

# SMALL-POX.

Its Prevention and Restriction.

ISSUED BY THE PROVINCIAL BOARD OF HEALTH OF  
NEW BRUNSWICK.

## ORIGIN.

Small-pox is one of the most contagious diseases known, no period of life is exempt from it. The poison creating the disease is very active at all times, but most so after the appearance of the eruption. The vitality of the infection is often preserved for a long time. The disease may be communicated by the breath, and by the exhalations from the skin, through the atmosphere,—certainly to the extent of 4 or 5 feet from the diseased individual,—and possibly to a much greater distance from a house in which a number of cases are congregated; and the poison may be retained in clothing for a long time. The disease shows itself from 2 to 12 days after exposure to the contagion, is very dangerous and loathsome, having a mortality of 35 in 100, and leaving many who recover, disfigured and maimed for life.

## SYMPTOMS.

When the disease exists in a district, every individual suffering with sudden chills, fever, headache, perspiration, and severe pain in the middle of the back, should immediately send for his physician. This stage generally lasts 2 or 3 days. Between the 3rd and 4th day bright red spots, slightly elevated, are observed on the face and body. In 2 or 3 days more, these enlarge, forming pimples with flattened tops; which increase in size up to the 8th or 9th day, when they begin to retrograde and form scabs. These are the usual symptoms, but they vary much according to the character of the epidemic.

The Preventive measures are Vaccination, Isolation and Disinfection.

Vaccination. Any individual in the present day, who disputes the preventive power of vaccination must be either ignorant, insane, or his mind so prejudiced that no amount of reasoning can reach it. Reliable statistics have established the facts, that without vaccination all who are exposed to the contagion of the disease, take it, and that nearly one half of these die, or are maimed for life; that if 1000 persons who have been well vaccinated should be exposed to the contagion of the disease, about 26 will take it; that among vaccinated persons infected with small-pox, the danger of the disease is chiefly determined by the badness and insufficiency of their vaccination;—that its fatality to such vaccinated persons as it infects, is,—taking them indiscriminately—70 per 1000. Distinguishing vaccinated persons into two classes:—first those who have been vaccinated in the best known manner, and second, those who have been badly vaccinated, the fatality of the disease if it infects the former, will be 5 per 1000, if it infects the latter 150 per 1000, the risk of the one being 30 times that of the other. Or in other words let a badly vaccinated person—a person with one imperfect mark, contract small-pox, and the chances are not quite one in 8 that he dies. Let a person with 2 good marks have small-pox and his risk of dying is less than in 40. While persons who have been vaccinated in the most complete manner,—will—if they take the disease die at the rate of about 1 in 200. With such facts before him, the parent who neglects to have his child vaccinated assumes a great responsibility.

The operation of vaccination should always be performed by a physician who alone can judge whether it has taken properly, and who will hold himself responsible for the quality of the Lymph he uses. He may select either calf or humanized Lymph, if the latter, he will be particularly careful to obtain it from a perfectly healthy child—never from a case of re-vaccination, and from a well formed vesicle, on or about the 7th day, before a red ring forms round it, at the same time being careful when extracting the Lymph from the vesicle not to allow a particle of blood to be mixed with it. Vaccination will be more rapidly performed and more successful when taken from arm to arm. With a thoroughly clean lancet,—immersed in water, and wiped after each time it has been used—he will insert the Lymph in not less than 4 places.

Infant vaccination in a majority of cases is protective through life, but in many it is not so, therefore it is urgently recommended that every individual be re-vaccinated before adult age. It is also recommended that after known exposure to the disease the individual should be re-vaccinated. If done within 2 or 3 days after exposure, it will often prevent the disease from appearing, or make it lighter should it appear, and when done later there is reason to believe that it will mitigate the severity of the disease.

## ISOLATION.

When a case appears, and the patient cannot be immediately removed to a Hospital, strict isolation and quarantine should be enforced for at least 2 weeks after the crusts have fallen off. The patient should be placed in an easily ventilated room on the upper flat of the house. Furniture of all kinds, carpets, curtains, clothing &c., should be removed, indeed nothing should be left except such as is absolutely required, and can be easily disinfected. No food of any kind should be allowed to remain in the room. A nurse should be selected who has had small-pox, or who has been recently successfully vaccinated, her clothing should be made of material that can be boiled. No person but the nurse and the medical attendant should be in the room, and all in the house who have not been recently vaccinated should be vaccinated. A placard should be placed on the front door of the house denoting that the disease exists there, and immediate notice should be given to the Board of Health. Persons residing in a house where small-pox exists should not mingle with others. Cats or dogs should not be allowed in the sickroom.

## DISINFECTION.

A solution of Carbolic Acid should be prepared by adding half a pint of acid to a gallon of water. As the acid is much heavier than the water it should be thoroughly mixed. A sheet should be immersed in this solution, kept constantly moist, and fastened so as to cover the door of the patient's room. A quantity of this solution should always be kept in the sick room, into which all clothing removed from the patient's bed should be soaked for 2 hours and then boiled. All vessels used

(Continued on page 7)

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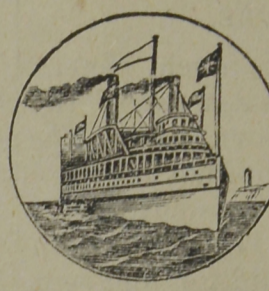
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