

# CANADA HEALTH JOURNAL.

A Monthly Record of Sanitary Progress.

VOL. XIII.

FEBRUARY, 1891.

No. 2

## ON PREVENTING THE SPREAD OF INFECTIOUS DISEASES.

**D**URING last year, 1890, in the twenty-nine cities and towns which make a record of their deaths and report them to the Department in Ottawa, there were over eleven hundred fatalities from the four principal diseases of childhood—diphtheria, scarlet-fever, measles and whooping cough. Besides these fatalities there were not less than thirty or forty, probably fifty, and possibly one hundred, thousand cases of these diseases which ended in recovery or partial recovery. From the well known facts concerning these diseases, facts which hardly any body now disputes, the only way to acquire or "take" any of them, is by exposure to the presence of either some one sick with the disease or some place or thing which had in some way become infected by a previous case. If these thousands of sufferers, mostly innocent children, with not less than at least five times as many more throughout the rural districts of Canada, had not been permitted to expose themselves, often carelessly, sometimes indifferently or even wilfully permitted, to the infections, not one of these cases would have occurred. These deaths, therefore, five or six thousands of them in all, with the vast multitude of cases without death, with the inestimable suffering therefrom, with all these tens of thousands of breeding places or foci of infection which extend their deadly influence into and throughout this year and the next and farther, were all avoidable or preventable,—with sufficient organized care they might all have been prevented.

There is altogether too much indifference, shameful indifference, shown and too little care exercised, by parents in regard to the strict isolation of those over whom they

are the responsible guardians. If these diseases are ever to be stamped out, as they could be, or even their prevalence and mortality greatly reduced, much more intelligent and complete effort must be put forth, not only by parents and the public generally but by health authorities. Isolation is hardly anywhere carried out as it should be, and disinfection is mostly worked out in a routine and perfunctory manner. Think of the case communicated to a Toronto Daily, noticed in the January issue of this JOURNAL: A case of diphtheria. "The doctor gives very full instructions as to the proper disinfection, but neither tenant nor landlord seem willing to assume the expense, and as the doctor has no authority to enforce the carrying out of his instructions they are ignored." "The doctor notifies the health department." "An inspector is sent, who calls at the house, hurriedly asks a few questions—the mother says he shook like a leaf—and hastens away. Soon after the death of a child the female portion of the family, notwithstanding the fact that they had been living for days in the poisonous atmosphere of the room, hastily gathered together their clothing, and as far as can be learned, without the slightest effort to disinfect their persons or clothing, took a train for a neighboring town." This JOURNAL has reported many such cases of carrying the infection to other centres—"neighboring" or perhaps far away towns.

As Dr. Lindsley, secretary of the Connecticut State Board of Health, in the Monthly Bulletin of that Board, says, "If such culpable disregard of public safety is not a crime against the community, then the careless switchman who derails a passenger train, or the heedless engineer who