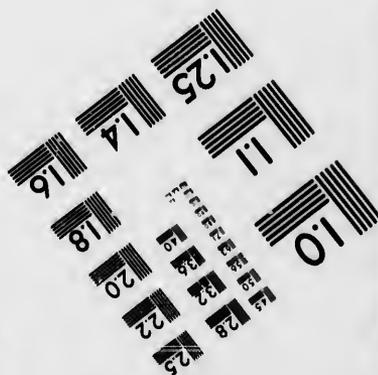
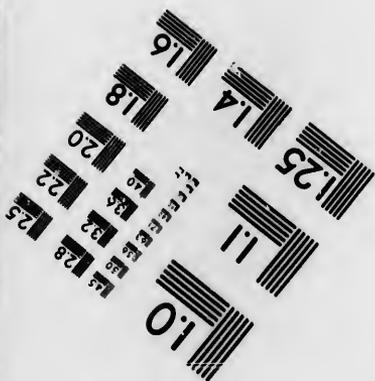
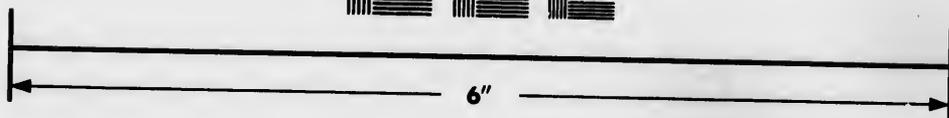
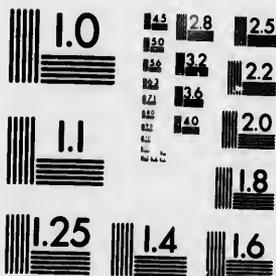


**IMAGE EVALUATION
TEST TARGET (MT-3)**



**Photographic
Sciences
Corporation**

23 WEST MAIN STREET
WEBSTER, N.Y. 14580
(716) 872-4503

**CIHM
Microfiche
Series
(Monographs)**

**ICMH
Collection de
microfiches
(monographies)**



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

© 1993

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

Coloured covers/
Couverture de couleur

Coloured pages/
Pages de couleur

Covers damaged/
Couverture endommagée

Pages damaged/
Pages endommagées

Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée

Pages restored and/or laminated/
Pages restaurées et/ou pelliculées

Cover title missing/
Le titre de couverture manque

Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées

Coloured maps/
Cartes géographiques en couleur

Pages detached/
Pages détachées

Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire)

Showthrough/
Transparence

Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur

Quality of print varies/
Qualité inégale de l'impression

Bound with other material/
Relié avec d'autres documents

Continuous pagination/
Pagination continue

Tight binding may cause shadows or distortion along interior margin/
La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure

Includes index(es)/
Comprend un (des) index

Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/
Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.

Title on header taken from:/
Le titre de l'en-tête provient:

Title page of issue/
Page de titre de la livraison

Caption of issue/
Titre de départ de la livraison

Masthead/
Générique (périodiques) de la livraison

Additional comments:/
Commentaires supplémentaires:

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
					✓						

The copy filmed here has been reproduced thanks to the generosity of:

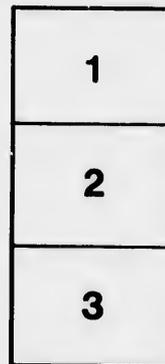
National Library of Canada

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol → (meaning "CONTINUED"), or the symbol ▼ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Bibliothèque nationale du Canada

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole → signifie "A SUIVRE", le symbole ▼ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

25
25

SCARLET FEVER.

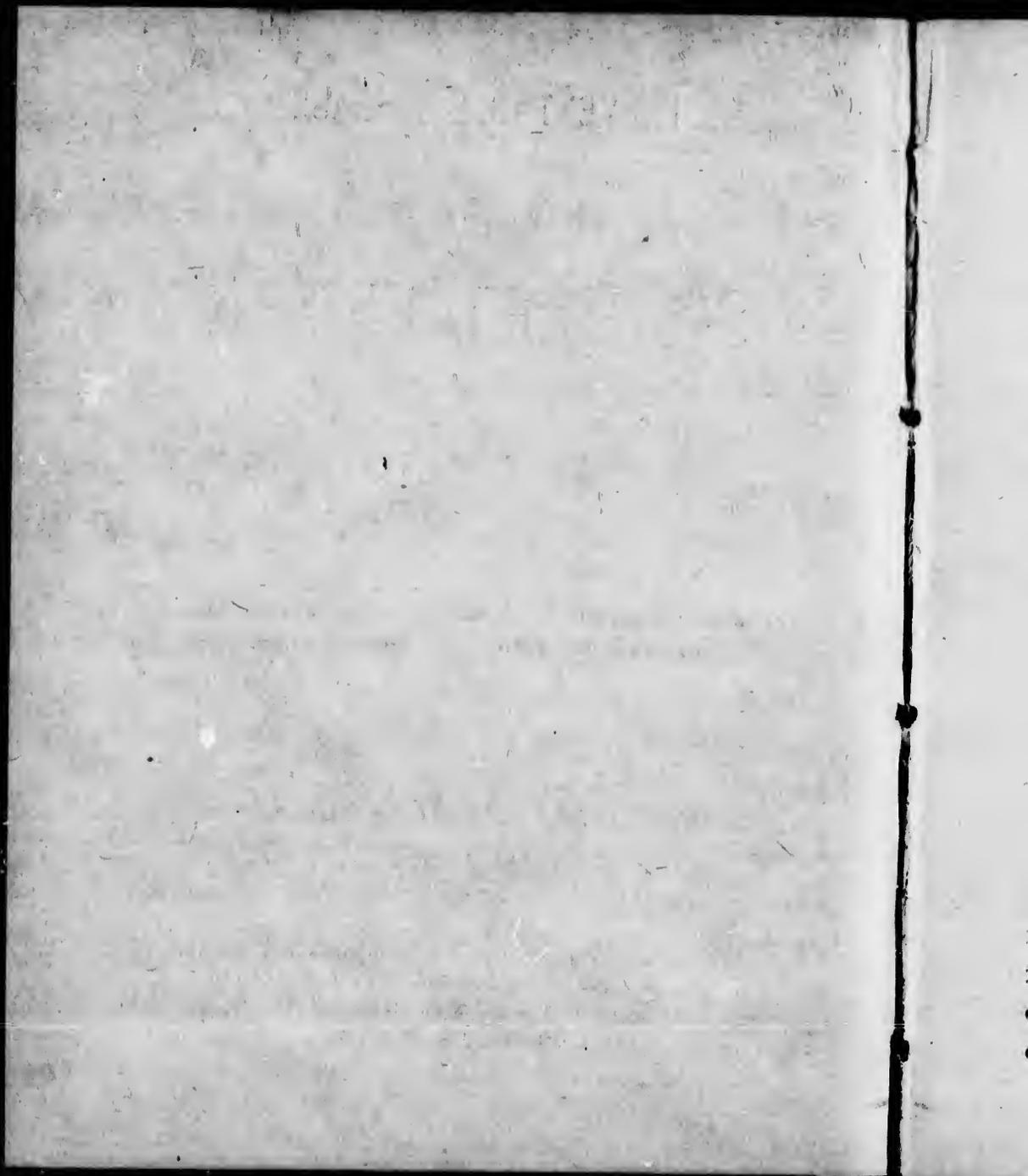
PREVENTABLE DISEASES.

SCARLET FEVER.

PUBLISHED BY THE AUTHORITY OF THE CENTRAL BOARD
OF HEALTH OF THE PROVINCE OF QUEBEC.

Read this carefully, and keep it for future reference.

Additional copies of this and other Pamphlets on Preventable
Diseases may be obtained GRATIS by application to
the Secretary of the CENTRAL BOARD OF HEALTH,
30 St. James St., Montreal.



PREVENTION AND RESTRICTION
OF
SCARLET FEVER.

This disease, a very contagious one, among the public is known under a variety of names, such as "Scarlatina," "Scarlet Rash," "Rose Rash," "Canker Rash," "Rash Fever," and "Malignant Sore Throat." It is a very fatal disease, and even when recovery from the fever takes place, after consequences, often of a serious character, are very apt to occur. It is principally met with in children. Adults who have escaped it in childhood often take it, though generally milder than it attacks children. One attack as a rule protects from a second attack, but to this there are many exceptions. Some children seem peculiarly susceptible to this disease, and several attacks are

not uncommon. The susceptibility grows less with advancing age. It is most common under ten years of age.

The contagion or poison of the disease is a very active one. It may be communicated by contact, or the poison may be carried in the clothing of persons entering the sick room to those who are well and to them thus communicated. It is especially liable to adhere to clothing or drapery, with a rough surface; also to furs, and the hair of domestic animals. The poison thus collected maintains its activity for many months—even for years—especially in clothing packed away. The severity of the disease depends upon the throat symptoms. When these are well marked there is a discharge from the mouth and nose. These discharges are extremely contagious. The discharges from the bowels are less so, but still may communicate the disease. The patient will be a focus of contagion, so long as the skin continues to peel. This is a most important fact to be remembered, for a child should not mix with the susceptible till the skin is done peeling. The period for this varies from a month to three months.

The period of incubation means the time which elapses from exposure to the disease, till the disease manifests itself. This varies from a few hours to twelve or fourteen days.

There is not any known means by which scarlet fever can be prevented attacking those who are susceptible, when they are exposed. It is therefore of the greatest possible importance, that the well should be protected by the isolation of those who have the disease. No matter how mild the attack, isolation should be thoroughly carried out. A mild case can produce a malignant one, the severity depending upon the susceptibility of the patient.

Isolation &c.—A child with a sore throat, fever, and a red rash, should at once be isolated, and a physician called in to decide as to its nature. If he state that it is scarlet fever, the isolation should be thorough and complete. The patient should be placed on the top flat of the house in the largest and best ventilated room, which must be cleared of all needless clothing, drapery, carpets, etc., to which the poison is likely to become attached. Even clothing in closed drawers or wardrobes, must not

be allowed to remain. The attendant on the sick should not mingle with the household ; if it is a necessity for her to do so, she should first wash her hands, face and head, and change her clothing. The clothing of the nurse should be of such a character, that it can be disinfected by boiling or dry heat.

All children who have not already had the disease, should at once be sent away from the infected house. Such children should be quarantined till the period of incubation is passed—this to date from the time of their removal. The family of the infected house should as much as possible, quarantine themselves—that is, abstain from mixing with the public.

Handkerchiefs or linen used to receive the discharges must only be used once, and then burned. Soiled clothing, bed linen and towels, on removal from the patient, should at once, and before removal from the room, be placed in a pail or tub of boiling zinc solution, made in the following proportion :—

Sulphate of Zinc.....	Four ounces.
Common Salt.....	Four ounces.
Water	One gallon.

When practicable, the discharges from the mouth and nose should be received into a vessel containing chloride of lime, copperas, or the zinc solution mentioned above. All discharges from the kidneys and bowels, should be so received. They should then be thrown into the water closet. When these do not exist, they should be at once buried, care being taken that this is done, at the very least, one hundred feet from any well. They should never be thrown into any running stream, cesspool or privy, without having first undergone complete disinfection by the use of the zinc solution or copperas solution of the strength of three pounds of copperas to two gallons of water. All vessels, spoons, etc., used by the patient, must be kept very clean, and should be washed by the zinc solution, and then in hot water.

Food that has been in the sick room and not used should never be placed in the swill-barrel. It should be buried as directed for the discharges from the kidneys and bowels.

The spread of Scarlet Fever, through the air, may be greatly prevented by anointing the body with either cocoa, butter, vasseline, oil or

mutton suet, the selection being left to the attending physician.

Letters should never be written in the sick room, for they are extremely likely to carry away with them germs of the disease, and thus transmit it to susceptible localities.

When the patient is thoroughly convalescent, the peeling of the patient's skin can be facilitated by giving him every two or three days a warm bath.

Should death occur, the body should be wrapped in a sheet soaked in the zinc solution made with the usual strength, and *at once* placed in an air tight coffin, and immediately hermetically sealed. It should never be exposed to the view of relatives or friends. The funeral also should be private, and take place within a reasonable time. The death notices should state the cause of death, and that the funeral had taken place and was private.

DISINFECTION.

All articles of small value, which are likely to convey the infection, should be completely burned.

Those that are valuable and can be so treated, should be soaked in the zinc solution, or subjected to a dry heat of 250 F. in a disinfecting oven. Articles which cannot be so treated must be subjected to the fumes of burning sulphur, and for several days after, exposed to open currents of fresh air. Books and furs which patients may have handled, should be treated to the fumes of sulphur.

Rooms that have been occupied by scarlet fever patients, should be disinfected with sulphur fumes; all articles of clothing, bedding, etc., should be spread out so as to expose the largest amount of surface to the action of the disinfectant. All openings into the room must be closed tightly—place the sulphur in an iron pot or tray—supported on bricks—in a tub containing a little water. Set the sulphur on fire, either by live coals or a small quantity of rectified spirits or alcohol, lighted by a match. As soon as the sulphur is burning well, leave the room and close the door. Be careful not to breath sulphur fumes. It requires ten pounds of sulphur for a room 10 feet square, and at least two pounds more for every additional 1000

cubic feet of air space. The room must remain closed for at least five or six hours. All the windows in it must then be opened and air allowed freely to circulate through it. It must then be scrubbed and whitewashed. If the room is papered, it is advisable to remove the paper before disinfection commences.

All water closets, privies, cess-pools and drains must be freely treated by the copperas solution. Dilute the poison in the sick room by the introduction of fresh air, but at all times, and especially during the stage of convalescence, great care must be taken that cold drafts do not blow on the patient.

GENERAL RULES.

1. Avoid the contagion of scarlet fever, and remember that children under 10 are more susceptible than adults.
2. Never allow a child near a case of scarlet fever. Unless your services are essential, for the sake

of your children, keep away from any house in which the disease may be.

3. Never ride in a closed carriage in which there has been a case of scarlet fever, unless it has been disinfected.
4. When scarlet fever is present, avoid the use of all substances which irritate and cause rawness of the throat. Persons with a raw or inflamed throat are very apt to take the disease.
5. Avoid any one who has a sore throat. Under any circumstances do not kiss such a person or inhale their breath. Do not use the same vessel to drink from that has been used by a scarlet fever patient.

When there are Local Boards of Health, report all cases at once. In disinfection, the experience of Boards in towns and cities, will enable them to do it more thoroughly and at less expense than you can do it for yourself.

162

...in which the ...
...in which the ...
...in which the ...
...in which the ...
...in which the ...

**Read this Circular carefully, and then put it
away for reference in case of need.**

...of which the ...
...of which the ...
...of which the ...

...of which the ...
...of which the ...
...of which the ...

