

1916

"Baby" Correspondence

Ed-H  
F L D

APR 26 1916

Mr. O. H. Lipps,  
Supt. Carlisle School.

My dear Mr. Lipps:

Attached herewith is a copy of the "Health News" issued by the United States Public Health Service, which is sent you for use in your school publications. Please give this bulletin, or a paraphrase thereof, space in the next available edition of either of the Carlisle school papers. I have arranged with the Public Health Service and the National Association for the Study and Prevention of Tuberculosis to furnish the Indian Service with copies of their press service bulletins, which will be transmitted to you from time to time through this Office. I shall be glad to have you make use of these bulletins to the fullest possible extent in your school papers, as they are published for the purpose of disseminating knowledge concerning public health and I believe that their appearance in Indian Service publications may be expected to aid materially in the campaign for better health conditions among the Indian people.

Very truly yours,

*(Signed) Cato Sells*

4-FLD-21

Commissioner.

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Ed-Health

A J W

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APR 20 1916

Mr. O. H. Lipps,  
Supt., Carlisle School.

My dear Mr. Lipps:

Receipt is acknowledged of your letter of April 3, and I am very much gratified to note the spirit with which you have responded to my circular letter of January 10, in relation to the campaign for "Saving the Babies". I believe that an organization of "Little Mother's Leagues" in our Indian Day Schools would result in much good work.

In response to your request for suggestions, it may be said that the outline of general lectures for Indian Schools might possibly be improved. The following criticisms are offered for your consideration.

On page four of the supplement, in column one, under the caption "Outline" appear several paragraphs in relation to health statistics of New York City. New York is a long ways from most of the reservations. Almost the same data may be obtained from the annual report, see table of vital statistics, housing and disease.

Under the caption "What can be done to keep a baby well" it is stated: "Keep the milk on ice or in a cool place." In many places in the Indian Service, ice,

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of course as far as the Indians are concerned, is not obtainable. However, this statement is not objectionable. It should be modified so as to indicate a method by which suitable results could be obtained without the use of ice.

Lesson VII states "Do not give the baby sour milk; taste it before each feeding." It is suggested that there be added some such statement as "but do not allow anyone to place the baby's nipples in their mouths."

In this same lesson it is stated "Do not give the baby pickles, lollypops, bacon, tea, coffee or ice-cream" Pickles, lollypops, bacon, and ice-cream are seldom used by the more primitive Indians. They do, however, feed their babies such articles as meat, beans, melons, and canned peaches, which, it is suggested, should be substituted or added.

On page eight appears the following:

"Do you know that three-fifths of all Indian babies die before they are five years old.

"Do you know that over one-fourth of all babies die before they are one year old.

"Do you know that one-fifth of these deaths happen in July."

According to the statistics collected by this Office, 33% or about one in three of the total death rate is made up of children under three years of age. No statistics have been collected, so far as the Office knows, of the death



Rate among Indian children under five years of age.

The deaths under three years, according to Office records, are about 29% of the birth rate each year. This 29%, however, includes children who died in their first year, those children who died in their second year, and those children who died in their third year.

The Office has no statistics available as to deaths occurring in July. The statement that one-fifth of these deaths occur at that time may be true. It would be interesting to ascertain from what source your information has been obtained and if it can be considered as authentic.

Sincerely yours,

HB-4-14

*(Signed) Cato Sells*  
Commissioner.

Ed-Health

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Commissioner.

HB-4-14





Circular No. 1096

DEPARTMENT OF THE INTERIOR  
UNITED STATES INDIAN SCHOOL  
CARLISLE, PA.



April 3, 1916

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

Sir:

Replying to Office circular No. 1096, dated March 27th, asking for report as to what steps have been taken to carry out the spirit of Office circular of January 10, 1916, regarding the "Save the Babies" campaign, I have to advise that we have just issued a special "Indian Baby" Number of THE RED MAN, having printed 3500 copies. About 1500 copies have been mailed to superintendents of reservations for distribution to field matrons, physicians, nurses, and to Indians who may be able to use them.

*The* Last week, we also printed a supplement to THE ARROW, containing outlines of lectures for Indian Schools, under the heading of "Little Mothers' League." We printed between four and five thousand of these and they have been mailed to practically all of the graduates of this school, and to all superintendents of Indian schools and agencies, and to a large number of our ex-students.

We are also using this course in our home economics classes, and it is the intention to provide every girl in this school with a copy of these lectures. The girls are also being advised

to utilize the knowledge they get here in the care of babies, in assisting in the neighborhoods to which they return after leaving school, and to spread the gospel of good health and proper infant care wherever they may go.

If the idea of organizing Little Mothers' Leagues in our Indian Schools meets with general approval, we plan to publish the twelve lessons, as outlined in the enclosed Arrow supplement of March 31st, for general distribution. I have submitted these lectures to Dr. Chas. M. Buchanan, Superintendent of Tulalip Indian School, for suggestions as to their adaption to Indian Schools, and have requested him to write an introduction for the pamphlet to be issued, setting forth some definite plan for introducing these lessons in the reservation day and boarding schools. If the Office has any further suggestions to make along this line, I shall be very glad to receive them.

Very respectfully,

OHL:SR

Encl.

*W. Lippert*  
Superintendent.



# The Carlisle Arrow Supplement

VOL. XII

CARLISLE, PA., MARCH 31, 1916.

No. 29



By Dr. F. W. Wyman, Sac and Fox Agency, Oklahoma.



**A** LAST a better day is dawning for the baby; it is no longer the fashion to subject it to promiscuous kissing, to allow it to roam about the floor feeding on miscellaneous objects that it picks up, and to dose it with all kinds of home remedies. The National Congress of Mothers, the Parent-Teacher Associations, the Bureau of Education, the State itself, are rallying to his aid. They stand ready to cooperate with the parent to the end that their children may receive, during their tender years, the kind of nurture that will best fit them to survive. Since the Mothers Congress took the initial step in this direction in 1897, much has been accomplished, but according to the latest report of the Commissioner of Education, a great deal remains to be done. Parents in most instances (says the president of the National Congress of Mothers) are without specific knowledge of infant hygiene, child nurture, and home-making. Under such conditions it is no wonder that the infant death rate is still alarmingly high, and even where the children survive, many of them remain susceptible to disease on account of lack of proper nourishment and care during babyhood.

A medical examination held recently in fifteen cities of the United States brought to light the astounding fact that of 547,909 school children examined, no fewer than 29,019 were not only underfed, but were suffering in health from the result of underfeeding. Nor did these children come from poverty stricken homes, in fact a large percentage of them came from homes distinctly well to do. The trouble was not that they did not get enough to eat, but that they did not get enough of the right kind of food. If such conditions are prevalent among members of the white race, it is not to be wondered at that Indian fathers and mothers, too, are often unable to rear their children, in fact the high death rate of the red race is due to a large degree to infant mortality. For instance, on the Sac and Fox Reservation in the past year, out of the eight deaths that occurred, five were those of children ranging in age from one month to four years, and in looking over my records for the past few years, I find that this same proportion is almost constant. Most of these deaths I attribute to neglect, not willful, to be sure, but none the less fatal. No doubt this same cause

(neglect) could be laid at the door of the majority of white parents whose children die in infancy. From these figures it becomes evident that 62½ per cent of the deaths on this reservation occur in infancy, and I believe I am leaving a liberal margin when I say four out of five deaths that have occurred annually could have easily been prevented had the mothers had the proper care during confinement and some instruction about the care of infants after birth.

In my opinion, the only practicable way to give the mothers such care and instruction would be to build a small hospital here and employ a trained nurse, not an ordinary field matron, but a nurse who has had a full course of training, for the mothers have no idea of hygiene and sanitation, neither have they the proper kind of surroundings for a successful confinement. Even should a nurse be placed in charge, the best way to care for the expectant Indian mother on the reservation would be to have her enter a properly equipped hospital and subject herself to the right kind of regime. This would not only insure a normal birth and a rapid convalescence, but what is even more important it would go toward educating the mother in child nurture, for the hospital could make it its business to see that the mothers get instruction about bathing the babies, feeding them, etc., before they leave. Besides this, a weekly clinic, or monthly, could be held at which the babies could be examined and the mothers receive advice as to food, clothing, sleep, ventilation, etc.

Two objections might be raised to this plan, the first, that of increased expense can readily be dismissed. Were the hospital to save only one life, it would amply repay for its erection, for the chances are that it would save not only one life but many. For as I have stated above, it seems to me that had we had a hospital here during the past year, probably four out of five infants that died might have been saved. The other objection is a familiar objection that is raised to every reform or improvement,—the objection that it would not work; that the mothers could not be induced to make use of the hospital even if they had it. Of course, that is a matter that could only be decided by a trial, but I am confident, and it seems to me I am in a position to know whereof I speak, that, a majority of the women on the reservation could easily be persuaded to go to the hospital for confinement. At first, it is true it would take considerable tact to bring this about, but I am confident that it could be accomplished and after they once formed the habit of making use of the hospital and its conveniences, there would be no trouble



whatever. All they need is to learn from actual example the necessity of properly caring for their babies. Object lessons are always more effective than any other kind of teaching. When the mothers see how much better their babies thrive under the careful supervision of the nurse, and how much better they themselves feel after convalescence, they will want to repeat the experience. The instruction can be supplemented from time to time by holding "Better Baby" talks and exhibits. The hospital, in short, could be made the central agency in a campaign for better babies. The results of such a campaign would not be slow in showing themselves. There would be a decided drop in mortality rate among the Indian babies. Campaigns of this kind are by no means new. In 1905-6, Dr. Miehl of Ghent, Belgium, took up the problem of saving children's lives. He established a system of hospitals, milk depots, and schools for mothers. The plan was so successful that the infant death rate fell from 350 per thousand to 40 per thousand. In many cities hospitals are doing good work, educating mothers in the care of babies. They are thus able to care for them more intelligently during the critical period of weaning and teething.

Much of the assistance given by printed matter is out of reach of the Indian mothers who need it most. It is surely time that something should be done toward teaching them the essentials of the proper rearing of children. As it is, the babies are improperly fed and clothed. Many of them are fearfully neglected, dirty, and unkempt. They sleep in poorly ventilated rooms. The result is that far too many of them have little resisting power, and fall an easy prey to childish complaints that are easily prevented in the case of well-cared-for children. These little ones certainly do not get a fair chance. They are being cheated out of their birth-right. It is our business to see to it that the Indian baby on the reservation has a chance to grow up into healthy, happy, useful manhood or womanhood.

Let me repeat that the best way to give these neglected babies a chance to live is to provide proper care for the mothers during confinement and such concrete instruction during convalescence, as will impress upon them the necessity of keeping their babies clean and well fed. The only practicable way to accomplish this is to erect a hospital that will serve as the main agency in this campaign for saving babies that we must wage if we would preserve the Indian from extinction.

### THE INDIAN BABY.

By Harley Yandell, M. D.  
Agency Physician, Hoopa, Cal.



AS SOON as their eyes behold the light of day, a great many of the Indian babies begin the task of trying to live—"a struggle for the survival of the fittest," amidst dirt, filth, and disease; the results of this struggle are soon visible, demonstrated by trachoma, scabies, and various forms of tuberculosis.

Seventy per cent of them survive without a blemish and enter the day or boarding schools almost perfect. Wonderful is this great fight for life; such endurance can not be duplicated by an offspring of any other race were it subjected to like environments.

Unlike most babies of other races, the average Indian baby receives its first ministration of mercy not from the hands of a physician or nurse, but from the hands of those who can know but little as to its impending needs. Then is there anything strange about the fact that trachoma and tubercle germs find a fertile field for culture in the anatomy of these poor little unfortunate ones? When

I see a healthy little Indian tot, I wonder how it became so, and I also wonder what the results might be were it and the other weak ones subjected to conditions as is possible to perfect from the hands of more field matrons in the field and physicians in the hospitals and sanatoria.

I believe if every Indian baby were visited by the physician, field matron, or nurse at the time of birth or soon after and treated scientifically that there would be less eye diseases and the baby would receive a "boost" that would be of great aid in its "struggle for the survival of the fittest."

### BETTER INDIAN BABIES.

By Louise S. Wagner, Housekeeper.



THE Indian children, considering the terrific amount of infection and hardships under which two-fifths of them actually reach the age of five years, ought to respond quickly to any efforts put forth for the betterment of their condition.

To begin with the baby's mother, her husband, the prospective father, might learn more respect for Indian womanhood; he could spare her from the heavy carrying of water, from the necessity of hard work before and too soon after the birth of her baby. Most Indian families never stay at home just because the baby is ill. Far from it. In the heat of the summer and winter's cold the poor baby, often ill with dysentery or pneumonia, is dragged miles in a jolting wagon. With many Indian families these trips are taken to get work for the father and mother, but the babies show the effects of such hardships in their discouraged wails.

A betterment of financial conditions might give the babies a chance to stay at home in a warm place in winter and in the shade in summer.

Indian women seem to consider the agency physician a superfluous quantity in connection with confinement. Now many of our Government physicians make a specialty of obstetrics and undoubtedly could render great aid to the expectant mother both before and after confinement. Field matrons, in hearty cooperation with a doctor whose personality appeals to Indians, a man not too professional in manner, one who shows kindly sympathy toward the patient, could do much toward changing sentiment in this matter.

Several Indian mothers on a single reservation who have had the care of a friendly field matron and doctor in confinement would be the best arguments toward the regular employment of the Government physician in childbirth. A settled mode of life is the one thing which will benefit the young of the Indian race most quickly, with a home where the Indian family could have a cow, some chickens, a garden, and enough work so the parents would not have to leave the reservation in search of work or pasture for their stock. The babies could have cow's milk after weaning, eggs, good water, and some degree of cleanliness could be maintained, with a permanent spring or well; water could be boiled and kept for well and sick babies.

Who knows, perhaps in time all Indians can be taught to screen their food in fly time, to rid their homes of fly-breeding places, to catch all the flies possible, to cook suitable food for babies beginning to eat solid food, to bathe said babies daily, to put clean clothes on the children occasionally, to keep mosquito netting over the faces of the poor little ones laced in baby baskets, a prey to crawling flies, to refrain from passing the baby melon rinds in August, to clothe the children with due regard for consistency and the weather—not dressed as I have seen them, a heavy coat in summer and exposed chest in zero weather.



## PREVENTION AMONG THE CHILDREN.

By Wm. C. Barton, Agency Physician, Belcourt, N. Dak.



**S**TATISTICS show that more than one-third of the human race dies before reaching two years of age. If this high infant mortality prevails among the general population it is safe to say that among our Indians the infant mortality is even more appalling. For here we find united two of the great foes of infant life—improper care and unsanitary surroundings. Indian mothers, with very few exceptions, nurse their babies and this explains why the race has not long since disappeared. The manner of feeding may in many

cases be faulty, but the food itself cannot be improved upon.

If there could be added to this ideal food a sanitary environment and proper care for the baby, not only would infant mortality be greatly reduced but there would result a stronger race of men and women. For it is well known that many of the diseases and deformities of adult life are acquired in childhood. In childhood is the time to prevent many of the conditions which in after years are treated at great expense and often with very poor results.

General education is doing much to improve the sanitary condition of the Indian home, and is thus indirectly a mighty contributor to the care of the baby. Physicians and other employees should constantly give instructions to Indian mothers in the fundamental principles of hygiene and infant care. This, in time, will bring fourth fruit a hundred fold. It should always be remembered that prevention is better than cure, and that there is no more promising field for our endeavors than the prevention of disease among Indian children.

## SAVING THE BABIES.

By Tizrah Butcher, Field Matron, Toreva, Ariz.



**T**HE reason of the great infant mortality among Hopi Indians is caused chiefly for what is called "love of the child." No Hopi Indian ever refuses a child anything he wants if it can be had. No Hopi child is ever corrected.

It makes no difference if it is green peaches, green water melons, or green corn; if baby wants it he gets it. It is very surprising to me that more do not die.

The Hopi must be educated out of his superstition in order to do much toward saving the babies.

If the child is sick, they believe if the father brings the child *anything* to eat, if fed to him, it will cure him. So it is given no matter what he brings.

When the young people come home from school they apparently go back to the blanket, but it is because of the influence of the old people, whom they hold in very high respect. But when you talk with them they tell you they would like to have things and do as they did in school!

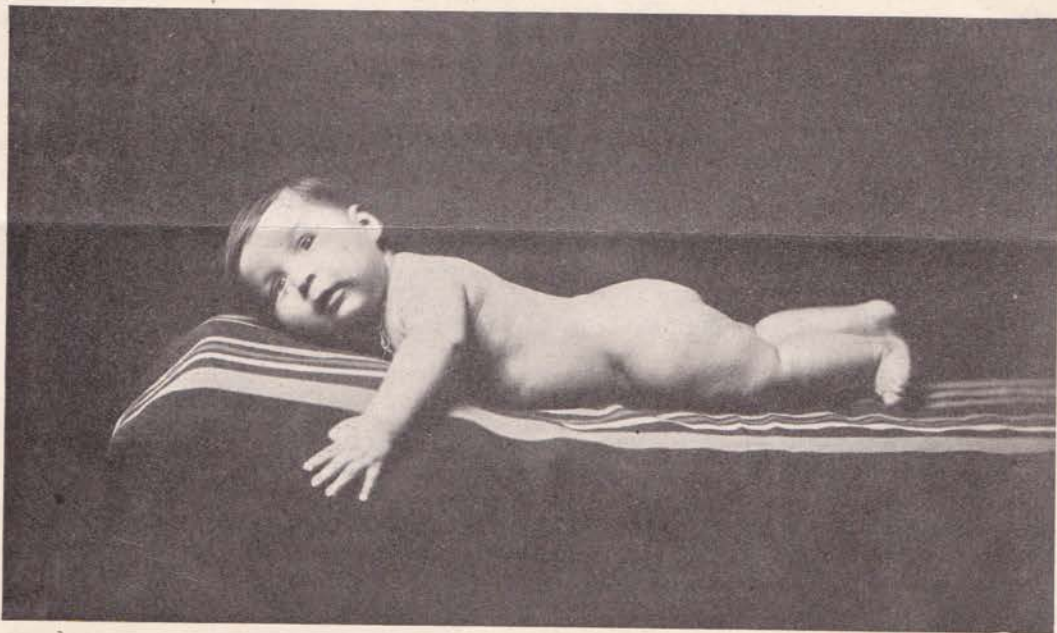
The ones who have been away to school are much easier to influence and get to give medicine and to take care of their babies than the older women.

When you get a Hopi woman to go to the hospital to be confined you have accomplished a great deal. She has gone against the custom of ages and all the old people are very much opposed to her leaving the home at such a time.

There are some uneducated white women in certain sections of the country who would not do such a thing.

It is one step towards the saving when the women ask and take advice of competent white people. And they are beginning to do this.

Education and patience will save the Hopi babies.



BABY STRIKE AXE—Tribes, Osage



# Little Mothers' League

## Outline of General Lectures for Indian Schools.

The following outline is to serve as a basis for general lectures to be delivered in schools to all girls over twelve years of age. Girls under twelve years may be included if the matrons so desire, and mothers may be invited to these lectures.

It is not expected that the outline will be followed verbatim and each instructor should present the subject in accordance with the needs and character of the audience, making it as individual as possible.

The object to be kept in mind is to make the lecture forceful, practical, and interesting, in order to enlist the cooperation of the girls in the campaign against infant mortality.

### OUTLINE.

1. In New York City in 1910 there were 16,212 deaths under one year of age. In 1911 there were 15,053 deaths under one year of age, a decrease of 1,159. This was due to the education of mothers in the proper methods of baby care, and shows what may be accomplished. Thirty-two per cent of these deaths occurred in the first month of life, and 54 per cent before the babies reached the age of three months. Therefore it is necessary to begin to care for the baby properly as soon as it is born, in order that it may have a chance to live.

One death out of every five at all ages is that of a baby under one year of age.

One death out of every three at all ages is that of a child under five years of age.

Sixty per cent of these deaths could be prevented if the babies could receive proper care and be fed properly.

During the summer months as many as fifty babies die in New York City every day. The summer is the most dangerous time for babies because they suffer from the heat much more than grown people do and because the milk used to feed bottle-fed babies is much more likely to spoil and cause illness.

### WHAT CAN BE DONE TO KEEP A BABY WELL.

(a) *Important to know how to care for babies.*

Do not take anyone's advice about this matter except a doctor's. It is easier to

keep a baby well than to cure it after it is once sick.

The feeding of babies under one year of age is of particular importance.

(b) *Babies should be breast-fed if possible.*

Only one breast-fed baby dies to ten babies who are fed in other ways.

Feed the baby regularly every two hours until three months old; then every three hours.

Too much feeding is worse than too little.

Do not feed the baby because it is fretful or cries.

Give the baby cooled, boiled water several times daily, particularly in hot weather.

If the baby cannot be nursed, it should be given only fresh, sweet cow's milk mixed with the proper amount of barley water.

The proper mixture of milk and barley water should be prescribed by the doctor.

Keep the milk on ice or in a cool place.

Taste it before each feeding. If it is soured, even in the slightest degree, do not use it.

Babies under six months should not be given anything but milk and water.

After six months of age the baby may have a little beef juice and orange juice.

Never give a baby less than one year old any solid food.

Bottles and nipples must be kept clean.

(c) *Care of bottles.*

As soon as empty wash with cold water. Thoroughly cleanse with borax and hot water (one teaspoonful borax to one pint hot water).

Keep clean bottles upside down on shelf. Boil bottles before filling them with milk for each feeding.

(d) *Care of nipples.*

Rinse with cold water, then wash with hot water after using.

Keep in the borax water between feedings.

Rinse in boiling water before using.

(e) *Remember, if a baby is taken sick with summer complaint, vomiting, or diarrhea, stop all milk at once. Give only cooled, boiled water and send for a doctor.*

(f) *Clothing.*

Babies feel heat more than grown persons. Dress the baby lightly, particularly in hot weather. Have the clothing loose.

In hot weather a muslin slip or gauze shirt is enough.

(g) *Bathing.*

Should have a tub bath every day.

In warm weather, two or four spongings with cool water.

(h) *Fresh air.*

Every one needs plenty of fresh air.

Babies should have plenty.

In hot weather, keep baby in coolest room in house or apartment.

Have windows open day and night.

Keep baby out of doors as much as possible.

Avoid sun. When in the sun, protect the baby's head with broad hat or parasol.

(i) *Sleep and quiet.*

Babies need quiet.

Avoid excitement.

Healthy as well as sick ones need a great deal of sleep.

Let the baby sleep on a firm bed; never on feather pillows.

Keep baby's clothing and everything about it clean.

(j) *General care.*

Do not let the baby play on the floor unless a clean sheet is spread about for it to play on.

Do not let it put anything in its mouth.

Do not give it "baby comforters" or "pacifiers."

If babies are kept cool and clean and given only the proper food they will not have the diarrheal diseases which cause so many deaths.

### LITTLE MOTHERS' LEAGUES.

Last summer 20,000 girls in the public schools volunteered to help save the babies and formed little mother's leagues. If this



can be done in white schools, why can it not be done in Indian Schools?

The members of these leagues learned all about the methods to be used in the care of babies and did a great deal to help reduce the death rate.

If each girl who has a little brother or sister to take care of or knows of a baby who is not being cared for properly would do her part to see that the simple rules for baby care were followed, there would be fewer deaths this summer.

The object of this lecture is to ask the girls in this school to form a Little Mothers League. Every girl who joins will be given a certificate of membership. After she attends four meetings she will be given an official badge. Meetings will be held every week throughout the summer and the members can learn all about how to keep babies well.

Joining the league means that a girl wishes to be helpful and have a part in the greatest service to humanity—life saving.

(Distribute pledge cards and have them signed. Give notice of time and place of first meeting.)

#### FIRST MEETING.

##### Organization:

1. Collect pledge cards.
2. Medical inspector and nurse to be respectively, honorary president and vice president.
3. Members to elect their own president and secretary.
4. The pledge cards to be given to the secretary, who is to keep them in careful order and record on each one dates of attendance.
5. Short talks by physicians on purposes of league, telling what subjects are to be taught, and how members may help.
6. Distribution of certificates.

##### Order of Business for All Meetings:

1. Calling of meeting to order by president.
2. Calling the roll by secretary.
3. Enrollment of new members.
4. General discussion on topics of previous lesson.
5. Ten-minute talk by physician or nurse on subject of lesson.
6. Demonstration by nurse of methods used in subject matter covered by lesson. (Note: 5 and 6 may be combined.)
7. Motion to adjourn.

##### Members Must be Encouraged to—

1. Keep records of daily efforts to keep babies well.

2. Perform each day some act of helpfulness.

3. Write essays on topics already studied.

#### LESSON I.—Growth and Development.

##### Weight:

Average weight of new born baby seven pounds.

Normal weight is doubled at the end of six months to fourteen pounds.

At the end of one year weighs three times as much as at birth.

Under or over weight does not mean necessarily that everything is wrong, if normal ratio of increase is maintained.

Loss of weight first few days of life. On tenth day baby should weigh as much as at birth. If the breast milk or artificial feeding is suited to baby's needs, gain will be continuous. If no gain, baby should be taken to doctor.

Baby should be weighed once each week.

##### Muscular Development:

At three months, baby is generally able to hold up its head; sits erect at six months, and stands with little support or alone at one year.

Do not urge baby to walk. The bones of the legs may be soft (symptom of rachitis) and bending of the bones of the legs, with permanent deformity, may result.

#### SPECIAL SENSES.

##### Sight:

In early life babies are very sensitive to light. Should be kept in a semi-dark room during first few weeks or, if taken out, should have eyes protected from strong light. Never let the sun shine directly into baby's eyes.

##### Hearing:

After the first few days, the baby's hearing is particularly acute. Loud or sudden noises startle it and if often repeated may cause it to become excited or lead to convulsions.

##### Speech:

Usually begins to talk at end of first year. By end of second year several words have been learned. Speech may be delayed but if the baby cannot talk at all at end of its second year it should be taken to a doctor.

##### Teeth:

The first teeth are 20 in number, ten each in the upper and lower jaw. They appear at about the following ages:

Central incisors . . . . .	5 to 6 months
Lateral . . . . .	7 to 8 months
First molars . . . . .	12 to 16 months
Canines . . . . .	14 to 16 months
Second molars . . . . .	21 to 36 months

The lower set appears usually before the upper set.

Eruption of these teeth may cause the baby to be irritable. If it is sick and teething seems to be the cause, do not neglect matters but consult a doctor.

The first teeth must be taken care of. If they are lost too soon or decay, the jaw may become misshapen, and the second teeth come in crooked or decayed. (Explain how set is formed in jaw directly behind and in contact with first set. Accentuate the importance of care of the first set and explain how it may be done.)

#### WHAT TO NOTICE IN THE BABY.

##### Posture When Sleeping:

Quiet, limbs relaxed, sleep peaceful, no tossing about.

##### Respiration:

Regular, easy and quiet. Baby should breathe through the nose.

##### Skin:

Cool, slightly moist, and of a healthy pink color. Extremities warm.

##### Facial Expression:

Calm, peaceful. If the baby is suffering pain, the features will contract from time to time during sleep.

#### LESSON II.

##### Bathing and Value of Water:

Water needed internally and externally.

##### Internally:

Restlessness and peevishness often due to thirst. Babies feel heat and humidity more than adults do. Death is often due to heat prostration and exhaustion.

Give baby a teaspoonful of cool boiled water every hour. Wash out baby's mouth after each feeding. (Demonstrate method.)

##### Externally:

One or two tub baths daily in warm water.

(Explain and demonstrate method of giving tub bath. Water about 95 degrees. May be tested by mother placing elbow in water. Never use the hand for this purpose, as it is less sensitive to temperature of the water.

In summer give two or more sponge baths. (Explain and demonstrate methods of sponge bath.)

Reduces temperature of body and quiets restlessness.



**Bran Baths:**

For excoriated or delicate skin, particularly in summer. Good for heat rash.

Bags made of cheese cloth each containing about one pound or one pint of bran. Put bag in tub full of water, move it about and squeeze it until the water is milky white.

**Mustard baths:**

Only to be used if baby has a convulsion.

**First Send for the Doctor.**

Have water warmer than for regular bath (about 100 degrees.) Four table-spoonsful of mustard to 4 quarts of water. Do not leave baby in bath more than ten minutes.

After bathing and drying always dust skin with powder.

**Powder for General Use:**

Boric acid, one part.

Starch, four parts.

**Powder for Excoriated Skin:**

Zinc oxide, one part.

Starch, five parts.

**LESSON III.**

Most important. Without oxygen no growth or development. Must have fresh air day and night.

**Indoors:**

Give the baby the best room in the house. Have the windows open. Keep a mosquito netting over the baby during the summer. Keep the baby out of the hot kitchen.

**Outdoors:**

In summer the baby may be taken outdoors when it is a week old. In winter at the end of its first month if the weather is bright, dry and clear. The eyes and head must always be protected from the sun and wind. Do not take the baby out in storms or high winds. In good weather the baby should be out of doors the greater part of the day. Sleep in the open air is particularly valuable.

Keep the baby in the shade on hot days. Seek out the cool and shady spots.

**Sleep and Quiet:**

Normal baby sleeps greater part of time during first few weeks,—from 20 to 22 hours out of the 24. Up to six months it will sleep from 16 to 18 hours. From six months to one year of age the child should take a daily nap.

In infancy the sleep is light and the baby should be put to sleep at night in a

quiet room with clean clothes, dry diapers and a satisfied appetite. By the fifth month the baby should sleep uninterruptedly from 10 p. m. without a feeding. Babies should always sleep alone.

A soap box or clothe basket makes a good bed. Fasten a barrel hoop over the bed at each end and cover with mosquito netting. (Demonstrate way of making such a crib and canopy.)

Hammock is a good bed for baby if *wide open mesh*. Place a firm, thin pillow in the hammock for the baby to lie on. Pin the hammock together over the baby (safety pins) and place mosquito netting over it.

Never have baby to sleep on soft feather pillows. Use thin firm pillows in crib (hair pillow if possible) and cover it with rubber sheeting or oilcloth. Have covering light in weight and not too warm. In summer little or no covering is required.

Keep the baby quiet.

Let it sleep alone.

Keep it cool in summer and warm in winter.

Always have clean bed clothes and nightgown.

**LESSON IV.****Clothing and cleanliness:**

Most babies are too warmly dressed, particularly in summer. Too much clothing interferes with the movements of the limbs, restricts respiration and causes the body to become overheated, thus lowering vitality and lessening resistance to disease, as well as predisposing to skin eruptions and making the child restless and uncomfortable.

Baby's clothing should always be clean.

Have clothes of thin, soft and light material (unstarched).

Avoid obstructing bands. Baby's limb should have freedom of motion.

**Winter:**

*Indoors dress.*—Flannel shirt, diaper, socks, abdominal binder of flannel for first three months.

*Outdoors dress.*—Hood, warm coat, mittens.

**Summer:**

Thin muslin slip, gauze shirt, diaper.

All clothes must be loose.

Demonstrate and explain different articles of dress with samples of each. Encourage girls to make these clothes if there is a baby in the family.

**LESSON V.****First care of sick baby:**

The baby is sick if it has—

Fever.

Vomiting.

Many bowel movements.

Green bowel movements.

Curdy bowel movements.

Constipation.

Is cross and fretful.

Won't nurse or take the bottle.

Has a cough.

**What to do:**

Stop all food immediately.

Don't even nurse him. Give him two teaspoonfuls of castor oil.

Give him nothing to eat or drink but cool boiled water.

Give him a sponge bath; dress him in clean, fresh clothes and take him to the doctor.

**Remember:**

Stop all feeding: Give a dose of castor oil and go to the doctor.

**Remember:**

It is easier to keep the baby well than to cure him after he is sick.

**LESSON VI.****Milk:**

A mother's milk is the only natural food for a baby. Many more babies would live if they were breast fed. Mothers would save much trouble by nursing their babies for not only would the baby not be liable to have stomach or bowel trouble but there would not be the difficulty and cost of getting a proper substitute feeding.

If a mother is healthy, her milk contains just the right substances to nourish her baby, and the portion of these substances changes as the baby grows older and provides it with the proper food for its age.

If the mother cannot nurse the baby, the next best food is cow's milk.

Both human and cow's milk have the same ingredients, but they vary in amount and the milk that is suited to a calf is not suited to a human baby unless it is prepared by having other substances added to it. Changing cow's milk in this way is called "modification."

If cow's milk must be used, it is of greatest importance to see that it is absolutely pure. The milk sold from a can in grocery stores is often impure and likely to make the baby sick.

Condensed milk or patented foods



should never be used for infant feeding if a supply of pure cow's milk can be obtained. These foods may make the baby fat, but they do not properly nourish the baby. (If the children seem able to comprehend, the different composition of human and cow's milk may be explained to them.)

	Human Milk. (per cent)	Cow's Milk. (per cent)
Fat .....	4.00	4.00
Sugar .....	7.00	4.50
Proteids .....	1.50	3.50
Salts .....	.20	.75
Water .....	87.30	87.25
	100.00	100.00

The reaction of human milk is alkaline, while that of cow's milk is slightly acid.

To modify cow's milk so that it will be as nearly as possible like human milk, we—

1. Add water to reduce the proteids. This reduces the amount of other constituents, so we—

2. Add cream to increase the fats.

3. Add milk sugar to increase the sugar.

4. Add limewater to increase the salts and to make the milk alkaline.

### LESSON VII.

#### Size of baby's stomach:

Show chart and show why amount of food must be different at different ages.

#### Amount of each feeding:

	Ounces.
1 to 8 days .....	2
2 to 4 weeks .....	2-3
2nd month .....	3
3rd month .....	4
4th month .....	5
5th month .....	6
6th month .....	7
7th month .....	7
8th month .....	8
9th month .....	9

A good rule is to give one ounce more at each feeding than the baby is months old up to six months, then as many ounces at each feeding as the baby is months old up to the time of weaning.

#### Time for feeding:

	No. of feedings in 24 hours	Inter-vals	No. of night feedings
		Hours.	
1 to 6 days .....	9	2	2
2 to 4 weeks .....	9	2	2
2nd month .....	8	2½	1
3rd month .....	7	2½	0
4 to 6 months .....	6	3	0
6 to 9 months .....	6	3	0
6 to 10 months .....	5	2½	0

Regular feeding is important. Irregular feeding and over feeding causes sickness.

#### Don'ts:

Don't give the baby sour milk—taste before each feeding.

Don't give the baby cold milk—test it by dropping a few drops on the wrist.

Don't give the baby any other food but milk and water.

Don't give the baby pickles, lolly pops, bacon, tea, coffee, or ice cream.

### LESSON VIII.

#### Care of milk in the home:

Keep it Clean, Covered, and Cool (the three "C's").

Every dish or utensil that comes into contact with the milk must be perfectly clean.

If the milk gets warm it will become sour, and the germs in it that cause sickness multiply very rapidly.

Keep flies away from the milk as well as away from the baby. Flies carry filth and disease germs.

#### Care of bottles:

As soon as empty, wash with cold water. Thoroughly cleanse with borax and hot water (one teaspoonful of borax to one pint hot water).

Keep clean bottles upside down on clean shelf.

Boil bottles before filling them with milk for each feeding.

#### Care of nipples:

After using, rinse in cold water, then wash with hot water.

Keep them in a tumbler full of borax water between feedings.

Before using, rinse in boiling water.

Show dishes to be used in modifying milk and explain use of each.

#### In the home the following articles are needed:

One saucepan (for making barley water).

One strainer (for barley water).

One bowl for mixing.

One tablespoon.

One eight-ounce glass (common tumbler for measuring. (Two tablespoonfuls equals one ounce).

One funnel (pitcher may be used).

One double boiler (if possible).

### LESSON VIII.

#### Home directions for milk modification:

Clean hands.

Clean table to work on.

All utensils scalded.

Outside of milk bottles washed with cold water before the cap is removed.

Make barley water first, if it is to be used.

After everything is ready, wash hands again.

All feedings for the day should be prepared at one time.

#### Demonstrate process:

1. Barley water:

Measure barley accurately according to formula; cream it in a little cold water first to avoid lumping.

2. Dissolve the milk sugar in water.

3. Add the sugar solution to the milk.

4. Add the barley water.

5. Add the lime water.

6. Fill the feeding bottle; cork them with cork or cotton.

7. Put bottles immediately in cool place.

8. Heat each bottle in a pan of hot water before giving it to the baby.

### LESSON IX.

Demonstrate how to make (1) albumen water; (2) whey.

Have each child modify milk according to a simple formula.

Explain that the directions as to the proper formula for the baby must always be given by the doctor or nurse.

### LESSON X.

Quiz on the subjects covered to date.

Have the members submit essays on baby care.

THE NEW CAMPAIGN FOR HEALTH IN WHICH I WOULD ENLIST  
YOU IS FIRST OF ALL TO SAVE THE BABIES.

Commissioner Sells.



## Save Your Baby

**D**O YOU know that three-fifths of all Indian babies die before they are five years old?

Do you know that over one-fourth of all babies die before they are one year old?

Do you know that one-fifth of these deaths happen in July?

Hot weather alone does not kill babies. Death comes most frequently from the effect of hot weather upon the **FOOD WHICH THEY EAT.**

**REMEMBER** there is no better food for babies than **MOTHER'S MILK.** If you can, **NURSE YOUR BABY—**

not oftener than once in two hours; when the baby is over two months old, every two and a half hours; when five months old, every three hours.

Give the baby all the cool **BOILED** water it wants. Boil the water for twenty minutes. Let it cool in a covered jar. Never leave the water uncovered. A quart fruit-jar will hold enough for a day's supply. Have it fresh every day.

Babies often cry because they are thirsty, or because they are getting too much food, or because they are hot. Dress the baby in as few things as possible on hot days. A little band of cotton and wool to absorb the perspiration, a petticoat and a thin dress are enough. On hot days leave off the dress. See that the legs and arms are left free to the air.

**DO NOT WEAN THE BABY UNLESS THE DOCTOR ORDERS IT;** and follow his advice regarding the preparation of the milk for the bottle baby. Do not feed it on coffee, syrups, or solid food.

Use the best and cleanest milk you can get. See that it is always kept covered and cool.

Bottles, pitchers, and brushes used to prepare the milk should be perfectly clean. Dirt in the milk may make the baby very sick. Prepare enough bottles in the morning for all the feedings of each day. Place a stopper of clean absorbent cotton in each bottle. Milk must be kept cool if it is to remain fresh. Bottles should be boiled in soap-water at least once a week.

**TEETHING IS A NATURAL THING FOR A BABY AND WILL NOT MAKE IT SICK IF IT IS PROPERLY FED AND KEPT CLEAN.** Teething is not harder in summer than winter. The second summer need be no worse than the first summer.

Bathe the baby in cool water at least once a day in hot weather. If it has been perspiring, dry carefully before bathing. **IF IT HAS PRICKLY HEAT,** put a teaspoonful

of bicarbonate of soda in the bath. Babies with prickly heat may have been dressed or covered too warmly. **IF THE BABY IS SICK,** stop feeding it altogether. Give it water instead, and **SEE THE DOCTOR AT ONCE.** Do not let the neighbors tell you what to do. More babies are lost through delay in seeing the doctor and from continuing to feed them after they are sick than from any other reason.

If the doctor orders **BARLEY-WATER** or **RICE WATER** to be added to the milk, or given alone, it should be carefully prepared.

For barley-water, buy barley flour. It is cheaper and easier to use. Take a teaspoonful to a cup of water. Stir the barley flour into a paste with a little cold water and stir this paste into boiling water. It should cook in a double boiler at least fifteen minutes after the water in the under pot has come to a boil. Strain through thin cheese-cloth and cool in a pitcher or other vessel.

**RICE-WATER** is prepared by using a tablespoonful of rice to a cup of water. Wash the rice in cold water until clean. It should cook three hours in a double boiler. Strain off the water and use. The rice which is left is good food for older children.

**FRESH AIR IS MOST IMPORTANT FOR THE BABY IN SUMMER.** Keep it out in the cool shady places as much as possible. Keep the bedroom windows wide open at night.

**DO NOT TAKE THE BABY ON LONG EXCURSIONS FOR THE DAY** bringing it home late at night.

**REMEMBER,** regular feeding, sleep, fresh air, care of all foods, plenty of cool boiled water to drink, clean, dry clothes to wear, cool baths, **AND THE DOCTOR WHEN THE BABY IS SICK** will save the baby during the summer months.

**REMEMBER** upon the health and strength of the babies the glory and greatness of our Nation depend. The babies who in a few years will be men and women, what kind will they be? Healthy and strong or narrow-chested, weak, dependent? Are they to be leaders among men, wise and healthy mothers, or the reverse?

Mothers! do you realize that the health, strength and goodness of your boys and girls are almost entirely in your hands? If your babies are brought up properly and from babyhood are taught the principles of health and truth and honor, it will make us a Nation of healthy, clean men and women, with clean homes and honest hearts.





CARLISLE.  
14

1796  
Reposition-Health

*Carlisle*

Section 2 --- Health.

The fiscal year has been an exceptionally healthy one among the students.

It gives me pleasure to report that there have been no deaths and but few cases of serious diseases, except for the development of some cases of Tuberculosis among the students.

My experience in the service has led me to believe that there is a feeling prevalent in certain parts of the country that the climate at Carlisle is of a character which tends to develop Tuberculosis among students.

I am not prepared to subscribe to this view. Probably where pupils come from a higher altitude, if they have latent tubercular infection, the disease may develop here, but it is a very great question whether these same people would not develop the disease at home. Students are received here from all parts of the Indian country, much of which territory is heavily infected with Tuberculosis. They are here at an age when the disease reaps its greatest harvest, and it seems to me that it is very probable that despite the careful physical examination which is required before students are enrolled that some latent cases are received from time to time which develop at Carlisle as they would have done on the reservation. I do know that we have had, during the time that I have been in charge, examples of children developing the symptoms pointing to incipient tuberculosis who, by close care and attention to the building up of the system with a special diet, have developed into strong, healthy students.

The general sanitary conditions at Carlisle are as good as can be expected. The plant is an old military post. The buildings were built many years ago and do not express modern thought as to lighting and ventilation.

The school in the main, however, is well equipped for the work it carries on.



1916

## STATISTICAL.

## SECTION III.—HEALTH—Continued.



5

Carlisle, Pa. Indian School.

Reservation.

## Prevalence of disease:

8. How many Indians under your jurisdiction were examined for disease?

1st 6 mo. 2d 6 mo.

(a) Males	111 in hospital	388	405
(b) Females	111 in hospital	250	266
(c) Total		638 plus 671	

9. How many cases of tuberculosis of all forms were found?

Total, 1309

	(1) Latent.	(2) Active.	(3) Males.	(4) Females.	(5) Total.
(a) Pulmonary		17	8	9	17
(b) Glandular		11	6	5	11
(c) Bone		4	1	3	4
(d) Other forms		22			
(e) Total, all forms		32	15	17	32

10. How many of the total population (estimated, if not known exactly) have tuberculosis?

	(1) Males.	(2) Females.	(3) Total.
(a) Pulmonary	1.09 %	1.24 %	2.33 %
(b) Glandular	.93	.77	1.70
(c) Bone	.15	.46	.61
(d) Other forms			
(e) Total, all forms	2.17	2.47	4.64

11. How many cases of trachoma were found among these Indians examined for disease?

(a) Males	36
(b) Females	27
(c) Total	63

12. How many cases of trachoma were operated upon? 4

13. How many cases of trachoma were treated but not operated upon? 63

14. How many of the Indians under your jurisdiction do you estimate to have trachoma?

(a) Males	36
(b) Females	27
(c) Total	63

# DUPLICATE

ANNUAL REPORT - 1916.

*Carlisle*

## NARRATIVE SECTION.

Section 1 ---- Law & Order.

(Not Applicable.)

RECEIVED
JUL 31 1916

Section 2 ----- Health.

We have had an unusual amount of sickness among the students at Carlisle School during the past year, due largely to the fact that this section of the country was visited with a severe epidemic of Lagrippe during the winter months; also an epidemic of mumps in the school had the effect of impairing the general physical condition of the students, and those who were predisposed to tuberculosis, in many cases, had not sufficient resistance to at once rally from these attacks. The result was that approximately forty students were returned to their homes during the year on account of ill health, and five deaths occurred at the school during the year.

The general sanitary conditions at the school have been good considering the fact that this is a very old plant and the buildings are not constructed along modern lines, as to ventilation, light, etc. The Carlisle school does, however, compare favorably with other similar institutions in this section of the country as regards sanitary conditions.



5-248

**PHYSICIAN'S SEMIANNUAL REPORT.**

(To be made in duplicate, the original forwarded to the Commissioner of Indian Affairs  
and a duplicate retained with the agency files.)

(To be made in duplicate, the original forwarded to the Commissioner of Indian Affairs and the duplicate retained with the agency files.)

U. S. Indian Vocational School  
(Agency or School.)

(Agency or School.)

For six months ending Dec 31st, 1916

(If a physician is in the service only a part of the six months he should render report for such fractional period.)

Walter Rendtroff, M. D.  
Physician.

Superintendent.

6—1940

[illegible]



PHYSICIAN'S SEMIANNUAL REPORT.

(To be made in duplicate, the original forwarded to the Commissioner of Indian Affairs and the duplicate retained with the agency files.)

U. S. Indian Vocational School, Carlisle, Pa.  
(Agency or School.)

(Agency or School.)

*For six months ending*

191

*months ending* \_\_\_\_\_  
(If a physician is in the service only a part of the six months he should render report for such fractional period.)

\_\_\_\_\_, M. D.  
Physician.

6-1940		Superintendent.						DIED.		TREATMENT DISCONTINUED.		REMAINING UNDER TREATMENT AT THE CLOSE OF THIS REPORT.		PRESENT CONDITION.				
NAMES OF DISEASES.		REMAINING UNDER TREATMENT FROM LAST REPORT.		ADDITIONAL NUMBER TREATED DURING THE HALF YEAR.		TOTAL.		MALE.		FEMALE.		M.	F.	M.	F.	Recovered.	Im- proved.	Unim- proved.
		M.	F.	M.	F.	M.	F.	Num- ber.	Age of each.	Num- ber.	Age of each.							
Exuberant granulations					1		1											
Gonorrhoea				2			2											
Impacted anal cerumen				1			1											
Myringitis				1			1											
Miscellaneous headaches				9	10	9	10											
Scabies				2			2											
Gastralgia				4	1	4	1											
Gastric Dyspepsia				8	5	8	5											
Gastritis					1		1											
Biliousness				3	5	3	5							1				
Enteralgia					2		2											
Hepatitis, ac.		1		1			2											
Lumbago				1			1											
Osteoarthritis				3			3											
Acne pustulorum & indurata				1			1											
Rheumatoid conditions					1		1											
Hysteria					1		1											
Dysrhoea					1		1											
Injuries, miscellaneous				32	12	32	12											
Felon					1		1											
Furuncle				9	4	9	4											
Ulcers, miscellaneous					1		1											
Abscesses, miscellaneous				3	1	3	1											
Chr. Lead poisoning				2			2											
Ingrowing toe-nails				4			4											
Infections, miscellaneous				9	3	9	3							2	1			
Varicocle				1			1											
Amenorrhoea					6		6											
Burns, 1st degree				2			2											
Dysmenorrhoea					18		18											
Ophthalmitis, ac.					1		1											
Metrorrhagia					3		3											
Dental caries				5	6	5	6											
Gingivitis				1			1											
Debility				1	5	1	5											
Enuresis				1			1											



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U. S. Indian Vocational School  
(Agency or School.)

For six months ending \_\_\_\_\_, 191

(If a physician is in the service only a part of the six months he should render report for such fractional period.)

*Superintendent.*

\_\_\_\_\_, M. D.  
Physician.

[illegible]



# HOSPITAL RECORD for the six months ending

Dec. 31, 1916.

REMAINING IN THE HOSPITAL FROM LAST REPORT.	ADMITTED DURING THE HALF YEAR.	TOTAL.	DIED.	DISCHARGED.	REMAINING IN THE HOSPITAL AT THE DATE OF THIS REPORT.	PRESENT CONDITION.			NUMBER OF PATIENTS TREATED DURING THE HALF YEAR.
						Recovered.	Improved.	Unimproved.	
4	321	325	0	315	10				1088
3	247	250	0	247	3				804
7	568	575	0	562					1862

## ABSTRACT OF THE REGISTER OF INFECTIOUS DISEASES.

ABSTRACT OF THE REGISTER OF INFECTIOUS DISEASES.																
	NUMBER REMAINING FROM LAST REPORT.		REGISTERED DURING THE HALF YEAR.		TOTAL.		RECOVERED.		DIED.				REMAINING ON THE REGISTER AT THE DATE OF THIS REPORT.		NUMBER OF PATIENTS QUARANTINED.	NUMBER OF PREMISES DISINFECTED.
									M.		F.					
	M.	F.	M.	F.	M.	F.	M.	F.	Number.	Ages.	Number.	Ages.	M.	F.		
														2		
Tuberculosis, Pulmonary,	1		1	2	2	2										
“ Glandular,		2				2										
“ Meningeal,																
“ Other forms,																
Trachoma,			33	10	33	10										
Syphilis,																
Gonorrhea,			2		2											
Smallpox,																
Scarlet fever,																
Diphtheria,																
Measles,																
Whooping cough,																
Epidemic, Cerebro-spinal meningitis,																
Typhoid fever,																

## ABSTRACT OF VITAL STATISTICS.

POPULATION, BIRTHS, AND DEATHS.

Total Indian population,

(Date.)

Number of births during the half year,

Number of deaths during the half year,

Total Indian population at the close of this Report,

{ Male,  
{ Female,  
{ Male,  
{ Female,  
{ Male,  
{ Female,  
{ Male,  
{ Female,

I HEREBY CERTIFY that I have examined the above record of vital statistics and believe it to be correct.

Walter Rendtorff  
Superintendent.  
Physician

## REPORT OF SANITARY CONDITION OF GOVERNMENT BUILDINGS AND GROUNDS, INDIAN LANDS AND HOMES, WITH RECOMMENDATIONS.

Health conditions during the past 6 months have been quite satisfactory.

Walter Rendtorff, M. D.  
Physician.



(If a physician is in the service only a part of the six months he should render report for such fractional period.)

Walter Rutherford, M. D.  
Physician.

NAMES OF DISEASES.

[illegible]







(To be made in duplicate, the original forwarded to the Commissioner of Indian Affairs and the duplicate retained with the agency files.)

For six months ending \_\_\_\_\_, 191

(If a physician is in the service only a part of the six months he should render report for such fractional period.)

\_\_\_\_\_, M. D.  
Physician.

6—1940

Superintendent.														DIED.		TREATMENT DISCONTINUED.		REMAINING UNDER TREATMENT AT THE CLOSE OF THIS REPORT.		PRESENT CONDITION.		
NAMES OF DISEASES.	REMAINING UNDER TREATMENT FROM LAST REPORT.		ADDITIONAL NUMBER TREATED DURING THE HALF YEAR.		TOTAL.		MALE.		FEMALE.		M.	F.	M.	F.	Recovered.	Improved.	Unimproved.					
	M.	F.	M.	F.	M.	F.	Number.	Age of each.	Number.	Age of each.												
Phymosis			1		1																	
Balano-posthitis			1		1																	
Headache (miscellaneous)			10	6	10	6																
Impacted cerumen			3	2	3	2																
Myringitis			1	1	1	1																
Ac. Catarrh. Otitis Med.			6	3	6	3																
Ac. Sup. Otitis Media	1		1	3	1	4																
Chr. Otitis Media				2		2																
Scabies			1		1																	
Eczema				4		4								1								
Dermatitis			1		1								1									
Scrofulodermia			1		1																	
Herpes Zoster				1		1																
Appendicitis	1					1																
Gastralgia			5		5																	
Gastric Dyspepsia			4	1	4	1																
Gastritis																						
Biliousness			4	1	4	1																
Enteralgia			3	4	3	4																
Icterus			1	1	1	1																
Hemorrhoids, Internal				1		1																
Hepatitis			1		1									1								
Lumbago			1		1																	
Portieritis			2		2																	
Myalgias (misc.)			3	2	3	2																
Rheumatoid conditions			3	0	3																	
Neuralgia				1		1																
Hysteria				1		1																
Fracture						1																
Miscellaneous Injuries			38	6	38	6																
Felon				1		1																
Turuncle			6		6																	
Misc. Ulcers			2		2																	
Misc. Abscesses			4	4	4	4																



	IN THE FROM REPORT.	ADMITTED DURING THE HALF YEAR.	TOTAL.	DIED.	DISCHARGED.	REMAINING IN THE HOSPITAL AT THE DATE OF THIS REPORT.	Recovered.
Male,							
Female,							
TOTAL,							

ABSTRACT OF THE REGISTER OF INFECTIOUS DISEASES.

	NUMBER REMAINING FROM LAST REPORT.		REGISTERED DURING THE HALF YEAR.		TOTAL.		RECOVERED.		DIED.				REMAINING ON THE REGISTER AT THE DATE OF THIS REPORT.		NUMBER OF PATIENTS QUARAN- TINED.	NUMBER OF PREMISES DISIN- FECTED.
									M.		F.					
	M.	F.	M.	F.	M.	F.	M.	F.	Number.	Ages.	Number.	Ages.	M.	F.		
Tuberculosis, Pulmonary,																
“ Glandular,																
“ Meningeal,																
“ Other forms,																
Trachoma,																
Syphilis,																
Gonorrhea,																
Smallpox,																
Scarlet fever,																
Diphtheria,																
Measles,																
Whooping cough,																
Epidemic, Cerebro-spinal meningitis,																
Typhoid fever,																

ABSTRACT OF VITAL STATISTICS.

POPULATION, BIRTHS, AND DEATHS.				UNDER JURISDICTION OF PHYSICIAN.			UNDER SUPERINTENDENT.		
				Full blood.	Mixed blood.	Total.	Full blood.	Mixed blood.	Total.
Total Indian population,	(Date.)	{ Male,							
Number of births during the half year,		{ Female,							
Number of deaths during the half year,		{ Male,							
Total Indian population at the close of this Report,		{ Female,							
		{ Male,							
		{ Female,							

I HEREBY CERTIFY that I have examined the above record of vital statistics and believe it to be correct.

*OSGIP*  
Superintendent.

REPORT OF SANITARY CONDITION OF GOVERNMENT BUILDINGS AND GROUNDS, INDIAN LANDS AND HOMES, WITH RECOMMENDATIONS.



(To be made in duplicate, the original forwarded to the Commissioner of Indian Affairs and the duplicate retained with the agency files.)

(Agency or School.)

For six months ending \_\_\_\_\_, 191

(If a physician is in the service only a part of the six months he should render report for such fractional period.)

\_\_\_\_\_, M. D.  
Physician.

Superintendent.

[illegible]



HOSPITAL RECORD for the six months ending

	REMAINING IN THE HOSPITAL FROM LAST REPORT.	ADMITTED DURING THE HALF YEAR.	TOTAL.	DIED.	DISCHARGED.	REMAINING IN THE HOSPITAL AT THE DATE OF THIS REPORT.	PRESENT CONDITION.			
							Recovered.	Improved.	Unimproved.	
Male,	8	388	396	1	398	3				1607
Female,	8	250	258	1	255	3				1498
TOTAL,	16	638	654	2						3105

ABSTRACT OF THE REGISTER OF INFECTIOUS DISEASES.

	NUMBER REMAINING FROM LAST REPORT.		REGISTERED DURING THE HALF YEAR.		TOTAL.		RECOVERED.		DIED.				REMAINING ON THE REGISTER AT THE DATE OF THIS REPORT.		NUMBER OF PATIENTS QUARAN- TINED.	NUMBER OF PREMISES DISIN- FECTED.
									M.		F.					
	M.	F.	M.	F.	M.	F.	M.	F.	Number.	Ages.	Number.	Ages.	M.	F.		
Tuberculosis, Pulmonary,	/	/	7	5	8	6							/			
“ Glandular,			4	5	4	5	4	3						2		
“ Meningeal,																
“ Other forms,			/	/	/	/										
Trachoma,																
Syphilis,																
Gonorrhea,																
Smallpox,																
Scarlet fever,																
Diphtheria,																
Measles,			2	1	2	1										
Whooping cough,																
Epidemic, Cerebro-spinal meningitis,																
Typhoid fever,																

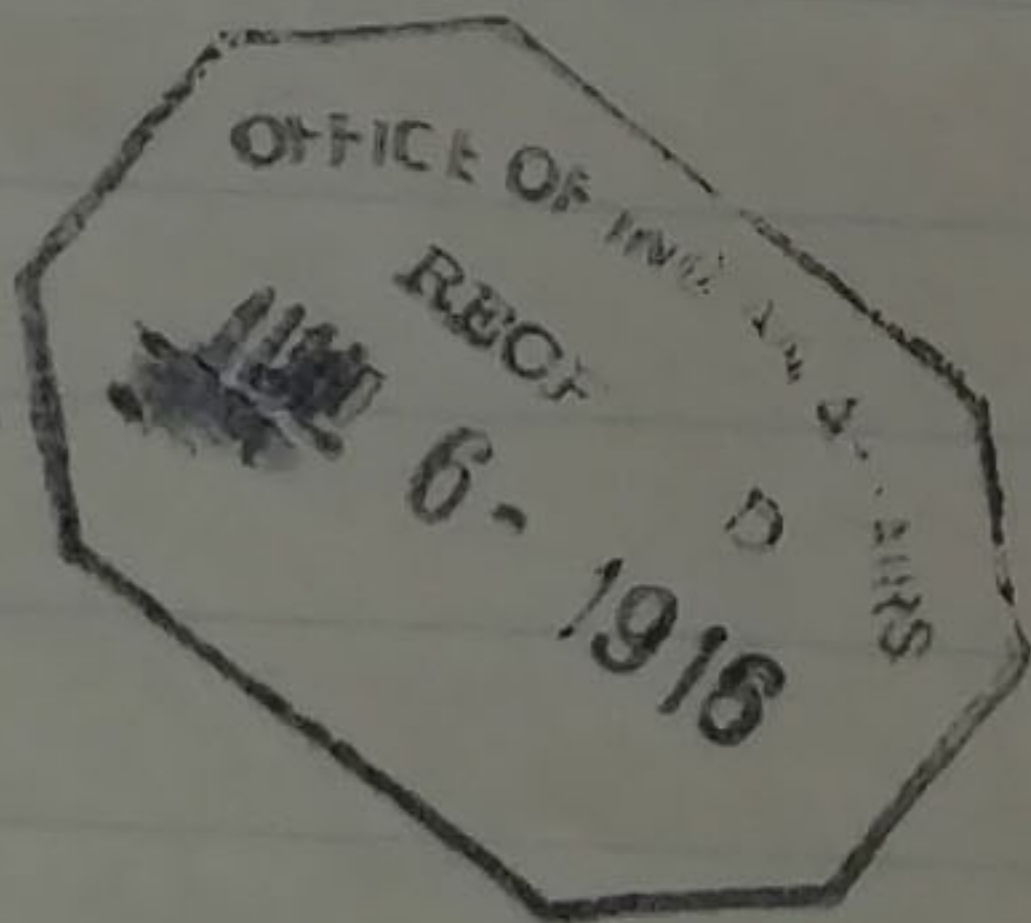
ABSTRACT OF VITAL STATISTICS.

POPULATION, BIRTHS, AND DEATHS.					UNDER JURISDICTION OF PHYSICIAN.			UNDER SUPERINTENDENT.		
					Full blood.	Mixed blood.	Total.	Full blood.	Mixed blood.	Total.
Total Indian population,	(Date.)						400			
Number of births during the half year,							242			
Number of deaths during the half year,										
Total Indian population at the close of this Report,										
					Male,					
					Female,					
					Male,					
					Female,					
					Male,					
					Female,					

I HEREBY CERTIFY that I have examined the above record of vital statistics and believe it to be correct.

*W. J. P. P.*  
Superintendent.

REPORT OF SANITARY CONDITION OF GOVERNMENT BUILDINGS AND GROUNDS, INDIAN LANDS AND HOMES, WITH RECOMMENDATIONS.



*Walter R. ...* M. D.  
Physician.



Carbide

Duplicate

150

M. B. Davis — Feb. 7, 1916.

Mr. Sells  
2/17/16  
D

RETURN  
TO  
MR. H. SMITH



REPORT OF H. B. PEAIRS, SUPERVISOR OF SCHOOLS

on the

Carlisle, Pa. Indian School.

Feb. 7, 1916.

Section I - Material Plant

As so many reports have been made on Carlisle, it seems unnecessary to do more at this time than to call attention to the more important needs.

Fire Escapes

The fire escapes now in use, (sliding poles) are satisfactory for the boys building but are entirely unsuitable for the girls building. A cylindrical slide such as is in use at the Anadarko Boarding School, at Haskell Institute and a few other schools is the only safe type of fire escape for a girls building. Two of that type should be installed at the girls building at Carlisle as soon as possible.

Small Boys  
Building  
Annex

The Annex to the small boys building should be remodeled, enlarged and provided with modern equipment as soon as funds are available. Shower baths are greatly needed. At present there is nothing but tubs in this building.

Lockers

The old wooden ward robes in the dormitories are in a bad state of repair and cannot be made sanitary and satisfactory. They should be replaced by a com-



plete equipment of steel lockers especially in the large boys' quarters.

Hospital  
Porches

At present the hospital porches are provided with curtains instead of window sash. The curtains have never been satisfactory. There is a great deal of rainy, damp weather and also considerable cold weather during the winter months during which the porches are very uncomfortable and the physician reports that at such times he does not think it advisable to use the porches at all. At the time of my inspection there was an epidemic of mumps in the school and not only every ward in the hospital but many rooms in the dormitory buildings were being used as sick rooms. The weather was such that the porches could not be safely used. The result was that it was impossible to isolate special cases and at least one patient who had tuberculosis was occupying the same room as a number of those who had the mumps. To overcome such emergencies which frequently occur, the porches should be provided with glazed sash and thus made habitable at all times.

Quarters  
for married  
employees  
needed

Several of the industrial employes are now living in town, and are therefore compelled to provide their own quarters. As their salaries are quite low, they



should be furnished places to live on the grounds as soon as it is possible to arrange to accomodate them.

The Superintendent is planning to care for them by making some changes in buildings now available. The changes will cost but compabatively a small amount and should be authorized promptly when requests for material and labor are submitted.

*J. B. Orain*  
Supervisor of Schools.



REPORT OF H. B. PEAIRS, SUPERVISOR OF SCHOOLS

, on the

Carlisle, Pa. Indian School

Feb. 7, 1916.

Section II - Academic and Industrial Departments

Academic  
Dept.

On my arrival at the school just at the close of January, I was informed that everything was ready for the prompt introduction of the new course of study on February first. Working programs had been thoughtfully and carefully prepared by the principal and on the morning of February first when I went through the class rooms, I found all teachers observing the new schedule and everything moving along almost as smoothly as though there had been no change. The manner in which the new program was being followed was a positive demonstration of the practicability of the plans outlined in the new course, at least in so far as the academic work is concerned. This was of course, very pleasing to me and I suggested that samples of the class room programs be published in the Arrow as a possible aid to other schools in the work of reorganization to meet the requirements of the new course of study. The following are daily programs effective February 1, 1916 for the 4th, 5th and 6th Grades:



GRADE IV-b

A. M.	P. M.	Subjects	Minutes	
			A.M.	P.M.
8:30 - 8:55	1:15 - 1:40	Monday - Music Tuesday - Current Events Wednesday - Assembly Thursday - Manners, etc. Friday - Civics	25	25
8:55 - 9:15	1:40 - 2:00	Conversation & Other Oral Exercises	20	20
9:15 - 9:35	2:00 - 2:20	Reading	20	20
9:35 - 9:55	2:20 - 2:40	Spelling (M.W.F.) Language (Tu.Th.)	20	20
9:55 - 10:05	2:40 - 2:50	Breathing Exercise	10	10
10:05 - 10:35	2:50 - 3:15	Arithmetic	30	25
10:35 - 11:00	3:15 - 3:35	Writing & Drawing (Alternate Days)	25	20
11:00 - 11:30	3:35 - 4:00	Geography (M.W.F) Phys. & Hyg. (Tu.Th.)	30	25

Grade IV-a

Same as for IV-b, except that Current Events comes Monday and Music Tuesday.

Grade V-b

Same as for IV-b and IV-a, except that Manners, etc., comes Monday, Civics, Tuesday, Music Thursday, and Current Events, Friday.

Grade V-a

Same as for V-b, excepting that Current Events comes Thursday and Music Friday.



GRADE VI-b

A. M.		P. M.	Subjects	Minutes	
				A.M.	P.M.
8:30 - 8:55	1:15 - 1:40		Monday - History		
			Tuesday - Manners, etc.		
			Wednesday - Assembly	25	25
			Thursday - Civics		
			Friday - History		
8:55 - 9:25	1:40 - 2:05		Arithmetic	30	25
9:25 - 9:50	2:05 - 2:30		Monday, Music; Tuesday, Current:		
			Events; Wed. History; Thurs., Writing; Friday, Drawing.	25	25
9:50 - 10:00	2:30 - 2:40		Breathing Exercise	10	10
10:00 - 10:20	2:40 - 2:55		Conversational, etc.	20	15
10:20 - 10:40	2:55 - 3:15		Reading	20	20
10:40 - 11:00	3:15 - 3:35		Spelling (M.W.F.) Language (Tu. Th)	20	20
11:00 - 11:30	3:35 - 4:00		Geog. (M.W.F.) Phys. & Hyg. (Tu. Th)	30	25

Grade VI-a

Same as for Six-b, excepting that Current Events comes on Monday and Music on Tuesday.



GRADE VII  
(First Year Vocational)

A. M.		P. M.		Subjects	Minutes	
					A.M.	P.M.
8:30	- 9:00	1:15	- 1:40	Reading, Monday, Tuesday, Thursday, and Friday. Assembly, Wednesday	30	25
9:00	- 9:25	1:40	- 2:05	Monday - Music Tuesday - Current Events Wednesday - Reading Thursday - Writing Friday - Civics	25	25
9:25	- 9:55	2:05	- 2:35	Grammar	30	30
9:55	- 10:05	2:35	- 2:45	Breathing exercises	10	10
10:05	- 10:45	2:45	- 3:20	Arithmetic	40	35
10:45	- 11:00	3:20	- 3:35	Spelling	15	15
11:00	- 11:30	3:25	- 4:00	Industrial Geography or Agricultural Botany	30	25

Unless otherwise indicated on these programs, each subject comes daily; that is, five times a week. During the period assigned for "Current Events", the teacher takes her class to the library, if she wishes. The Librarian knows beforehand when the class is coming, thus being enabled to assist the teacher in directing the pupils' reading.

An analysis of these programs will show that no two classes visit the library at the same time and also that the work of the special teacher of music is so arranged that the instruction in vocal music in the class rooms in a large degree comes all together. This arrangement gives her more latitude in adjusting her schedule of piano lessons and also enables her to take care of more pupils.



They are entirely practicable and workable programs for schools where there is but one grade in a room at a time. Where there is more than one grade in a room the time will necessarily have to be divided between study and recitation to enable the teacher to conduct all recitations. The programs for the Vocational division of the academic department had not been quite as thoroughly worked out but will be made to meet all of the requirements as rapidly as possible without inadvisably disturbing plans which are well along for this year.

Methods  
of in-

struction. On account of the reorganization of the work just at the time of my visit, it would not be fair to the teachers to pass any final judgment on their preparation of outlines, methods of instruction, etc. However, the pupils all seemed to be interestedly busy. Many of them were engaged in writing home letters. In at least two grades it seemed that too much time was being allowed for the letter writing. However, the suggestion is made merely as a caution and not as a definite criticism. The pupils' time is so valuable that it should always be used to the very best advantage.

Too much  
written  
work.

I noticed a tendency in several rooms to allow pupils to do too much written work. This is a very common



fault in Indian Schools and should be guarded against at all times. The new course of study emphasized <sup>the</sup> ~~conventional~~ lessons.

#### Attendance

The attendance at Carlisle should be increased by the enrollment of about one hundred more pupils. There is ample capacity for that many more and with them the institution could do more efficient work in every department. Further, when so many Indian children are out of school all available capacity should be utilized. I suggest that where the records show that there are children out of school, Superintendent be instructed to make an effort to arrange for the transfer of those of proper age and grade, either from their schools or from the reservation, of as many as Carlisle can care for. This should have prompt attention.

#### Industrial Department Trades.

The employment of a director of the trade departments has already resulted in a very marked improvement. When I visited the school last May the training of the boys in the shops was very <sup>much</sup> satisfactory. The work has now been quite well organized and much really good instruction is being given. As but little productive work can be done at this season of the year most of the time is being devoted to the instruction of the trade boys. Later in the year when



the weather will make it possible to do building and outside work, a larger portion of the time will be devoted to productive work and less time to instruction. Instruction is being given regularly now in all trade departments and the boys are apparently deeply interested. Especially good work is being done in the mason's and carpenter's departments. The students are apparently deeply interested and are making good progress. Bulletins, trade journals and helpful books are provided for students and instructors and the department is really taking on the appearance of an educational institution.

#### Outing of trade students

One obstacle in the way of accomplishing entirely satisfactory results with trade students is that there is such a demand for boys to go out to work that their instruction and special training is greatly interrupted. My judgment is that trade students should not be permitted to go out to work during the school year until they are well enough advanced in their trades to enable them to take places as advance apprentices in shops where they may have an opportunity to remain to complete their trades. There would probably be no objection to an outing during the vacation months but I am convinced that for trade students it would be better for them to remain at the school regularly during the school year until they are ready to go out to remain to



complete their trades.

#### Agriculture

The school farms are well cared for and produce abundantly but are not at present conducted in such a manner as to be a school of Agriculture. The agricultural department of the school is under the management of the farmer who is a successful workman but is not qualified to teach and who does not have time to teach as he directs, not only the general farming but also the gardening and the dairying having only Indian boys as assistants. Under these conditions but little interest is aroused among the students in agriculture. Further, the environment of the Carlisle School is more favorable to interest in trades than in agriculture. Because of these facts it will be necessary to make a very special effort to get the best of help for the agricultural departments of the school. With Indian boys the best means of arousing an interest in agricultural pursuits is through stock raising. As the Carlisle School farm will not support a large number of stock what is kept should be of the best types and breeds. At present the dairy herd is greatly depleted because of two inspections for tuberculosis having resulted in a majority of the herd being condemned. Dairy farming should be emphasized not only because of the adaptibility of the school farm to that type of farming but because of the demand for dairy products in the school. In building up the herd great care



should be taken to select only good individual animals. The school should keep about fifty good cows in order to provide sufficient dairy products for the school.

I believe a trained dairyman is a necessity with that large a dairy. Because of having had so much trouble to get a satisfactory trained dairyman the work is at present under the supervision of the farmer who has an Indian boy in immediate charge of the dairy. This arrangement is said to be better than it formerly was when an inefficient man was in independent charge but no instruction is now being given and the herd is quite small. It is possible to find an efficient trained dairyman and if Carlisle is going to pretend to give a course in agriculture, it is not fair to the students to try to get along without well qualified instructors. There should be a thoroughly trained Teacher of Agriculture employed just as soon as possible. I am convinced that there should also be a trained dairyman. However, it is possible that if a teacher of agriculture who has had a course and practical experience in dairying can be found, he may be able to direct the dairy work during the remainder of this year. Eventually there must be a trained dairyman.

In addition to keeping up a good dairy, I believe the school should keep a limited number of good types and breeds of cattle, horses, hogs and sheep. More attention should also be given to poultry raising. The work in



general farming and gardening is being done very well and with a teacher of agriculture to give practical instruction along those lines, it should be possible to get a much larger number of boys interested in the work of the agricultural department of the school.

Domestic  
Departments

The domestic departments of the school are very well organized and thorough instruction is being given.

Cooking

Regular and progressive instruction in cooking is given to all girls during their term of enrollment and through the use of the model cottage, the domestic rooms in the girls' quarters and the outing system, opportunities are given for the practical application of lessons learned in class instruction.

Sewing

Arrangements are also made for class and individual instruction in sewing. Some time during their term of enrollment all girls learn to do plain sewing and many become very proficient as dressmakers.

Laundering

Unusually good instruction is given in laundering. Girls are taught to launder white shirts, collars and cuffs as well as to do the ordinary family washing.

Home

Training

Plans are being carefully developed for the giving of instruction in Home training as planned in the new course of study. Considerable of this course is given by the



domestic science teacher but what is not included in the regular domestic science course will be given by the matron to the girls when detailed as housekeepers.

**Nursing** Six girls are taking a course in nursing in the school hospital. They are instructed by the physician and the nurse. Under the new course of study arrangements will be made to give all of the girls a short course in home nursing.

**Religious organizations.** Pupils attend Sunday School and church in town Sunday mornings, and hold Protestant and Catholic meetings Sunday evenings. The various denominations send representatives to the school to give religious instruction on Monday and Tuesday evenings. Y. M. C. A. and Y. W. C. A. organizations are maintained by the pupils.

**Literary societies** Four literary societies are maintained and do some very commendable work. There is a large band and also an orchestra in which many pupils and several employes get good training. These organizations are largely made up of beginners but offer an excellent opportunity for the students to get musical training.

**Library** Carlisle has long had quite a good library. With the introduction of the new course of study, many new reference books should be added for use of both instructors and students.



Graduates  
and  
ex-students

Although Carlisle has kept in touch with ex-students and graduates better than many schools, no attempt has been made to do any systematic continuation or extension work. Certainly as large an institution as Carlisle should maintain a regular extension division and through that medium not only encourage the ex-students to continue their educational effort but at the same time reach many English speaking Indians through the ex-students and help them in their home and community problems. This is a phase of the educational work that should not be neglected longer by the large schools at least. I believe all of the larger non-reservation schools should establish extension divisions just as soon as possible.

*H. B. Sears*  
Supervisor of Schools.



REPORT OF H. B. PEAIRS, SUPERVISOR OF SCHOOLS  
on the  
Carlisle, Pa., Indian School  
Feb. 7, 1916.

Section III - Health

Food

The quantity of food seemed sufficient but greater variety would be more appetizing. I noticed that the food was sometimes put on the tables so long before the pupils were ready to eat that it got cold and therefore was not as satisfactory as if it had been served differently. In a large school there should be a warming oven where food could be kept warm after being dished, until placed on tables.

Dining  
Room

More should be done to make the dining room attractive and homelike. New tables to accomodate six or eight pupils should be provided. If growing plants were kept in some of the windows and other suitable places in the room it would add much to the attractiveness of the room. Sash curtains would also give the rooms a more homelike appearance. The room is such as might be made a really delightful dining place but it shows the lack of interest and effort.

Clothing,  
toilet art-  
icles, etc.

Pupils are well clothed but as has already been suggested, the facilities for the proper care thereof are not good. Two inspections of the large boys' building



revealed a very unsatisfactory condition of clothing which is kept in boys' rooms in their ward-robcs. Old shoes, soiled clothing used in shops and elsewhere were thrown in with school suits, uniforms and personal clothing. Towels were kept in ward-robcs or on beds. The conditions in the small boys' building and in the girls' building were much better but were not satisfactory in any of the buildings on account of lack of suitable facilities for the care of such supplies.

Cabinets for towels should be provided in the wash rooms and thereafter pupils should not be permitted to keep them in their rooms. Holders or cabinets of some kind should be provided for the proper care of toilet articles, such as tooth brushes, combs, hair brushes, etc., and should be placed where they could be conveniently inspected daily. Shoe polish should be supplied at all times and students should be required to keep their shoes in presentable condition. All work clothing and shoes should be kept in the shops.

Floors      The floors in the dormitories are in very great need of oil. Floors in dormitories, dining room, school rooms, sewing rooms, and hospital especially should be kept oiled at all times and some sort of a sweeping compound should be used to keep down dust.

Rooms and  
decoration

Very bad taste is used by many of the pupils in decorating



their rooms. Scores and some times hundreds of post card pictures are displayed on the walls and become a lodging place for dust. In a few instances post cards of an objectionable character were observed on the walls.

In probably a half dozen of the rooms in the large boys' building Police Gazette pictures of very bad character were used for decorating the walls. Supt. Lipps had given instruction to have such pictures taken down but the instructions had not been followed up by the disciplinarians.

In many of the rooms the walls were badly damaged by driving tacks and nails in them. Decorations should be hung from the picture moulding. The general condition of the rooms in the large boys' building and in the girls' building was not at all satisfactory but it was probably a result of the rooms being occupied by pupils who had mumps. There were about fifty confined to their rooms in each of these buildings.

Physical  
training

All pupils are required to take regular gymnasium work twice each week. The physical director is an exceptionally well qualified instructor and is doing very good work. I noticed that there was no way of knowing definitely whether pupils took a bath after physical training class work. As they take very vigorous exercise and perspire freely, they should always be required to at least take a "rub down" and better, a shower bath im-



mediately following the gymnasium period.

*H. B. Deairs*  
Supervisor of Schools.



REPORT OF H. B. PEAIRS, SUPERVISOR OF SCHOOLS  
on the  
Carlisle, Pa. Indian School  
Feb. 7, 1916.

Section IV. - Employees

In general the employe force is of at least average efficiency. The heads of departments are possibly stronger than the average. The great need now, is a well qualified, experienced teacher of agriculture. This has already been discussed under the heading agriculture. There should be no unnecessary delay in securing and appointing someone for this position as the farming season will soon be at hand.

All employes are earnestly striving to put the new course of study into effect and to thus increase the efficiency of the school. There are a few weak employes but on account of my short stay at the school I will leave it to the superintendent to report upon them or wait until I make another visit.

*H. B. Peairs*  
Supervisor of Schools.