do this, and closed in the same way in the morning in time for the rooms to be comfortable for dressing.

Supervisor Charles in his report on Conditions at Carlisle of March 11, 1905, on pages 5 and 6, describes the condition in regard to ventilation which still exists there, and recommends a system of artificial ventilation. The adoption of some plan of artificial ventilation would be of great advantage to the health of the pupils.

Each dormitory room is supplied with a bowl and pitcher, which is used in common by the three or four pupils occupying it. Contagious eye diseases and other diseases may be spread by the use of this common bowl, for I am informed on good authority that the same water is frequently used for bathing purposes by more than one pupil. Running water in the hallway would do away with this source

of contagion. Individual rooms would be better for all cases suffering with inflammatory eye diseases not actually in the hospital, and for other contagious diseases not so serious, such as scabies, cases of which are occasionally found.

If water is put into the hallway as recommended, the installation of a water closet on each floor in the small boys' dormitory should be considered. After taps the steam is turned off from the hallways and pupils who are compelled to use the toilet at night are required to go a long distance through cold halls. This may be the cause of chilling a delicate child and predisposing him to infection, where a shorter journey would be less of a hardship.

A certain amount of dust is carried into hallways and assembly rooms by the pupils' feet, and there is a small amount of spitting on these floors at times. To prevent dissemination of this dust and possible chance of spreading disease in this way, wet sweeping should always be employed.

The regular weekly inspection of the dormitories (and other buildings) is of much value in educating the pupils as to the proper sanitary care of themselves and their rooms and clothing, and has undoubtedly been responsible for the good condition generally found in individual rooms.

Some attention has been paid of late to the subject of unclean and carious teeth as a factor in the favoring of infection by way of the mouth. The provision of racks in the boys' buildings for the individual tooth brushes, and inspection in regard to these matters, is commendable, and cannot help but contribute toward the formation of proper habits of cleanliness and avoidance of mouth infection.

More care could be paid to the matter of clean teeth, for unless this is done carelessness is certain among a large number of pupils.

Recommendations in regard to Dormitories.

I. A system of ventilation installed, or regulations adopted looking toward the enforcement of partly opened windows in sleeping rooms by nightly inspection.

II. Not more than three pupils assigned to a single dormitory room.

III. Installation of running water in the hallways and abandonment of bowl and pitcher in individual rooms.

IV. Segregation of all pupils having inflammatory eye diseases, actively suppurating glands or other minor contagious conditions, who are not actually in the hospital.

V. No dry sweeping to be permitted. The use of wet sawdust, wet paper, or mopping to be substituted.

The Dairy Barn.

Since milk from tubercular cattle is frequently a source of infection, the barn and method of handling milk were inspected. The barn is the usual Pennsylvania one in which the stalls for horses and cattle are placed in a half underground basement, the main floor being on a level with the ground at the upper side of the hill on which the barn is built. This arrangement shuts off one side from light, gives a low ceiling, and as light is not freely admitted from the open side, makes a dark place for keeping cattle and handling milk. The floor is made of

earth with a wooden trough at the end of the stalls for manure, etc. Under these conditions only the greatest care can prevent contamination of the milk handled. A well lighted barn with cement floors and provision for flushing and drainage is recommended. Too much care cannot be taken to prevent the contamination of milk and its consequent spreading of disease.

The Guard House.

The old historic Guard House, which has been a landmark for so many years, has almost outlived its usefulness according to modern ideas of the proper sanitary requirements for places of confinement. It is divided into two separate sections, one consisting of a series of dungeons, which are small, dark cells into which the sunlight never enters and no fresh air can be admitted except through small openings in the roof; the other section consists of three fair sized cells having a few small windows. These rooms are also dark in the daytime. Cement floors were being introduced into these cells and a water closet was in the process of repair at the time of inspection.

The dungeons are not a fit place for anyone to be confined, and although the introduction of cement floors and toilet facilities have improved the section of cells, they are still far from ideal. The walls of the building are 5 ft. thick, allowing no direct sunlight to enter the cells. Darkness favors spitting and other uncleanly habits, the results of which may spread disease to those confined there. Dried sputum may infect the place and only scrupulous cleanliness and frequent disinfection can render the building comparatively safe. More direct sunlight should be admitted, so that it can act as a purifying agent

during the day, larger windows would give better ventilation also. If dark confinement is found necessary for discipline, solid wooden shutters could be used.

The dungeons are not being used at present and the superintendent states that they will not be in the future.

Recommendations as to the Guard House.

The introduction of larger windows so that direct sunlight may enter the cells is recommended; in addition to this, the building should be frequently fumigated.

Joseph A. Murphy,

Medical Supervisor.

Report of
Med. Sup. Murphy
on Health conditions
at Carlisle.
Jan. 1, 1909.

Section 5. Personal.

Throughout the course of the examination every assistance was rendered by the authorities to facilitate the work. Superintendent Friedman showed the greatest possible interest in improving the sanitary conditions in the school and the betterment of the health of the pupils. Dr. Shoemaker and Miss Guest, the nurse, also rendered invaluable assistance during the examination.

Dr. Shoemaker has shown himself to be a careful and competent physician, and for the amount and class of work required of him, his ability in performing it and length of service certainly should have a better compensation than his present salary. This statement is entirely voluntary and has not been solicited nor suggested by him or his friends.

I wish to take occasion to acknowledge the assistance of Miss Ida Vorum, clerk at the Phoenix School in the preparation of this report.

Respectfully submitted,

Joseph A. Murphy,
Medical Supervisor.