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PRESERVE THIS CIRCULAR.

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HEALTH DEPARTMENT, DISTRICT OF COLUMBIA,

Washington, July 28, 1884.

TO THE PUBLIC.

It is deemed wise at the present time to issue this Circular, giving

Sanitary Precautions to Prevent the Spreading of Infectious Diseases.

“**Cleanliness** and **ventilation** are in all cases and everywhere of the first importance. The diseases which are spread chiefly from place to place and from person to person by means of their own infection or contagion, are to be regarded and treated as enemies, to be resisted and stamped out. The propagation of some of them with the help of local causes, seen or unseen, and the fatality, as well as spread, of each one of them is increased by personal uncleanliness and local unhealthfulness. Cholera, Typhoid fever, Diphtheria, Measles, Scarlet fever, Puerperal fever, and Small-pox are the most pestilent of these **Infectious Diseases**. Typhoid fever and Malignant Cholera are infectious by means of excremental matters rather than from bodily emanations. They spread by personal contagion, and originate among crowded and uncleanly people. These diseases and all infections and contagions require **disinfection** and all sanitary precautions that **prevent infection**.”

“**Asiatic Cholera** is again on its deadly march. The Atlantic ocean and the organized resources of sanitary knowledge and authority in our country, and in European ports constantly in communication at once with our shores and the infected regions of the Mediterranean, are barriers trusted thus far for defense. The possibility and facilities for the introduction of this disease upon this continent are too obvious to be disregarded. The history of former invasions by cholera seems to warrant the opinion that its reappearance here is probable. It is a public duty to be prepared for it.”

“The disease, as reported in Southern Europe, presents the same threatening aspects that it did in August, 1865. It was then conveyed to our shores in a definite manner and to about the same series of resting places and fatal points of outbreak that it now threatens to attack. The facilities for the unsuspected and very speedy movement of this pest from the Mediterranean shores to the American are greater now than they were in 1865. The means of exact sanitary knowledge and quarantine police for arresting and stamping out the transportable cause of it are also greater. It is safe to conclude that the resources of sanitary resistance have so greatly increased that the certainty of success in the public duty of preparation and prevention will now warrant the assurance that no city, village, or town that is found prepared and ready for the announcement that ‘Asiatic Cholera has come’ will be invaded by it, if every case that occurs in, or is brought to the place, receives adequate sanitary care. Such considerations both justify and demand the publication of this Circular.

“It is now conceded that there is a specific infective cause of Asiatic cholera, called its **CONTAGIUM**,

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by which it spreads as rapidly as the persons suffering ever so lightly from it may go from port to port and place to place; and it has proved true in every country that this *CONTAGIUM* ceases to be repropagated beyond the sanitary lines which separate the cleansed, drained and ventilated premises and well-conditioned inhabitants from those that are filthy, undrained, badly sewered, crowded and unventilated, or where polluted water or crude food and harmful beverages prepare the bowels for the fatal operation of the cholera poison, and as even the light and painless diarrhoea of cholera may infect the earth and the waters wherever the travelers from cholera districts go, the modern facilities of travel and transportation now tend to spread cholera over all the continents, in a single year, as readily as it was conveyed in the fifteen years of slower marching in its first great invasion.

“The presence of excremental filth, uncleansed dwellings, stagnant pools; polluted water, and of badly-housed and imprudent people will invite cholera whenever it appears in any city on our Atlantic seaboard. These common sources of harm to health that exist in numerous communities will endanger the cities and villages of the entire country, as well as the particular places that will be first to suffer.

“WE SAY NOW TO THE PEOPLE OF THIS DISTRICT, LET EACH AND EVERY HOUSEHOLDER ENFORCE SUCH THOROUGH SCAVENGING AND CLEANSING, SUCH CLEANING OF SEWERS, DRAINS AND DITCHES, AND SUCH VENTILATING, DRYING, LIME-WASHING AND DISINFECTING OF CELLARS AND ALL DAMP AND UNCLEAN PLACES, THAT, IF CHOLERA COMES, ITS INFECTIVE GERMS SHALL FIND NO SOIL OR FOUL SURFACE IN WHICH TO PROPAGATE EPIDEMICALLY.”

The following are

INSTRUCTIONS FOR DISINFECTION.

Disinfection is the destruction of the poisons of infectious and contagious diseases.

Deodorizers, or substances which destroy smells, are not necessarily disinfectants, and disinfectants do not necessarily have an odor.

Disinfection cannot compensate for want of cleanliness nor of ventilation.

I. DISINFECTANTS TO BE EMPLOYED.

(1.) Roll sulphur (brimstone) for fumigation.

(2.) Sulphate of iron (copperas) dissolved in water in the proportion of one and a half pounds to the gallon—for soil, sewers, etc.

(3.) Sulphate of zinc and common salt, dissolved, together, in water in the proportions of four ounces sulphate and two ounces salt to the gallon—for clothing, bed-linen, etc.

Disinfection of Premises, etc. Cellars, yards, stables, gutters, privies, cess-pools, water-closets, drains, sewers, etc., should be repeatedly and profusely drenched with copperas solution, which is easily kept ready for use, at full strength, by hanging a basket containing about sixty pounds of copperas in a barrel of water, and renewing the supply from time to time.

In the Sick-room. The most available agents are fresh air and cleanliness. The clothing, towels, bed-linen, etc., should, on removal from the patient and before they are taken from the room, be placed in a pail or tub of the zinc solution, boiling hot, if possible.

All discharges should either be received in vessels containing copperas solution, or, when this is

impracticable, should be immediately covered with copperas solution. All vessels used about the patient should be cleansed with the same solution.

Unnecessary furniture, especially that which is stuffed, carpets and hangings, should, when possible, be removed from the room at the outset; otherwise, they should remain for subsequent fumigation and treatment.

Fumigation with sulphur is the only practicable method for disinfecting the house. For this purpose, the rooms to be disinfected must be vacated. Heavy clothing, blankets, bedding, and other articles which cannot be treated with zinc solution, should be opened and exposed during fumigation, as directed below. Close the rooms as tightly as possible, place the sulphur in iron pans supported upon bricks placed in wash-tubs containing a little water, set it on fire by hot coals or with the aid of a spoonful of alcohol, and allow the room to remain closed for twenty-four hours. For a room about ten feet square, at least two pounds of sulphur should be used; for larger rooms, proportionally increased quantities.

All woolen clothing, silks, furs, stuffed bed-covers, beds, and other articles which cannot be treated with zinc solution, should be hung in the room during fumigation, their surfaces thoroughly exposed, and their pockets turned inside out. Afterward they should be hung in the open air, beaten and shaken. Pillows, beds, stuffed mattresses, upholstered furniture, etc., should be ripped open, the contents spread out and thoroughly fumigated. Carpets are best fumigated on the floor, but should afterward be removed to the open air and thoroughly beaten. Many of such articles may be disinfected in an oven or steam-heated tank, at a temperature of from 212° to 250° Fahr., maintained for five or six hours.

The disinfectants above named are simple, safe, reliable, cheap, and easily obtainable. They are recommended as best for the purposes named by the committee of experts of which Prof. CHANDLER of New York was chairman.

Persons who are unable to supply themselves with the articles when needed will be supplied by the Department upon application.

The facts, as stated in this Circular, have been compiled from the most authentic information published—such as the pamphlets of the New York State Board of Health, etc.—and I trust they will be carefully considered by every citizen.

Very respectfully,

SMITH TOWNSHEND, M. D.,

Health Officer, District of Columbia.



