

File

INDIAN OFFICE.

FILES.

CARLISLE.

Health conditions and tuberculosis at
Carlisle.

17189-09
19993

17189-09
Carlisle 732
(Tuberculosis)

REFER IN REPLY TO THE FOLLOWING:

598
ADDRESS ONLY THE
COMMISSIONER OF INDIAN AFFAIRS.

DEPARTMENT OF THE INTERIOR,

Education-
Administration
11376/09
17189/09
19993/09
TFM

OFFICE OF INDIAN AFFAIRS,

WASHINGTON.

MAR 19 1909

Tuberculosis at Carlisle.

Mr. Moses Friedman,
Supt. Indian School,
Carlisle, Pennsylvania.

Sir:

Your letter of March 3 has been received.

As requested, you are authorized to return Elizabeth Hull to her home as bacilli has been found in her sputum. The return of Lizzie Rowland to her home and the death of one of the other pupils listed by Doctor Murphy in Class 1, will leave twenty-four pupils in this class, out of the twenty-seven which made up Class 1 originally. As the Office recently authorized you to build sleeping porches on the school hospital to accommodate pupils suffering with tuberculosis, you may, as requested, retain these twenty-four pupils for the purpose of studying the effect of modern treatment, with the distinct understanding that their presence at the school in no way endangers the health of the other pupils. You will follow out the recommendations made concerning their treatment by Doctor Murphy, a copy of whose report was sent to you.

Your report of the progress made in remedying the other

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11378/09

-2-

Carlisle

undesirable conditions reported by Doctor Murphy, is satisfactory.

Very respectfully,

R. W. Valentine
Acting Commissioner.

TFM-18

F.R.P.

DEPARTMENT OF THE INTERIOR,

Education-
Administration. -- OFFICE OF INDIAN AFFAIRS,

16177-1909
19993-1909
T F M

WASHINGTON MAR 19 1909

Conditions at
Carlisle.

Dr. Joseph A. Murphy,

Medical Supervisor,

Phoenix Indian School, Phoenix, Arizona.

Sir:

Your letter of March 10, explaining the apparent discrepancies between the classes in which some of the pupils were placed, in your report to this Office, and the classes noted on the cards left at Carlisle, has been received and is satisfactory.

Very respectfully,

Acting Commissioner.

F. J. P.

ADDRESS ONLY THE
COMMISSIONER OF INDIAN AFFAIRS.

REFER IN REPLY TO THE FOLLOWING:

5-26137

DEPARTMENT OF THE INTERIOR,

OFFICE OF INDIAN AFFAIRS,

WASHINGTON. MAR 19 1909

Education-
Administration
18177/09
19998/09
TFM

Conditions at Carlisle.

The Secretary of the Interior:

Sir:

The Office has received by your reference a report of Frank C. Churchill, United States Indian Inspector, on the conditions at the Carlisle Indian School, Pennsylvania.

The apparent discrepancies reported by Inspector Churchill were referred to Medical Supervisor Joseph A. Murphy for explanation. Mr. Murphy says that the children at Carlisle were classified at the time of the physical examination into four classes, according to the degree of pulmonary involvement and the degree of suspicion, but that this was intended by him as only preliminary to the final classification, his report to this Office containing only two classes; that the cards were studied carefully by him and Doctor Shoemaker, the school physician, the various pupils discussed and certain of them selected to be tested with tuberculin; that when this was completed and the records taken, he left Carlisle, but did not note on the individual cards the results of this further study and tuberculin test.

He says that the list of pupils responding to the test

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18177/09

-2-

Secretary

was left with Doctor Shoemaker at Carlisle and certain oral recommendations given, and that the record should stand as reported to the Office.

This explanation by Doctor Murphy is satisfactory, and Inspector Churchill's report is herewith returned, as requested.

Very respectfully,

R. W. Valentine
Acting Commissioner.

TFM-18

Subject: ~~DEPA~~ DEPARTMENT OF THE INTERIOR,

Classification UNITED STATES INDIAN SERVICE,
of pupils at
Carlisle. U. S. Indian Industrial School,

Phoenix, Ariz., March 10, 1909.



The Honorable,

The Commissioner of Indian Affairs.

Sir:

Referring to Office letter "Education 16177/09, 14953/09, TFM", I wish to say that I regret that there has been confusion arising from any apparent discrepancies between the classes in which some of the pupils were placed in my report to the Office and the classes noted on the cards left at Carlisle.

The children were classified at the time of the physical examination into four classes according to the degree of pulmonary involvement and the degree of suspicion, but this was intended by myself as only preliminary to the final classification, the report to the Office containing only two classes.

When the examination of the pupils of the school was completed the cards were studied carefully by myself and Dr. Shoemaker, the various pupils discussed and certain of them selected to be tested with tuberculin. When this was completed and the records taken I left Carlisle but did not make any further entry on the individual cards noting the results of this further study and tuberculin test. The list of pupils responding to the test was left with Dr. Shoemaker at Carlisle and certain oral rec-

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ommendations given. I intended sending to Carlisle a duplicate of my report to the Office in order that there might be a thorough understanding of my findings there. This report is voluminous and in detail as to the various pupils, but the Office orders requiring the report in duplicate left me without an extra one to forward. I was hoping that this Office duplicate would be sent to the school.

The record should stand as reported to the Office.

Very respectfully,

Joseph A. Murphy,
Medical Supervisor.

F.P.

REFER IN REPLY TO THE FOLLOWING:

ADDRESS ONLY THE
COMMISSIONER OF INDIAN AFFAIRS

DEPARTMENT OF THE INTERIOR,

OFFICE OF INDIAN AFFAIRS,

WASHINGTON.

MAR -5 1909

Education
16177/09
14953/09
TFM

Tuberculosis at Carlisle.

Dr. Jos. A. Murphy,
Medical Supervisor,
Indian School, Phoenix, Ariz.

Sir:

Referring to your report on health conditions at Carlisle, there seems to be some discrepancies between the classes in which some of the pupils were placed in your report to this Office, and the classes noted on the cards left by you at the school. The cards at Carlisle show -

Bissonette, Edna	Class 3
Beck, Savannah	" 3
Blackhawk, Minnie	" 4
Charles, Lucille	" 3
Ground, Nora	" 2
Guthrie, Shela	" 3
Jones, Minnie	" 3
Metoxine, Bessie	" 3
Printup, Bessie	" 4
Redbird, Alice	" 3
Roland, Lizzie	" 4
Skye, Hallie	" 3
Arogan, Louis	" 4
Arogan, William	" 4
Henry, James	" 3
Iron, Ernest	" 3
Jordan, Alpheus	" 3
Kennedy, Victor	" 3
Monhart, John	" 3
O'Brien, James	" 3
Patton, Alonzo	" 4
Roland, Reno	" 3
Whitdeer, Charles	" 3

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16177/09

-2-

Murphy

while in your report to this Office you place these children
in class 1.

Please explain these apparent discrepancies to the Office
in order that records may be straightened out.

Very respectfully,

C. J. Hauke
Acting Chief Clerk.

TFM-3

DEPARTMENT OF THE INTERIOR.

Subject:-

UNITED STATES INDIAN SERVICE,

Health conditions
at Carlisle.

Indian Industrial School,

Carlisle, Pa., March 2, 1909.

The Commissioner

of Indian Affairs,

Washington, D.C.

Sir:-

I have your Office letter marked "Education 11376-09 -1-2-3-4- TFM, " dated February 19, 1909, concerning the health conditions at Carlisle, together with the press copy of the report of Medical Supervisor Murphy on the results of his investigation while at the school.

In answer to that portion recommending an examination of twenty-six pupils, who, according to the Supervisor's report, have reacted to the test of tuberculin, and requesting that the physician of the school make a confirmatory examination of these students, I respectfully submit, under this cover, report of Dr. Shoemaker, concerning this matter.

E I concur in his recommendation, and respectfully request authority for the return home of Elizabeth Hull, case No. 11, who has been found to have bacilli in her sputum. One of the other students mentioned in your Office letter, Lizzie Rowland, was sent home February 4th, or prior to the receipt of your letter. The students mentioned, who will be retained at



-2- Commissioner of Indian Affairs.

the school, will be kept under close observation by the school physician and his assistants, and immediately upon further developments, I shall correspond with your Office.

Dr. Shoemaker has made an exhaustive investigation of this matter, and his conclusions are the result of a careful study of each case.

Work has already been commenced on the sleeping porches which are mentioned, and we hope to have these finished within two or three months.

Concerning Dr. Murphy's report on the subject of certain eye diseases, I respectfully report that Nelson Bartlett was sent home after authority had been obtained from your Office. He left January 27, 1909, for his home in Idaho. Lucy Hill, the other case mentioned by Dr. Murphy, is reported to have completely recovered from the eye trouble which was found while the Medical Supervisor was here. All of the examinations made by the latter will be kept on file and will form the nucleus of records on this subject. The subject of eye trouble receives very definite and particular attention at Carlisle. An agreement has been made with a Carlisle physician, who has a reputation for skill in practice and fairness in the price he charges, by means of which all cases of eye trouble are immediately placed under treatment. A very noted specialist, Dr. L. Webster Fox of Philadelphia has for a number of years given to students of Carlisle the benefit of free treatment while under his care; only cases which are advanced are sent to Philadelphia. Dr. Fox

has a reputation all over the United States and abroad, and deserves great credit for giving his services free.

The ventilating boards are now in all the windows in the dormitories of all quarters.

As soon as money is available, I shall recommend to your Office the installation of plumbing fixtures so that running water will be used for washing purposes by students in the various quarters.

The following order has been sent out in connection with the recommendation of Dr. Murphy concerning the wet sweeping of the floors in the quarters to prevent the spread of disease:-

"Order No.85 :-

You are hereby instructed to use the wet method of sweeping floors in your quarters. A suggestion for this was made by Medical Supervisor Murphy, who recently came to this school for the purpose of making an investigation of the health of the students.

Tubercle bacilli are practically harmless as long as they are kept wet, but as soon as they become dry and mingle with the dust of the room there is very great danger of their flying about the room with every disturbance of the dust. It is to prevent this that the above order is issued. Tuberculosis is known as a house disease and house dust is one of the principal carriers of the germ. "

A vast improvement has been made in the dairy barn. New gutters have replaced the old ones, and clean clay has been put in where the old clay driveways have been used for many months. The walls and all the wood work has been thoroughly whitewashed and a liberal use has been made of a solution of carbonic acid for disinfecting purposes. With this style of barn, I believe we have as good conditions at present as can be obtainable. If money

-4- Commissioner of Indian Affairs.

is available this coming spring, I shall correspond with your Office concerning the matter of the erection of a new dairy barn which will be built along sanitary lines according to my letter of November 3, 1908, to your Office.

The guard house has received particular attention. A new cement floor has now replaced the wooden floor. The entire inside walls have been re-pointed and whitewashed and the rooms carefully disinfected. The use of the dungeons has been discontinued.

Very respectfully,

M. Friedman
Superintendent.

MF/EFW

Encs.

DEPARTMENT OF THE INTERIOR,
UNITED STATES INDIAN SERVICE,

Indian Industrial School,

Carlisle, Pa., March 2, 1909.



Mr. M. Friedman, Supt.,

Carlisle Indian School, Pa.

Sir:-

As requested by you, I have just completed a physical examination of each of the pupils included in class 1 in the official report of examinations made by Dr. Murphy in December last, the report of which is hereto attached.

I find that Elizabeth Hull, No. 11, has bacilli in her sputum and I would, therefore, recommend that she be sent to her home.

Very respectfully,

J. Shoemaker
School Physician.

Result of Physical Examinations made February 23rd, 1909, of pupils appearing in class 1 of report of Dr. Murphy concerning tuberculosis conditions at Carlisle.

1. Louis Aragon. This case gave a good reaction to tuberculin when examined in December last. This boy claims he had tuberculosis seven years ago in 1902. He gives a history of spitting blood over a year ago. Has no rise of temperature, coughs occasionally, and his weight is practically stationary. Physical examination fails to reveal any indication of lung trouble at this time. His family history is good. The tuberculin reaction may have been caused by the healed tubercular foci that are manifested in no other way.
2. William Aragon This case, a brother to the preceding, claims to have had consumption in 1901. He gave a good reaction to tuberculin when examined in December. This boy is large, well-built and has gained somewhat in weight. Present weight 185 lbs. Has no fever; coughs only occasionally. Physical examination is negative; family history good.
3. Ernest Irons. This case also gave a good reaction to tuberculin. Gives history of spitting small amount of blood-streaked sputum on July 4, 1908, after being thrown from a horse. Again on October 10, 1908, sputum was streaked with blood immediately following a wrestling match. This boy has no rise of temperature, coughs very little and has gained 12 1/2 lbs. in weight since his examination in December last. Physical examination negative; family history good.
4. Alpheus Jordan. This case was convalescent from measles when examined in December. Gave good reaction to tuberculin. Has no rise of temperature, no cough, and has gained 19 lbs. in weight since his recovery from measles. Physical examination reveals but a very few remaining rales in lower part of left lung. Lungs have almost entirely cleared up. Family history good. Sputum examination negative.

5. Alonzo Patton. This case gave a good reaction to tuberculin. Had haemorrhages from the lungs in April and September, 1908, and also once or twice since. Has no fever, coughs some. Nothing positive revealed by physical examination except some soreness in left lung. Just recovered from an acute attack of influenza, lost 6 lbs. in weight.
6. Chas. Whitedeer. This case gave good reaction to tuberculin. Gives history of blood-spitting in April, 1908, has no rise of temperature, no cough, and has gained 3 lbs. in weight during the last two months. Physical examination negative at this time. Good family history.
7. Savannah Beck . This case gave a fairly good reaction to the tuberculin test when examined in December. On two occasions, April and November, 1908, she expectorated a small amount of blood. She has no cough, nor rise of temperature, and has gained 3 lbs. in weight since her examination in December. There are no physical signs of tuberculosis at this time. Has a good family history. Sputum examination negative.
8. Victor Kennedy. This case gave a fairly good reaction to the tuberculin. Has no fever nor cough; weight stationary. Physical examination negative. Lungs seem normal in every respect. Family history good. No history of blood-spitting.
9. Edna Bisnette This case was convalescent from measles when examined in December. Has no cough nor fever and is steadily gaining in weight. Gave a good reaction to tuberculin test when examined. Has no physical signs of pulmonary involvement. Good family history. Sputum examination negative.
10. Nora Ground. This case gave a good reaction to the tuberculin test. Gives history of blood-spitting and coughs. Has no fever, some cough, and has gained 6 1/2 lbs. in weight since examined in December. Has a bad family history. Presents no signs of active tuberculosis. Sputum examination negative.

11. Elizabeth Hull. This case gave good reaction to tuberculin. Spit blood once in November, 1908. Has no cough nor fever at this time; weight 3 lbs. less than when examined in December. Physical examination reveals numerous rales all over left lung. Has a good family history. Has bacilli in her sputum.
12. Janet Jackson. Gave good reaction to tuberculin when examined. Has tubercular scars in different locations, also suppurating glands. Gives history of blood-spitting 3 yrs. ago. Has no fever, and coughs only occasionally. Has gained 4 lbs. in weight. Physical examination reveals nothing abnormal about the lungs. Mother and father died of tuberculosis. The tuberculin reaction might have been due to the glandular tuberculosis.
13. Alice Redbird. Gave good reaction to tuberculin. Has tubercular scars on neck. Has no fever nor cough; weight 3 lbs. less than when examined. There are no physical signs of lung involvement. Has a good family history. The tuberculin reaction was probably due to the glandular trouble.
14. Hallie Skye. Gave good reaction to tuberculin. Expecterated small amount of blood two years ago. Has suppurating gland under chin that has practically healed. Coughs occasionally; has gained five pounds in weight. Has bad family history. Has no physical signs of lung trouble. Condition of glands probably accounted for tuberculin reaction.
15. Bessie Printup. Gave good reaction to tuberculin. Has tubercular scars and enlarged glands on right side of neck. Has no fever nor cough. Gained 9 lbs. since date of her examination. Presents no physical signs of lung trouble. The reaction probably due to her glandular trouble. Good family history; no history of blood-spitting. Sputum examination negative.
16. Minnie Jones. This case was convalescent from measles when examined in December. Gave fair reaction to bovine tuberculin test. Spit blood once while sick with measles. Has no fever; coughs some. Very few scattered rales are to be heard at base of right lung posteriorly. Lungs have almost entirely cleared up since her examination in December.

17. James O'Brien. This case gave fair reaction to tuberculin. Gives history of blood-spitting once while in the country in 1908. Has no fever and coughs only occasionally. Is now in hospital convalescing from sharp attack of lobar pneumonia followed by complete resolution. Physical examination negative. Good family history. Sputum examination negative.
18. John Russian. This case gave a fair reaction to tuberculin when examined. Gives history of blood-spitting, loss of weight and fever a year ago. Has no rise of temperature now; coughs only occasionally. Weight same as when examined in December. Careful physical examination negative. Appears and feels much better than when last examined. Mother and sister died of tuberculosis. Sputum examination negative.
19. Reno Rowland. This case gave fair reaction to tuberculin. Gives history of blood-spitting and loss of 10 lbs. in weight in December, 1907. No fever at present. Coughs occasionally and has gained 3 lbs. in weight since his examination in December. Physical examination negative. Expresses himself as feeling much better than during the winter. Has good family history.
20. Minnie Blackhawk. This case gave a slight reaction to the tuberculin test. Gives a history of blood-spitting two years ago. Coughs only occasionally. Does not have any rise of temperature, and has gained 15 lbs. in weight since she was examined in December. Has no physical signs of lung trouble. Bad family history.
21. Lucile Charles. This case reacted slightly to the tuberculin test. Gives a history of blood-spitting while in the country in September last. Has some cough at present. Has gained one pound in weight. Has slight indications of a possible tubercular infection. Sputum examination negative.
22. Shela Guthrie. This case gave a poor reaction to tuberculin. Gives a history of spitting small amount of blood in 1908. Has no rise of temperature nor cough. Weighs about the same as when examined last. Has a good family history. Physical examination reveals an unusually healthy condition of the lungs.

23. Bessie Metoxin. This case gave a poor reaction to the tuberculin test. Has some cough but feels ^{better} much than in the early part of the winter. No history of blood-spitting. Physical examination negative.
24. Lizzie Rowland. Sent home on February 4, 1909.
25. John Monhart. This case gave poor reaction to tuberculin. Gives history of blood-spitting 3 yrs. ago, and slightly 1 yr. ago. Has no fever, and coughs only occasionally. Weight stationary. Family history not good. Physical examination of lungs negative. Sputum examination negative.
26. James Henry. This case failed to react to tuberculin when examined although the rales in the lungs are more numerous than in any other case. Is not running temperature. Has some cough and expectoration and has lost 5 lbs. in weight since he was examined in December. Physical examination reveals numerous dry rales over both lungs back and front. Bad family history. Sputum examination negative.

As a result of the above physical examinations, I have to classify the cases as follows:-

Nos. 3,6,7,8,9,17, 20, 22, 23, and 25 may be considered normal.

Two cases, Nos. 4 and 16, had a severe attack of measles in November last. These two cases are steadily improving and may now be considered almost normal. Case No.4 has gained 19 lbs. in weight during the last two months.

Nos. 1, 2, 5, 10, 18, and 19 all passed a practically negative physical examination and are in good general condition, but as their histories, if they can be relied upon, point to a possible tubercular infection in the past, they should be considered arrested cases.

Nos. 12, 13, 14, and 15 have glandular tuberculosis, all but No.12 being now entirely healed. Otherwise their condition is good with no physical signs of lung involvement.

No. 21 may be considered incipient tubercular infection, and No. 11 has a tubercular involvement of the left lung with bacilli in her sputum. These two cases are in good general condition and I think they can be much benefited by treatment, particularly the first, No.21.

No. 26 shows considerable involvement of both lungs. His sputum does not contain tubercular bacilli, neither did he react to the tuberculin test. His general condition is fairly good. This case may possibly be a chronic influenzal infection such as is described by Bonney in his recent work on tuberculosis.

It will be noted that nearly all the cases appearing in class 1, are either in good condition, showing no evidence of tuberculosis at this time, or show marked improvement.

There are two cases, Nos. 11 and 26, in which the diagnosis of pulmonary tuberculosis is confirmed, while No. 21 may be considered an incipient infection. This case is not progressing and has only slight evidence of pulmonary trouble. These cases are all doing well, and as new tuberculosis balconies are now being constructed in connection with the school hospital, I would be glad if Dr. Murphy's recommendation could be carried out, and with ^{the} possible exception of No. 11, Elizabeth Hull, they be allowed to remain here for the purpose of studying the effect of modern treatment.

On referring to the literature concerning the different tuberculin tests, I find that the concensus of opinion among observers is that they are in a fair percentage of cases valuable aids to diagnosis, but not positive diagnostic tests. So much confusion still exists concerning these tests that it seems fair to conclude that it is still too early to come to a final judgment as to their true value. One observer, Hamman, states that as many as fifty per cent. of patients with diseases other than tuberculosis, or who are thought to be non-tubercular, may show a reaction. Some of these cases may be due to the existence of quiescent or healed tubercular foci, which manifest themselves in no other way except by the reaction.

The method of Detre which was used here is a modification of the original von Pirquet cutaneous method, and is intended, by the use of tuberculin of human and bovine origin, to differentiate between human and bovine tubercular infection.

The cutaneous method of von Pirquet seems more liable to error than either the hypodermic or ophthalmic methods. v. Pirquet himself noted that a large percentage of adults so treated showed a reaction and that it is only in infants or young children that it possesses much significance. The cutaneous reactions have ^{also} been found to be more marked in old latent or healed foci than either of the other methods, and, as a large percentage of all persons are known to have tubercular lesions in their lungs at some time during their lives, this fact detracts considerably from their diagnostic value.

Based on the experience of eight workers, including Bandler & Kreibich, Cohn, Engle & Bauer, Stadelmann, von Pirquet, and others in a series of 794 tests of non-tubercular patients it was shown that 25% gave a positive reaction. In another series of 181 cases of normal non-tuberculous individuals reported by Pirquet, Engle & Bauer, Baginsky and Warfield 50% gave a positive reaction.

It, therefore, seems reasonable to conclude that the various tuberculin tests are still in their experimental stage and should not as yet be relied upon except as a confirmatory evidence.

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

11376-3

OFFICE OF INDIAN AFFAIRS
RECEIVED
FEB 11 1909
File _____

Section 3. Tuberculosis Conditions at Carlisle.

OFFICE OF INDIAN AFFAIRS
RECEIVED
FEB 24 1909
File 14953

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-

Zinn
Carlisle
(Tuberculosis)

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.

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 contain 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 Roundstone	: 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 ^y : Cervical tuberculosis
Alonzo Patton	: M	: June 26	:	:	: try in Sept. : Cervical tuberculosis
	:	:	:	:	: Went home Je. : Hemoptysis
	:	:	:	:	: 26, returned : Hemoptysis
	:	:	:	:	: in fall :
Earl Doxtator	: M	: June —	:	:	: In quarters : Hemoptysis
James Diederer	: 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

Tuberculosis conditions at Carlisle.

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 accomodation 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 accomodate 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 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. Avera, 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. Axtell, 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 | 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 Poody 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.



Class 1.
(Tubercular Pupils.)

CLASS 1.

Bissonette, Edna	Arogan, Louis
Beck, Savannah	Arogan, William
Blackhawk, Minnie	Henry, James
Charles, Lucile	Iron, Ernest
Ground, Nora	Jordan, Alpheous
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	Whitedeer, 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. Alpheous 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. Rhonchial 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.

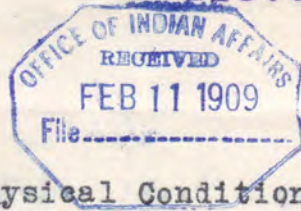
15. Bessie Printup Fair development. Chest flat. Extensive cervical scars and enlarged glands. Phlyctenular conjunctivitis. Thyroid enlarged. Lost 9 lbs. since summer. Tuberculin reaction good.
16. Minnie Jones Very fleshy. Impairment of resonance in right apex. Numerous moist rales all over lung. In 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 dulness 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 Kinninook 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.

For other papers, see

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

11376-2



Section 2. The Physical Condition of the Pupils.

Health Conditions in General.

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O.R.

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

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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 nebulæ, 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 THYROIDS.

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	:Nex 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.

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.
Esanetuck, Emma	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.
W 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 glasses
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
Kinninook, 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	do
Logan, Mable	Cervical scar. Slight systolic murmur in second
Runs close to the	left interspace. Mother died of tuberculosis.
Lodge, Sarah	Cough and hoarseness. Aphonia at times.
LaRose, Rosa	Good physical condition. Vision 10/50/
Leonard, Margaret	do " 10/15.
Lavata, Emma	Class 2. Hemoptysis one week ago. General
Lamieauz, Elizabeth	condition good. Vision 10/15.
Lydick, Ruth	Good physical condition. Thyroid enlarged.
McFarland, Nora	Vision 10/10-.
Marcotte, Mary	Good physical condition; vision 10/15; father
Maybe, Clara	has tuberculosis.
McLean, Gladys	Good physical condition. Cervical scar.
Metoxin, Ivy	do Mother died of tuber-
McArthur, Rose	do
Mt. Pleasant, Mamie	do
McKay, Margaret	do vision 10/20- with glasses
	do
	do
	do vision 10/20; eight brothers
	and four sisters died of tuberculosis.
	Convalescent from measles. Few scales 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 scales 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

 Mishler, Lilian
 Mitchell, Christine
 Morris, Alice
 Nash, Josephine
 Newashe, Emma

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

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

 Peters, Jennie
 Peters, Rosina
 Peters, Nancy

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

 Poodry, Hattie
 Printup, Mary
 " Bessie

 Pike, Annie
 Pierce, Evelyn
 Porter, Susie

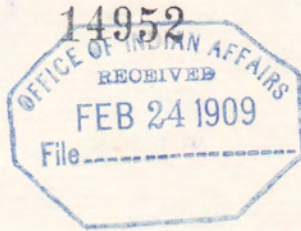
 Porterfield, Lilian
 Passedoah, Lillie

 Renville, Fleeta
 " Germaine

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.
 Good physical condition. Thyroid slightly en-
 larged. Vision 10/20. Sister has tuberculosis.
 Good physical condition; mother and two sisters
 died of tuberculosis.
 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.
 Good physical condition.
 do vision 10/20
 do
 Convalescent from measles; mother and brother died
 of tuberculosis.
 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.
 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 tu-
 berculosis. Vision 10/20. Has scabies.
 Good physical condition; sister died of tuberculosis
 Good physical condition
 do
 do has cough; vision 10/15
 Class 2. Pitch high on right side; chest flattened
 on right side; health good.
 Good physical condition
 do vision 10/20
 Class 1. See class 1. Phlyctenular conjunctivitis;
~~typ~~ thyroid enlarged. Vision 10/20 with glasses
 Good physical condition; thyroid enlarged.
 do vision 10/10-.
 do thyroid slightly enlarged
 vision 10/10-.
 do
 do vision 10/100. Brother
 dies of tubereulosis.
 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-.
Salazar, Mary	Good physical condition.
Sutton, Myrtle	do
Sampson, Grace	do vision 10/20
Skye, Hallie	Class 1. See Class 1. Thyroid enlarged; vision 10/20.
" Stella	Good physical condition. Vision 10/15. Mother died of tuberculosis.
Saunook, Nan	Good physical condition. Vision 10/20 with glasses.
Saracena, Bessie	do Vision 10/20.
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 mother has tuberculosis
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 vision 10/10-.
" Mary	do
Thomas, Myrtle	do 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
Arcasa, Alexander
" Joseph

Good physical condition
do
Class 2. Hollow beneath right clavicle. Resonance slightly impaired right apex. Cough for past three weeks.

Aragon, Lewis
" William
Arquette, Mitchell
Aspaas, J. Hans
Axtell, Obet

Class 1. See Class 1.
Class 1. See Class 1.
Good physical condition
do
Class 2. Chest slightly flattened. Pitch high in right apex. Cough for past month. improving.

Animikwan, Joseph
Armstrong, Elmer
Adams, Eddie
Allison, Wendell
" Lafe
Baer, John
" Charles
Balenti, Michael
Bartlett, Nelson

Good physical condition.
Cervical scar. Mother died of tuberculosis.
Good physical condition.

Beaudion, William
Bertrand, Judson

do
do
do
do
do
In hospital since May on account of eyes; practically blind.
Good physical condition

Black, Jerry
Blaine, James
Blackstar, Simon
Blatchford, Henry

Class 2. Cough for past year; general health not good. Father died of tuberculosis.
Good physical condition
do vision 10/15
do

Bishop, Tracy
Boyd, Oscar

Class 2. Sent to California for cough four years ago. Has occasional cough now. Sister died of tuberculosis.
Good physical condition.
Class 2. Difference in tone in apices; lost 3 lbs. in past three months.

Brown, Alonzo
Burd, Sampson
Bishop, William
Bear, Louis
Blackwood, Edward
Bero, Peter
Boone, Daniel
" Robert

Good physical condition
do
do father died of tuberculosis
do
do
do
do

Bacon, Francis
Cabay, Judson

Class 2. Convalescent from measles. Numerous rales over chest.
Good physical condition
Has cough; lost 3 lbs. during last week; health fair. Vision 10/70.

Cadotte, Alexander
Callahan, William
Campbell, James
Chabitnoy, Michael
Chapman, Henry

Good physical condition
do Vision 10/20-
do
do
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 $\frac{1}{2}$	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
Farr, John	Good physical condition
Feather, John	do thyroid enlarged; brother and two sisters died of tuberculosis.
Fish, Charles L.	Good physical condition; cervical scar; vision 10/10-.
Fisher, Abe	Good physical condition; vision 10/30
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
Hays, Axtell	Good physical condition; brother died of tuberculosis
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
Lefrance, 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 tuberculosis	
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 tuberculosis	
" George	do	vision 10/10-
" Houston	do	sister died of tuberculosis
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 tuberculosis.	
Morris, Philip	do	
Mora, Joseph	do	
Moses, Alpheia	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 tuberculosis	
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
Poodry, 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
Benney, Benjamin	do
Pickard, Joseph	Has had bad cough for some time.
Pichard, Samuel	Good physical condition
Pierce, Mitchell	do cervical scar
Poodry, Harrison	Class 2. Sibillant rales base of left lung posteriorly. Coughed for one year.
Powell, Stansill	Good physical condition
Powlaws, Gilbert	Cough for past three weeks. Vision 10/20
Plenty Horse, Guy	Good physical condition
Printup, Chester	Class 2. Slight dulness in left axillary line. 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
Rice, Frank	Good physical condition
Reboine, @ Allen	Class 2. Tone high over right lung. Hemoptysis three months ago. Has cough. Health fairly good. Brother and sister died of tuberculosis.
Roland, Benton	Good physical condition
Rogers, Gilbert	do
Ramsey, John	do vision 10/10-
Ransom, Philip	do
Ray, Louis	do

Real Fider, Warren	Chest flat; hemoptysis in 1907. Good health since them.
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
	Good physical condition
Spring, Ira	Class 2. Cough; inspiration painful on right side. General health fair. Cervical scar.
Stevenson, Ned	Vision 10/15
	Class 2. Cervical scar. Tubercular scars also on arm and in axilla. Development fair.
Stevens, Oscar	Slight impairment of resonance near right apex
	Good physical condition
Sanders, John	do vision 10/15
Schenadore, Fred	Tuberculosis of the knee. Vision 10/30--
Sutton, Henry	Cough for one week. Roughened breathing.
Schuyler, Cleveland	Good physical condition
Saricina, Francisco	Purulent otitis media; mother died of tuberculosis
Sheppard, George	Good physical condition
Sundown, Philly	do
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
	do
Scott, Albert	do
Seneca, Hulsier	Class 2. Resonance impaired in left apex and base. Cough for some time.

Sequiyah, 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
Tallchief, Frank	Good physical condition
Terence, Moses	do brother died of tuberculosis
Tallchief, Wesley	do sister died of "
Tallcrane, 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
Wechersham, Arthur	Brother died of tuberculosis 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	

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