

Notes on Health and Sanitation

FUMIGATION.

As a result of the European war making it practically impossible to obtain a great deal of potassium permanganate, the Pennsylvania department of health began experimenting to find some substitute for the old method of liberating formaldehyde gas. Their chemists have been eminently successful and have worked out the following method of disinfection after contagious diseases, that has been adopted over the entire commonwealth of Pennsylvania. This has the added advantage of being less expensive than the old method of formaldehyde and potassium permanganate, inasmuch as the sodium dichromate costs wholesale now about 28 cents a pound, whereas the potassium permanganate cannot be purchased for less than 60 cents. The complete formula as furnished by the Pennsylvania department of health is reprinted herewith:

"The reaction is produced by a combination of the sodium dichromate with sulphuric acid. The most suitable proportion appears to be the following:

"Sodium dichromate, 10 ounces
Sulphuric acid, 1 pint.

"Sulphuric acid, commercial, 1 1/2
pint.

"The sulphuric acid can be added to the solution of formaldehyde and the mixture kept on hand for use.

"It should, however, be most carefully handled, as the presence of the acid would render it destructive to furniture, fabric, etc.

"This solution can be added to the crystals of sodium dichromate spread out in a thin layer over the bottom of a vessel having 10 times the capacity of the volume of the ingredients used.

"The reaction is more nearly instantaneous than with potassium permanganate. This necessitates a very prompt withdrawal from the room in which chemical reaction has been started.

"The residue is somewhat corrosive and therefore it is well to pull the tin container out of the room by an attached cord one-half hour after the reaction has been started. The residue should be removed from the can immediately and the vessel scrubbed with soap and water."

"Formalin, 1 pint.

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PARENTS AND TEACHERS HEED.

It must always be borne in mind that the same disease may present entirely different pictures in different individuals, says a recent health bulletin of the City of Portland. One child may be desperately sick; another developing a disease may have it in a mild unrecognizable form, but may give it to a third child in a severe enough form to cause death. It is the mild forms of these diseases that the parents and teachers should be on the lookout for; if a child is very ill a doctor is usually called promptly and the nature of the affliction recognized.

Scarlet fever often goes unrecognized. A slight and transient rash may pass unnoticed. Usually there is at least nausea and vomiting, redness or soreness of the throat, some headache and fever. Any peeling (desquamation) of the skin or discharge from the ear, in a child, should arouse suspicion. The teacher should remember that when the parent says the child has scarletina that it means scarlet fever every time. A child is apt to come down with the disease three to seven days after exposure.

Diphtheria.—Any sore throat, no matter how mild, or any irritation of the nose should demand a cultural examination. This is done by the family physician or the bureau of health. Mild nasal diphtheria is commonly unrecognized until a culture is taken. Many of these mild cases remain chronic "carriers" (spreaders) a long time, if nothing is done to clear up the throat. Anyone who catches the nose or mouth spray from these "carriers" when laughing, coughing or sneezing may develop the most severe form of the disease. The new cases usually show symptoms three to five days after exposure.

Measles.—Ordinarily it is thought the child has a "cold in the head" until the measles rash appears. This disease is very contagious in the stage preceding the rash. Hence if measles is prevalent it is best to isolate a child on the first signs of indisposition or "cold" in the head or chest. If you wait until the rash appears many may have been exposed. The first symptoms appear 10 to 14 days after exposure.

Smallpox.—Since this foul disease is so easily prevented by a little vaccination scar it should be unheard of in our schools. When mild cases of this disease are found these children have only a few pimples on the

face and arms. However, when questioned they admit being sick in bed four to five days previous with headache and backache. They call it the "grippe." A child who returns to school after having had the "grippe" should be referred to the medical inspector of the school or some other health official. This may prevent an epidemic of smallpox among the unvaccinated pupils.

What would be still better is the encouragement by the teachers for all her unvaccinated pupils to be vaccinated. The most opportune time for this is when the medical inspectors are making their regular visits. This will prevent the health bureau's usual compulsory interference after an epidemic has started. New cases can be counted on in all non-immune individuals two or three weeks after exposure. It never fails.

Chickenpox.—To parents and teachers this disease presents much the same appearance as smallpox. However, the patient does not give a history of having had the "grippe" three or four days previous. As a rule there is extreme itching, but the child is not confined to the bed. The vesicles rarely form pustules and the scabs dry up and fall off within a week. All exposed children who have not had chickenpox may be expected to come down with it within two weeks after exposure.

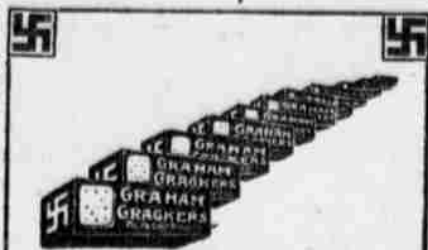
Whooping Cough.—A persistent paroxysmal cough, no matter whether there is a distinct whoop or not, should suggest whooping cough. The accompanying mouth spray is certain to reach many susceptible children.

Mumps.—Any swelling or tenderness of the glands situated at the angle of the jaw should be suspected. Occasionally there will be a swelling inside the mouth opposite the second upper molar tooth.

Ringworm.—As the name suggests it is an inflammatory condition usually of the face or scalp which spreads in a circle. Since it is infectious, children should be excluded until proper treatment has been instituted and a cure established.

Scabies (Itch).—Scratching due to the extreme itching is usually the first thing noticed. A close examination will disclose rows of small pimples on the back of the hands, more particularly in the tender skin between the fingers. These children should be excluded until cured.

Pediculosis (Lice).—Pediculosis is a more common cause for scratching than is scabies. In any case of persistent scratching look for one or the other of these two afflictions. The presence of lice is easily detected by finding the eggs (nits) in the hair or on the clothing.



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Approximately 3000 cars of wheat were tied up at Galveston, Texas, for several weeks on account of delay to export shipping by the outbreak of the European war.