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ANALYSIS
OF THE RECORD OF
YELLOW FEVER IN NEW ORLEANS,
IN 1876.

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Sanitary Inspector for the Fourth District, New Orleans.

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A PAPER READ BEFORE THE NEW ORLEANS MEDICAL AND SURGICAL ASSOCIATION,
SATURDAY EVENING, NOVEMBER 11TH, 1876.

BY JOSEPH HOLT, M.D.,

Sanitary Inspector for the Fourth District, New Orleans.

Mr. President and Gentlemen: It has been my official duty, as Sanitary Inspector, to prepare for the Board of Health a special report concerning the recent outbreak of yellow fever in the Fourth District of this city. In the performance of this task, nothing has been attempted beyond the recording of cases and of relative events. The report is simply a statement of facts as they occurred, without comment. Nothing has been incorporated without the evidence of its truth having been critically examined.

The only incentive to the performance of this work has been the hope of accumulating a mass of reliable data, whence possibly may be drawn some conclusions of practical value; or that this, with other records of its kind, may ultimately furnish the basis for generalizations improving to our knowledge of this pestilence, and giving precision to our methods of dealing with it.

Being the record of seventy-four cases, to each of which is appended a summary of symptoms determining diagnosis, the report itself is too voluminous to be presented for our consideration this evening. In its stead, I respectfully submit the following analysis and résumé, adding a few general remarks suggested by observation and reflection.

ORIGIN OF THE PESTILENCE.

Permit me to direct your attention to the probable *local* origin of the disease in two foci.

The first case occurred, August 11th, on Tchoupitoulas street, lake side, between First and Second streets. The patient was a German servant girl, who had been in New Orleans eighteen months. On the second day of her illness she was removed to No 24 Eighth street, between Tchoupitoulas and Fulton, where she died on the 18th inst. Careful and repeated investigation by the President of the Board of Health, by the sanitary officers and myself, failed to discover the slightest clue to foreign infection from any ship, person or material. This applies with equal force to the following series of cases.

The next case occurred at No. 125½ Philip street, corner of Annunciation, in a child seven years of age, and resident in New Orleans 3 years.

Besides the difference of twenty-three days in the appearance of these cases, there had been no communication, and between them were five squares, measured diagonally. These squares were compactly built, and many of the inhabitants were ascertained to be wholly unacclimated. It is not likely, therefore, that the disease could have spread from the first to the second case without infecting others on its way. It is more reasonable to believe that the causes of infection in the first case operated independently to produce it in the second.

SPREAD OF THE DISEASE FROM ITS SECOND FOCUS.

The next point of interest to be observed is, the rapid appearance of cases in the second focus of infection and the extension of the disease.

From September 3d to September 7th, inclusive, five cases occurred—three of them on the 5th, and all within a radius of two hundred feet. In this immediate neighborhood the disease spread with great rapidity. Many of the cases occurring about this time were suspected, but recovering, were not pronounced yellow fever, because of their lacking some of the unquestionable diagnostic features found only in cases usually fatal.

It was not until the 13th of the month that we had alarming evidence of the epidemic tendency of the disease, shown in its

advance towards the heart of the city. By this time it had passed Constance street, and appeared in St. Joseph's Asylum.

The invasion was west and northwest, directly in the face of a strong and constantly-prevailing northwest wind. This seems to strengthen the observations in respect to the method of propagation, set forth in a paper on the origin, spread, and the power of controlling the yellow fever infection, read before this Association by Dr. C. B. White: "Reasoning from the method and range of action, and mode of propagation of yellow fever, its poisonous cause is evidently not gaseous in its nature. It evidently attaches itself to surfaces, the soil, probably to walls and surfaces in general. If it be a germ, either vegetable or animal, it seems to be low-lying, propagating from centres along surfaces equally in all directions, against the wind as freely as with air currents."

Within a period of eighteen days from the 3d of September, it had spread over an area of thirty-nine squares, densely inhabited. This area was bounded by Magazine street and the river front, St. Andrew and Second streets. Of the seventy-four cases recorded, sixty were within these limits. Those who were stricken elsewhere in the Fourth District had been much exposed within this area. This rule prevailed, with three exceptions only, to the end of the season.

CHARACTER OR TYPE OF THE DISEASE.

As a matter for investigation, it has been suggested that yellow fever of local origin is apt to assume a type more in keeping with our ordinary indigenous fevers, and is therefore milder or in some other way differs from the infection imported directly from tropical ports. However natural this suggestion, it has never been my good fortune to discover a manifest difference in type between different invasions of yellow fever; at least, in no such degree as to permit the term malignant as if in contradistinction to a non-malignant variety. The word malignant is painfully applicable to all the yellow fever I have ever seen; having been associated with the disease to observe it since 1853. The sameness of the disease at different times and in different places, accepting the testimony of others, has impressed itself upon me. While admitting that, under aggravating circumstances there may exist an exceptional intensity of virulence,

I object to any expression implying, even by inference, its non-malignancy. All yellow fever is dangerous, and should be feared; the most favorable case may eventuate fatally. As for this recent visitation, when recording the eighteenth case I also recorded the thirteenth death, and out of seventy-four cases, thirty-five were fatal. The most of those who recovered manifested dangerous symptoms, many of them escaping so narrowly as to occasion special wonder.

After the labors of the medical profession, in this city and elsewhere, during the last sixty years, this rate of mortality would seem to indicate how little is to be hoped from an improved treatment of those attacked. It would seem to show that, in this particular we have made no step in the general advancement of applied medical science.

Even granting that all practitioners possess a consummate skill in the treatment of yellow fever, there are so many requisites to recovery other than the administration of drugs, (frequently the most hazardous and least important of all) such as skillful and constant nursing, the avoidance of every imprudence in exposure and dieting, a favorable state of the weather, no dangerous and unaccountable change in the symptoms demanding instant attention, that when many are attacked, these requirements cannot be complied with, and therefore failure must often result.

No amount of medical skill can neutralize the mischievous effects of poverty and ignorance in determining the death-rate of this disease. The larger the number of cases, the more forcibly does this apply.

The history of yellow fever teaches that the mortality is great, even under the most favorable circumstances. This would seem to indicate a necessity of turning our attention from the vain endeavor to combat the disease by an improved treatment of the sick, to the other alternative, its actual prevention.

THE PERIODS OF ACCESSION, ACME AND DECLINE OF THE RECENT INVASION.

From the time of its appearance, on the 3d of September, to the last case on the record, October 13th, the visitation continued forty days.

It reached its height in twenty days, continued, without spreading, fifteen days, and declined in five days.

METEOROLOGICAL RECORD.

When the infection was developed in the first case, August 11th, the mean temperature was 77° F.; weather very dry; wind south. When developed in its second focus, September 3d, the mean temperature was 80° F. Eight days later it began to fall, and on the 17th had declined to 68° F.; it then rose steadily to 77.5° on the 26th. On the 28th it declined to 72° F.; and continued falling until it touched its lowest point, 58° , on the 3d of October. From this time to the 13th, it varied between 62° and 68° F. The weather continued excessively dry, and high winds prevailed from the north and northwest.

It is interesting to compare with this the meteorological records of some of the famous yellow fever epidemics—the epidemic of Memphis in 1873, for example.

The first case appeared on the 14th of September; diurnal mean temperature 59.5° F. The temperature gradually rose to 76.5° on the 18th inst., and fell the next day to 62.5° , and the following day to 58° F. It again rose until it reached its highest point, 77° , on the 26th, and fell to 58.5° on the 30th of the month. While the epidemic was rapidly spreading, and had not reached its height, the mean temperature fell as low as 49.5° , October 6th. It rose gradually to 72.33° on the 16th inst., and declined to 48.33° on the 20th inst., and to 38.5° on the 23d inst.

Frost during the nights of October 6th, 7th and 31st.

The pestilence terminated November 9th, having lasted fifty-six days. Mortality 1244. The weather prevailing, very dry.

This is not an exceptional instance in the meteorological record of yellow fever epidemics in the United States.

Although a long continued high range of temperature is required to originate the infection, when once started it seems to extend itself without being especially influenced by a temperature varying between 55° and 80° F.

It is the popular belief, endorsed by some of our closest observers, that no decline short of a decided frost will abruptly terminate an epidemic. Besides the one just mentioned, many of the epidemics which have prevailed in Woodville, Natchez, Vicksburg, New Orleans, and elsewhere, confirm this opinion.

The power of cold in checking yellow fever is to be looked for in its retarding effect upon decomposition, rather than to its immediate killing of hypothetical germs. The rapid decomposition of organic matter, especially such as is found in privies and sewers, is undoubtedly an essential factor in the origin, and furnishes the pabulum for the extension, of the yellow fever infection. To appreciate this is of far more importance than to project theories concerning its essential nature. With this we can deal practically, whether the infection be a living germ, or a catalytic state induced in the products of decomposition by the combined action of heat with unknown telluric agents.

Rain storms and hurricanes have been said to cut short an epidemic. Although unable to cite an instance in this country, I can clearly comprehend the effect, seeing that one heavy fall of rain may accomplish the work of a thousand scavenger carts. We may say that nature is sometimes doubly merciful: in one instance she prevents decomposition by cold; in another by removing our filth. But oftener she is just; and with pestilential stripes compels us to know her laws, when we disobey them. In her schooling we pay dearly for ignorance and sloth.

Many epidemics have commenced and have prevailed during dry weather.

The recent invasion was originated at a time when the soil was parched by a long drought, and vegetation was suffering for rain; the roads were deep in dust, and every gust of wind raised clouds of it. Commencing in a drought, increasing and running its course during a drought, it is hardly reasonable to suppose that dry weather exercised any influence upon the infection to destroy it.

EFFORTS OF THE BOARD OF HEALTH TO CONTROL THE DISEASE BY THE LIMITATION AND ACTUAL DESTRUCTION OF ITS CAUSE. DISINFECTION.

In case 1, the disinfection with carbolic acid was pushed vigorously and made complete. On the square where this patient fell ill, all of the premises were thoroughly sprinkled with Calvert's acid, No. 5, diluted, one part with fifty of water.

To be explicit, the yard, avoiding flowers and shrubbery, a space under the edges of all raised houses, the walks, drains, and privy vault of each residence, were made thoroughly wet with

the solution, and a continuous line of it formed around the entire premises. The streets bounding this square were sprinkled with crude carbolic acid, one barrel being used. The premises of the square on which she died, and of the square opposite were in like manner treated with the pure acid solution, and the boundary streets with two barrels of the crude acid. This case remained isolated, no other occurring on the infected or adjoining squares. Cases 2, 3, 4, and 5, in the second focus of infection, appearing eighteen and twenty days later, were not disinfected.

These became the recognized center of the epidemic which has furnished the cases for this record. From this focus the disease spread, and in eighteen days had invaded thirty-nine squares, besides scattering cases beyond these limits.

A general disinfection was commenced on the night of September 22d. Until this time, all efforts had been limited to the disinfection of the houses and premises of those who died. On the night of the 22d, a quadruple cordon of the pure acid solution, one part acid to forty of water, was thrown around the infected area, by a thorough sprinkling of the boundary streets and banquettes, a line for each side the street; and in the same way, of the next inner line of boundary streets. The object of this was to put a stop to the march of the pestilence by forming around the infected locality a barrier. To accomplish this required 235 gallons of the pure acid.

On the night of the 23d, the sixteen streets of the infected area were similarly disinfected. From this date, the daily occupation of the sanitary force consisted in disinfecting the premises of squares within this area. To complete five squares was a day's work. Whenever a case occurred outside these limits, the premises of the square and of the one opposite, together with the boundary streets, were disinfected. Every precaution was taken to avoid bringing the acid in such proximity to the patient as might do harm. For this reason the premises of the sick, and those adjoining, one on each side, were not touched. A special cordon of the pure solution was made around these.

On the night of the 28th, beginning at ten o'clock, the sprinkling carts were filled with the crude carbolic acid undiluted. They were then driven through a double line of boundary streets of the infected area, in the manner already described for

the night of the 22d. The following night, a single line of the same was extended through the sixteen intersecting streets.

This was done as a precautionary measure, inasmuch as a prevailing strong wind, together with a burning heat of sun, had been acting to dissipate the volatile combination of cresylic and carbolic acids, *here spoken of as pure acid*, distributed on the nights of the 22d and 23d. The crude acid was used in order to retain these more volatile constituents by reason of their combination with tar and the heavier coal tar products. These are no doubt of themselves powerfully disinfectant. For the work of these two nights twenty barrels of crude acid were used.

Great stress was laid upon the assumed limiting power of the disinfectant. The area infected was so immense as not to permit of an actual and complete disinfection of its entire surface with any amount less than an unlimited supply of the acid. To disinfect all houses and premises was utterly impossible. The most that could be hoped in this direction was to apply the agent, although at best in an imperfect and unsatisfactory manner, to as many premises as we were able.

Our main effort and supply were expended upon hedging in the pestilence by carbolizing the streets and gutters—just as would be done, in its own proper way, in the case of a great fire.

Except where some one had died, not a private house and only two-thirds of the premises were disinfected—many not touched, *except the privies*. It was clearly foreseen, therefore, that even after our best efforts cases would continue to occur in this locality.

From the beginning, it was an established rule to pay particular attention to the thorough carbolizing of privies. Even in cases where admittance to premises was otherwise refused, this much was insisted on; second to this, the carbolizing of street gutters.

It has been shown by our writers, that yellow fever in its origin is essentially a disease of large towns and cities. There must exist, then, as a result of the congregation of large numbers of human beings, some special conditions of sanitary disobedience which, in combination with other requisite factors, not all of them recognizable, favor the appearance and spread of the pestilence. There is no sanitary violation so prominent in all large communities as the accumulation in foul privies of

the excrement of all these beings; the whole soil becomes saturated with their excreta.

In reply to the question why yellow fever originates in large towns and cities, we are supported by abundant testimony in declaring as one of the factors absolutely essential, accumulated human excreta and the offal in foul street gutters; and in further declaring that, without these it would not originate, and would not spread when imported.

Allow an explanation. In speaking of foul accumulations incident to communities as furnishing one of the factors in the primary development of yellow fever, and also the pabulum of its growth or medium of its spread, we neither affirm nor deny the specific character of the *materies morbi*. The weight of evidence determines the opinion that it is specific, highly infectious, and contagious in comparatively slight degree.

The word *factor* is here used in the sense in which we would apply it in speaking of a marsh or swamp as being a factor in the production of mosquitoes. So well do we understand the requisites in the development of these insects, such as long continued high temperature, and open stagnant water, especially in marshy places, that we predict their appearance when perceiving the association of these conditions. Again, accepting the theory of a specific catalysis, the term *factor* is applied to decomposing organic matter and its emanations, as we speak of the dry grass covering a prairie furnishing one of the essential elements in the production of a conflagration. We may regard the fire as the specific catalytic agent, usually imported, but which may be originated under certain combinations of circumstances in this special prairie. Once started, it spreads so long as it finds material suited for its proper action. But at any time, even in its fiercest spread, remove a single factor, the grass for example, or change its condition by making it wet, and at once the fire ceases. Regarded from a hygienic point of view, yellow fever then is a result of sanitary negligence, not a universal consequence, and, for reasons unknown, limited geographically.

Sanitary negligence in India is punished with cholera; in the Orient, with plague and leprosy, in Europe, the British Islands and the northern United States, with typhus, typhoid, diphtheria and scarlatina, in their malignant and epidemic forms; and in the West Indies, in the tropical and semi-tropical Americas, with yellow fever.

For disobedience of sanitary law, these are among the prices paid by the human race, according to its distribution upon the earth. The choice among these would indeed be a choice between evils, hard to determine. It is a special mission of science to teach us how to avoid them.

RELATION OF DISINFECTION TO THE SPREAD, THE LIMITING,
AND FINAL CHECK OF THE DISEASE.

There were seventy-four recorded cases.

During the twenty days from September 3d to the night of the general disinfection, September 23d, there occurred thirty-five cases. During the twenty days following, to October 13th, the date of the last case, there occurred thirty-eight cases, and these we will analyze.

First, let us bear in mind the statement concerning the impossibility of disinfecting all of the premises on infected squares, and that none of the houses were disinfected except in case of death. Many people in the infected area were residing in houses and on premises never touched with disinfectants—many in houses with the sick. Next, we must allow a time for incubation in those already infected at the moment from which we date—9 o'clock p. m., September 23d. A period of incubation, varying from a few hours to eight or twelve days, has been generally conceded. In the present calculation we will allow five days only.

Seventeen of the thirty-eight fell sick during the first five days, leaving twenty-one cases for the remaining fifteen days.

Of the thirty-eight cases, eleven occurred outside of the infected limits. Eight of these had been nursing the sick or visiting socially in the infected area. The remaining three had no such history, but had evidently contracted the disease outside this locality. They occurred in persons who had been in close proximity to the sick, about the intersection of Eighth and Constance streets, who had been infected in the diseased locality. This appearance gave reason to fear the development of a new centre of infection. This new area comprised the sixteen squares bounded by Magazine and Chippewa, Washington and Ninth streets.

From September 29th to October 5th, the disinfection of this quarter was accomplished. The boundary streets and gutters

were sprinkled with the crude acid, the intersecting streets with the pure solution at first and with the crude acid a few days later. The premises of several squares were disinfected, and every privy was carbolized carefully with crude acid, two quarts to each.

Because of a limited supply of material wherewith to accomplish this work, an improved method of distributing the acid was adopted. The ordinary street-sprinkling apparatus was removed, and in its stead, two one-inch hose of thirty feet each were attached to the reservoir. On the end of each hose was an ordinary garden-sprinkler, eight inches in diameter. Thus arranged, the cart bearing the reservoir was driven down the middle of each street, while the gutters and edges of banquettes on both sides were effectually drenched with the acid. By this means, we were enabled to extend a perfect double cordon around each square with the least expenditure of acid.

It is better in effect, and far less objectionable to the inhabitants, to go over an infected area in this manner several times, a few nights intervening, than to deposit the whole supply at once.

THE DISEASE IN PUBLIC INSTITUTIONS, AND ON SHIPS.

On the 13th of September a case occurred in St. Joseph's Asylum, corner of Laurel and Josephine streets. On the 15th another; one on the 16th, and one on the 17th. Two of them were fatal.

On the 17th the building and premises were disinfected with the pure acid solution. The same was applied to all bedding and clothing removed from the patients. This was accomplished by the Sisters, guided by Dr. Layton. Again on the 20th, by the Sanitary force, the yard, sewers and privies, were thoroughly treated with the pure acid, one part to fifty of water. This was repeated on the 25th. (Other public institutions to be mentioned were disinfected in the same way.) No case after the 17th.

Living on the premises were 210 white persons, of whom 25 were cloistered nuns. Of the entire number, six were already acclimated by having had yellow fever.

In the Jewish Orphan's Home, corner Jackson and Chippewa streets, a case occurred September 21st, one on the 25th, and one on the 27th. Two of these were fatal. The interior of this

building was repeatedly disinfected by the inmates, directed by Dr. Læber, in the manner just mentioned. The premises, including yards, drains and privies were disinfected by the sanitary force, September 26th. No other case occurred.

Residing on the premises were 110 white persons, of whom six had previously had yellow fever.

In the Convent of the Sisters of Mercy, on St. Andrew street, between Constance and Magazine, a case occurred September 29th. It terminated fatally. This institution was disinfected, October 2d. Living on the premises were 43 Sisters of Mercy, 19 employees, and 70 orphans—122 persons, all white. Ten of these had already had yellow fever.

By contrast, it is interesting to note that, in the immediate neighborhood of these institutions, the private residences invaded but never disinfected, seemed to fare differently. The disease in many instances attacked in succession every member of the family liable—frequently three, four, and as many as eight.

The sailing ship *Belgravia* arrived direct from Liverpool, August 29th. She landed about the foot of Second street, where she has remained to the present time.

The crew were allowed to go on shore at will. One of the sailors was taken ill aboard ship, September 17th. On the 20th, he was conveyed to the Touro Infirmary, where he died the same day.

On the 20th, the ship was thoroughly disinfected with carbolic acid and chlorinated lime. The bedding and clothes of the deceased were tied in a bundle, weighted with stones, and sunk in the river. The ship was thoroughly washed throughout. After this, she was repeatedly carbolized and cleansed. During the ten days following the death of this case, the crew remained closely about the vessel. After this time, some of them became reckless, and frequented the places in the infected area where this man caught the disease. Two of the crew fell ill of the disease on the morning of October 8th, and died at the Touro Infirmary, one on the 12th, and one on the 14th inst. The commanding officer predicted the illness of these men, in a conversation with me a few days before they were taken, because of their foolhardiness. Living on board, officers and crew, twenty men; none of whom had ever been exposed to yellow fever.

Just astern the *Belgravia* lay the sailing ship *Evangeline*. Officers and crew unacclimated. The captain's wife spent a

sabbath evening with a friend living in the infected center, October 1st. She was taken ill the following morning, and died, having thrown up black vomit freely, October 6th. The same method of disinfection was pursued as with the Belgravia. No other case occurred.

This completes the analysis of the record. The following is a

RESUME.

Total number of cases.....	white, 71	} = 74
	colored, 3	
“ “ natives of New Orleans.....	17	
“ “ “ “ Louisiana.....	4	
“ “ of deaths.....	35	

Total amount of disinfectants used—pure carbolic acid, Calvert's No. 5, 19 barrels, ranging from 46 to 50 gallons each = about 912 gallons.

Total crude carbolic acid compound, 40 barrels, containing 45 gallons each = 1800 gallons.

Total areas disinfected, streets and premises of sixty-four squares.

Total areas disinfected a second and third time, streets and premises of twenty-four squares.

The following is the census of the thirty-nine inhabited squares, bounded by Magazine street and the river front, St. Andrew and Second streets, *not including asylums*:

Number of premises.....	1143	
“ “ persons on premises.....	white, 5869	} = 6407
	colored, 538	
“ “ “ born in New Orleans.....	3713	
“ “ “ “ “ Louisiana.....	211	
“ “ “ arrived in New Orleans since 1867*....	467	
“ “ “ born “ “ “ “ “ “	1760	
“ “ “ who have already had yellow fever:		} = 1196
	white, 1162	
	colored, 34	
“ “ “ “ never had yellow fever.....	5211	

It is not the object of this paper to discuss or to venture an opinion concerning the essential nature of the yellow fever infection. There is no intention to defend any theory whatever, but

* The date of the last great epidemic.

only to make general observations, based upon such facts as have been accumulated in this city and elsewhere.

It does not affect the sanitary question an iota whether the infection of yellow fever be a germ, animal or vegetable, a catalytic state of the products of decomposition in effete animal matters, or be any other thing or condition which theory is pleased to assume. So long as it is intangible, imponderable, irreognizable to any of the senses, we can have no positive knowledge of the essential nature of the poison. Every effort to prevent its appearance or to limit its spread, must be purely experimental.

Sanitary measures have dealt effectually with other infections equally mysterious in their nature, and may succeed with this.

The sanitary control of yellow fever in benefits resulting, would be second only to small-pox. Its effect upon the growth and commerce of this city alone, would be incalculable.

The following is a summary of observations.

1st. Yellow fever, whether preëxisting as a dormant germ or not, requires as factors of its development, a certain geographical area of the earth, a continued high temperature, and the congregation in dense community, of a large number of people, as in large towns and cities.

2d. That it is not the simple fact of people living together in large numbers which furnishes this last factor, but the violation of hygienic law likely to result from such massing of humanity, in the accumulation of their filth—a *universally acknowledged cause of disease*.

3d. That whatever the essential nature and precise origin of yellow fever may be, it can only be prevented or suppressed by removing or by neutralizing one of its factors.

4th. That foul accumulation and its decomposition is the only one of its factors over which we may exercise control. We may remove this entirely, we may check its decomposition, or we may neutralize its products; to do any one of these is tantamount to accomplishing the others. It is the same in effect to clean a privy absolutely, to freeze it, or to disinfect it. The amount of disinfection required is in direct proportion to the quantity of decomposing matter, and high range of diurnal mean temperature.

5th. That the specific cause of yellow fever is localized and is not borne about by the wind, but radiates continuously from its

point of origin or of first appearance, traversing surfaces, particularly of the soil, but not of water (as rivers or lakes). It is readily transplanted through fomites, as in the garments of the sick, as well as in the recognized methods along the highways of commerce by ships and other carriers of merchandise. In regard to the transmission of yellow fever, it is almost impossible to determine the boundary line in some instances between infection, strictly speaking, and contagion.

6th. That carbolic acid not only retards decomposition and modifies its products, but seems to destroy directly the yellow fever infection, and in order to accomplish this, it is not essential that all surfaces be subjected to the actual contact of the disinfectant. Its destructive influence seems to extend even beyond the limit of actual contact of the acid solution. Completeness of application, however, should always be aimed at.

Finally. That when the suppression of the disease is to be accomplished by disinfectants, these are to be thoroughly applied from the first moment of alarm. There must be an absolute parallel between the management of this disease and the management of fire

The Board of Health is the central office; each physician, having at heart the welfare of his fellow citizens, constitutes himself, as it were, an alarm box. The first occasion of alarm is made known to the Board. Symptomatic evidence sufficient to establish a reasonable presumption should be communicated, or at least made the occasion for a consultation. If further observation strengthens the presumption, it is but right that the Board should be possessed of the opportunity of adopting such precautionary measures as may be deemed necessary.

Disinfection to limit the disease, may always be accomplished without offence or injury to the patient.

A frank expression of truth should always predominate over every influence, from whatever quarter it may be brought to bear. This will establish a perfect reliance in our statements, at home and abroad.

And now, a few words to the medical profession particularly. In an enlightened sanitary system, the physician is peculiarly the custodian of the public health. Of what use are all efforts to prevent the epidemic prevalence of any malignant infectious disease, unless the physicians themselves promptly report its existence in its incipency, whether suspected or determined.

As in the case of fire, the only hope of extinguishing a pestilence is in the very earliest knowledge of its appearance. Every hour of delay lessens the ability to combat and suppress it. Thus, we perceive, one of the highest interests of the community rests directly with the physician. And in seasons of danger, he has no right to remain silent even upon a reasonable suspicion of a malignant infection. The question at issue is not a personal one, but concerns the entire people.

There is abundant reason to believe the time is not remote, when a general epidemic of yellow fever in New Orleans will be as unlikely to happen, as another visitation of plague in London, or the decimation of Paris by small-pox.

