

## Board of Health.

## CHOLERA.

The report of the secretary of the Provincial Board of Health, as to what measures can be further taken by it to protect the province whose health interests are officially committed to its charge, contained the following:

"While it is true that our six hundred odd municipalities have nominal local boards of health, yet the varying character of the municipalities from large cities to sparsely settled townships marks gradations, both in the efficiency of and the need for extended operations. The local boards of our cities are, on the whole, well organized and efficient, and nothing better illustrates this than the extending interest in and importance of the Association of Executive Health Officers and their yearly improving reports printed in the annual report of this board. But during a time such as that of the Montreal smallpox epidemic, or like the present, when cholera casts a shadow over the future of the province, we have to recognize that there is a large number of local boards in our towns and villages almost all situated along lines of railways, which not only have no medical health officers, except nominally, but are not equipped in any degree whatever for dealing with cases of cholera should it appear within their borders.

"To have these organized and supplied with a regularly salaried medical health officer must then be our first task, and to see that some local conveniences, in the shape of tents or buildings for the reception of the sick and appliances for disinfecting be supplied, must be the next."

The following municipal measures were suggested as those which it is imperative all municipalities should attend to:

1. The protection of public water supplies. The severity of the Hamburg epidemic has been undoubtedly due to such pollution. Fortunately most of our supplies would ordinarily be safe, but vigilance in this particular should be exercised, and an investigation of the surroundings and condition of municipal water supply will most properly engage this board's attention.

2. There are the common municipal sources of organic filth to be dealt with. These are:

(a) Abolition of privy pits in all incorporated municipalities. The measure of their existence in any town in Ontario is for me the gauge of municipal progress in sanitation. Wherever their removal is rapidly going on, to be replaced by water closets or by dry earth boxes, we find an active local board of health and a good executive health officer. With plumbing reduced to a minimum of cost, and with ready municipal removal of excreta weekly from earth-closets at an annual cost per

household of say three dollars, any reasonable objection to their abolition is removed. I am of the opinion, that with several other matters, their abolition by an order-in-council, provided for under the clauses of the act, created during past cholera years, is the only way for properly dealing with them. Resolutions to this effect have been adopted unanimously by the Toronto Medical Society, and other recent meetings of prominent physicians, and the public are convinced that they must go. And it is important that they should be removed at the earliest moment when the spring opens. Special provision in an order-in-council should be made for this board being referee in case any difficulty should arise about the places for depositing night-soil. It is quite clear that such should be well removed from danger to any householder, but this renders it frequently necessary to go outside corporation limits.

(b) Disposal of garbage must be made a systematic thing, and this can be done either by a well organized scavenger department or by household inspection. Where crematories exist the problem is solved, but such are limited in Ontario, Garbage dumps, by intelligent supervision, may be made harmless, but ordinary experience proves them dangerous. For most of our towns some of the cheap devices for drying the materials, when fresh, on the kitchen stove, and subsequently burning them, should be adopted.

(c) Road and lane refuse may with greater ease be disposed of, and the same may be said of manure.

(d) A more important problem is the presence in many places of polluted creeks, bays and swamp areas, of which Ashbridge's Bay is a type.

Dr. J. Richardson, who has had experience in two cholera epidemics in Toronto, stated recently that the common observation was, that in 1849 and 1854, cholera prevailed mostly along the lines of the several creeks which ran across the city at that period, and such has been universal observation that cholera, whether Asiatica or Nostras, finds its congenial home where organic filth accumulates in a moist state and is exposed to heat.

Local inspection must, therefore, be specially devoted to having such conditions removed or cleansed during the winter and spring months; since it cannot be too strongly impressed on municipal authorities that the exposure to sun and air of excavated organic materials in embankments, etc., created dangers much greater than if the materials are left undisturbed, and especially if they are covered with water.

(e) Local board organization, with a medical health officer and sanitary inspectors, will be, of course, a necessary preliminary to the carrying out of all municipal work.

## How Diphtheria Spreads.

A serious epidemic of diphtheria in Detroit, Mich., among school children was traced to the changing of lead pencils. At the close of school each day all pencils were deposited in one box, and the next day distributed among the pupils. The disease was spread by the habit of putting pencils in the mouth, as all children do. Thus an infected pupil will serve to infect several children. Such a rule in school should be abolished.

Better make your neighbor abate a nuisance than to let him make both himself and yourself unwilling hosts of death's great lieutenant—cholera.

The general distribution of cholera literature by the provincial board, both for the instruction of local boards and for the information of individuals will form a part of the board's preparations for efficient work during the next few months.

City rulers should be aware of the coming criterion by which they will be judged. Mere population will not give a city fame. Healthfulness is the first and indispensable requisite. Not numbers, but a low death rate, which signifies a high health rate.

The latest figures given by the Russian government for their cholera epidemic of 1892 are 551,473 cases and 266,200 deaths from that disease up to the end of November. This shows a death rate among the attacked of 48.2 per cent.

Local boards of health should have an eye not entirely single to the health interests of their own towns. They can often restrain indiscretions that would transmit infection to other towns. They should do so, hoping meanwhile that their neighbors will reciprocate in due time.

Facts like that given in the foregoing item should remind us that in diphtheria we have to contend with a disease more formidable than cholera. Cholera, if permitted, sweeps through a town, but its infectious principle is comparatively short lived, and the epidemic is usually brief. On the contrary the contagion of diphtheria persists and a place once infected often remains infected a long time.

In the cholera conference lately held by Russian health officers and physicians, it was reported that information is at hand as to how cholera was introduced, in twenty-eight governments of the empire. The general conclusion to be drawn was that pollution of the drinking water was in almost every case the channel by which the disease was spread.

One of these Russian doctors pointed out that wherever the sanitary condition of a town or district had been satisfactory, the cholera epidemic had either passed it by altogether or claimed but few victims.