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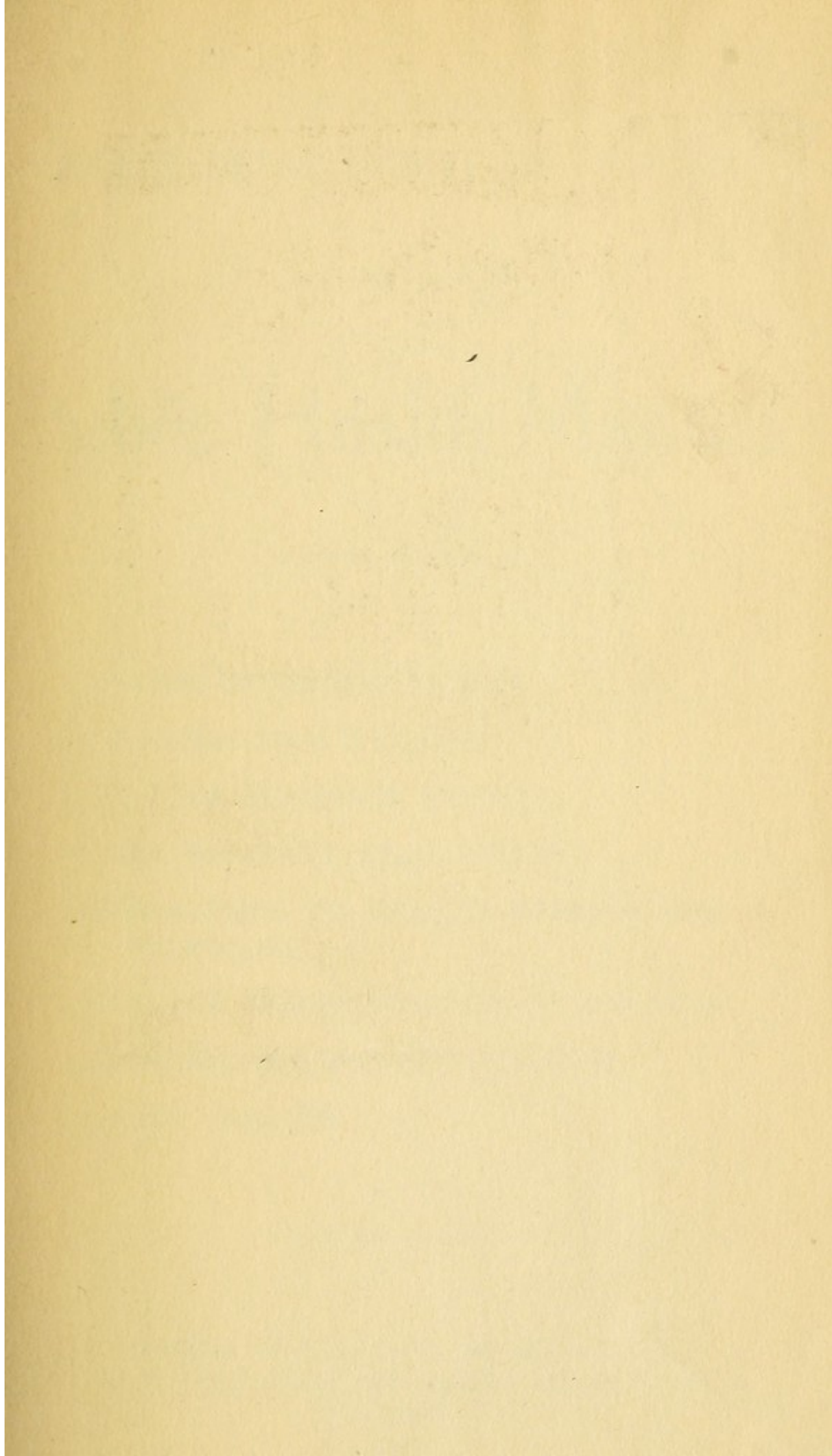
PUBLIC HEALTH MANUAL


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NEW YORK
STATE DEPARTMENT OF HEALTH

Public Health Manual

OFFICERS OF ADMINISTRATION
THE PUBLIC HEALTH LAWS
RULES FOR SEWERAGE SYSTEMS
MODEL SANITARY REGULATIONS
INSTRUCTIONS TO HEALTH OFFICERS AND
REGISTRARS
RULES FOR TRANSPORTATION OF THE DEAD
COMMUNICABLE DISEASES CIRCULARS
WATER ANALYSIS

DIVISION OF PUBLICITY AND EDUCATION
NEW YORK STATE DEPARTMENT OF HEALTH
ALBANY

1911

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PUBLIC HEALTH LAW

ARTICLE I

Short Title

Section 1. **Short Title.**—This chapter shall be known as the “Public Health Law.”

ARTICLE II

State Department of Health

- Section 2. State department of health.
3. Compensation of officers and employees.
 4. General powers and duties of commissioner.
 5. Duties with respect to vital statistics.
 6. Nuisances.
 7. Overflow of water from the canals.
 8. Employment of local boards and experts.
 9. Examination and inspection of public works.
 10. Acquisition of land.
 11. Power of commissioner where municipality fails to establish board of health.
 12. Annual report.
 13. Tenement houses in cities of the first class.
 14. Approval of plans for certain works built by state.
 15. State board of health to mean department of health.
 16. Pending actions and proceedings not affected.

§ 2. **State department of health.**—The state department of health and the office of commissioner of health are continued. The commissioner of health shall be the

head of such department. Such commissioner shall be appointed by the governor, by and with the advice and consent of the senate, and shall be a physician, a graduate of an incorporated medical college, of at least ten years' experience in the actual practice of his profession, and of skill and experience in public health duties and sanitary science. The term of office of the commissioner shall be four years, beginning on the first day of January of the year in which he is appointed.

§ 3. **Compensation of officers and employees.**—The commissioner of health shall receive an annual salary of three thousand five hundred dollars, and his expenses actually and necessarily incurred in the performance of his official duties, to be paid monthly on the audit of the comptroller. He may employ such clerical and other assistants as are necessary for the proper performance of the powers and duties of the department, and fix their compensation within the amount appropriated therefor by the legislature. He shall designate, in writing, one of his assistants who shall possess the powers and perform the duties of commissioner of health during his absence or inability to act, or during a vacancy in the office.

§ 4. **General powers and duties of commissioner.**—The commissioner of health shall take cognizance of the interests of health and life of the people of the state, and of all matters pertaining thereto. He shall make inquiries in respect to the cause of disease, especially epidemics, and investigate the source of mortality, and the effect of localities, employments and other conditions, upon the public health. He shall obtain, collect and preserve such information relating to mortality, disease and health as may be useful in the discharge of his duties or may contribute to the promotion of health or

the security of life in the state. He may issue subpoenas, compel the attendance of witnesses and compel them to testify in any matter or proceeding before him, and a witness may be required to attend and give testimony in a county where he resides or has a place of business without the payment of any fees. The commissioner of health may reverse or modify an order, regulation, by-law or ordinance of a local board of health concerning a matter which in his judgment affects the public health beyond the territory over which such local board has jurisdiction; and may exercise exclusive jurisdiction over all lands acquired by the state for sanitary purposes. The commissioner of health and any person authorized by him so to do, may, without fee or hindrance, enter, examine and survey all grounds, erections, vehicles, structures, apartments, buildings and places.

§ 5. Duties with respect to vital statistics.—There shall be in the state department of health a bureau of vital statistics for the registration of births, marriages, deaths and prevalent diseases, which shall be under the general charge and supervision of the commissioner of health. He shall prescribe and prepare the necessary methods and forms for obtaining and preserving such statistics, and to insure the prompt and faithful registration of the same in the several municipalities and in the state bureau. He shall from time to time recommend such forms and such amendments of law as shall be deemed necessary for the thorough organization and efficiency of registration of vital statistics throughout the state, as supervised by him. The clerical duties and safekeeping of the state bureau shall be provided for by the commissioner of health. The comptroller shall provide and furnish such stationery as the commissioner may require in the discharge of his duties. If defects

exist in any registration under the supervision of a local board of health, the commissioner shall notify the local board that such defects must be amended and prevented within ten days from the date of the notice. If such defects are not so amended or prevented, the commissioner shall take control of such registration and the record thereof, and enforce the rules and regulations in regard thereto, and secure a complete registration in such municipality, and such control shall continue until the local board satisfies the commissioner that it will make such record and registry complete, as required by law, and the expenses incurred by the commissioner or his representative while in control of the registration shall be a charge upon the municipality. A copy of any record or registry in the office of the state department of health, duly certified by the commissioner to be a true copy thereof, shall be presumptive evidence in all courts and places of the facts therein stated. The commissioner of health shall prescribe and prepare the necessary methods, forms and rules regulating the issue of transfer permits, by local boards of health, for the transportation of corpses for burial outside of the county where death occurred and the use of such permits. He shall require a coupon to be attached to every such permit to be detached and preserved by every common carrier, or person in charge of any vessel, car or vehicle, to whom any such corpse shall be delivered for transportation.

§ 6. **Nuisances.**—The commissioner of health shall have all necessary powers to make examinations into nuisances, or questions affecting the security of life and health in any locality. Whenever required by the governor of the state, he shall make such an examination and shall report the results thereof to the governor, within the time prescribed by him therefor. The

report of every such examination, when approved by the governor, shall be filed in the office of the secretary of state, and the governor may declare the matters public nuisances, which may be found and certified in any such report to be nuisances, and may order them to be changed, abated or removed as he may direct. Every such order shall be presumptive evidence of the existence of such nuisance; and the governor may, by a precept under his hand and official seal, require the district attorney, sheriff and other officers of the county where such nuisance is maintained, to take all necessary measures to execute such order and cause it to be obeyed, and the acts of any such county officer in the abatement of any such nuisance, reasonable or necessary for such abatement, shall be lawful and justifiable and the order of the governor a sufficient protection to such officer. The expense of such abatement shall be paid by the municipality where the nuisance occurs, and shall be a debt recoverable by such municipality of all persons, maintaining it or assisting in its maintenance, and a lien and charge upon the lands upon which the nuisance is maintained, which may be enforced by a sale of such lands to satisfy the same.

- § 7. **Overflow of water from the canals.**— Whenever water escaping or discharged from any of the canals of the state, through water gates, spillways or otherwise, shall overflow adjacent lands, or any creek or stream receiving such waters, or collect in stagnant pools along the canal or any such creek or stream to such an extent as to cause disease or sickness to the inhabitants of the vicinity, any three of such inhabitants may make a written complaint thereof under oath to the commissioner of health, setting forth the extent of the injury to the public health, so far as is within their knowledge, and the length of time the disease or sickness has ex-

isted, which shall be accompanied by a verified certificate of a practicing physician of the vicinity, stating the facts known to him, pertaining to the allegations of the complaint. Upon receipt of such complaint, the commissioner of health shall forthwith examine into the facts and circumstances therein set forth, and may call on the state engineer to make such surveys as they may require for their information, who shall make the same without delay, and if such commissioner is satisfied that such disease or sickness exists, and is caused by waters of the canal escaping or discharged therefrom, he shall so report to the superintendent of public works, without unnecessary delay, who shall forthwith abate the cause of such disease or sickness.

§ 8. Employment of local boards and experts.— Whenever requested by the commissioner of health, any city board of health in this state may appoint one of its members to act with and assist the commissioner during the examination of any nuisance, or for the purpose of determining whether a public nuisance exists. Such representative may take part in such examination, and sit with the commissioner during the conduct thereof, but the final determination of the questions involved shall rest solely with the commissioner. The commissioner may from time to time employ competent persons to render sanitary service, and make or supervise practical and scientific investigations and examinations requiring expert skill, and prepare plans and reports relative thereto.

§ 9. Examination and inspection of public works.— All persons having the control, charge or custody of any public structure, work or ground, or of any plan, description, outline, drawing or chart thereof or relating thereto, made, kept or controlled by or under any public

authority, shall permit and facilitate the examination, inspection and copying thereof by the commissioner of health, or by any person authorized by him to make such examination or inspection or such copies.

§ 10. **Acquisition of land.**—If the commissioner of health or the health officer of the port of New York shall certify to the commissioners of the land office that by reason of sudden emergency the acquisition of any land is immediately necessary for quarantine or other purposes to prevent great danger to the public health, and such commissioners are satisfied that such action is necessary, such commissioners may acquire by purchase or by condemnation, in the name of the people of the state of New York, such land as in their judgment is necessary and suitable for such purposes.

§ 11. **Power of commissioner where municipality fails to establish board of health.**—If any municipal corporation, authorized by law to establish a local board of health, shall omit to do so, the commissioner of health may, in such municipality, exercise the powers of a local board of health and appoint a health officer thereof and fix his duties and compensation. The compensation of such health officer and the expenses lawfully incurred by him and by the commissioner of health in such municipality shall be a charge upon and paid by such municipality until such time as a local board of health shall be established therein, whereupon the jurisdiction of such health officer and of the commissioner of health conferred by this section shall cease.

§ 12. **Annual report.**—The commissioner of health shall annually, on or before the first Monday in February, make a written report to the governor upon the vital statistics and sanitary conditions and prospects of

the state. Such reports shall set forth the action of the department and of its officers and agents and the names thereof during the past year, a detailed statement of all moneys paid out by or on account of the department, and the manner of its expenditure during the year, and other useful information, and shall suggest any further legislative action or precaution deemed necessary for the better protection of life and health.

§ 13. **Tenement houses in cities of the first class.**—The commissioner shall have power to examine into the enforcement of the laws relating to tenement houses in any city of the first class. Whenever required by the governor, he shall make such an examination and shall report the results thereof to the governor within the time prescribed by him therefor.

§ 14. **Approval of plans for certain works built by state and inspection of state institutions by state commissioner of health.**—In all buildings and institutions, owned, maintained or controlled by the state, the plans for all water supply, sewerage, sewage-disposal and garbage-disposal works, shall be subject to the approval of the state commissioner of health before being adopted or constructed. Whenever required by the fiscal supervisor of state charities, the state commissioner of health shall make an examination and inspection of the sanitary conditions of such institutions as report to the fiscal supervisor of state charities and transmit copies of his report and recommendations thereon to the president of the board of managers or trustees of such institution and to the fiscal supervisor of state charities. It shall be the duty of the superintendents of said institutions to immediately report an outbreak of a contagious or infectious disease to the state commissioner of health, and upon receipt of such report the state commissioner of health shall advise the superintendent

of said institution as to the best means to effectually control said disease. It shall be the duty of the state commissioner of health to make regular analyses of the water supplies of said institutions, at least twice in each year, and furnish copies of his reports thereon to the president of the board of managers or trustees of the institutions, and to the fiscal supervisor of state charities.

§ 15. **State board of health to mean department of health.**—Whenever the term “state board of health” occurs or any reference is made thereto, in any law, it shall be deemed to mean or refer to the department of health as described in this article. The commissioner of health shall have all the powers conferred and perform all the duties imposed by law upon the state board of health, or any member, committee or officer thereof, including the secretary.

§ 16. **Pending actions and proceedings not affected.**—This article shall not affect actions or proceedings, civil or criminal, brought by or against the state board of health, and pending on February nineteenth, nineteen hundred and one, but such actions or proceedings may be prosecuted or defended in the same manner and to the same effect by the commissioner of health as if the foregoing provisions had not taken effect. Nor shall any of the foregoing provisions affect in any manner any order or recommendation made by, or any other matters or proceedings before such state board of health, and all such matters and proceedings pending before such board on the above date shall be continued before the commissioner of health.

ARTICLE III

Local Boards of Health

Section 20. Local boards of health.

21. General powers and duties of local boards of health.
22. Vital statistics.
23. Burials and burial permits.
24. Regulating interments in cemeteries.
25. Infectious and contagious or communicable diseases.
26. Nuisances.
27. Owner to bear all or part of expense of removal.
28. Assessing cost on property benefited.
29. Municipality may bear part of expense.
30. Assessing expense upon property benefited.
31. Removal of nuisances.
32. Expense of abatement of nuisances a lien upon the premises.
33. Manufactures in tenement houses and dwellings.
34. Jurisdiction of town and village boards.
35. Expenses, how paid.
36. Relief of indigent Indians in case of epidemic.
37. Mandamus.
38. Exceptions and limitations as to cities of New York, Brooklyn, Buffalo, Albany and Yonkers.
39. Certain kinds of business and manufacture prohibited in cities or within three miles therefrom; exceptions.

§ 20. Local boards of health.—There shall continue to be local boards of health and health officers in the

several cities, villages and towns of the state. In the cities, except cities of the first and second class, the board shall consist of the mayor of the city who shall be its president, and at least six other persons, one of whom shall be a competent physician, who shall be appointed by the common council, upon the nomination of the mayor, and shall hold office for three years. Appointments of members of such boards shall be made for such shorter terms as at any time may be necessary, in order that the terms of two appointed members shall expire annually. In the cities, except cities of the first and second class, and such other cities whose charters otherwise provide, the board shall appoint, for a term of four years, a competent physician, not one of its members, to be the health officer of the city, and shall fill any vacancy that now exists or may hereafter exist from expiration of term or otherwise in the office of health officer of the city. In villages the board shall consist of not less than three nor more than seven persons, not trustees of the village, who shall be appointed by the board of trustees at the first meeting of the board of trustees of such village, after the next annual election of the village; the members of said board of health shall at their first meeting divide themselves by lot into three classes, whose terms of office shall expire respectively in one, two and three years, from the annual election held prior to their appointment; and in case of an increase in the membership of such board, as hereinafter provided, there shall be a like apportionment by lot, of the added members, in respect to their terms of office, at the first meeting of said board after such increase occurs, whereby the whole number of terms expiring annually shall be as nearly equal as possible. From and after the appointment of said board as above provided, the appointment of the successors of said members shall be made immediately after

the annual elections of said village and shall continue in office until their successors are appointed unless removed therefrom; provided, however, that upon failure to appoint such board of health at such first meeting such appointment may be made at any subsequent meeting, in the event of no appointment having been made by the proper authorities as hereinafter provided. The board of trustees of such village may, in its discretion, at the first meeting of such board held after any annual election of the village, increase the number of members of the board of health of such village, and appoint such additional members and thereafter appoint their successors, providing the number of members of such board of health, as increased, shall not exceed seven. Every such village board shall elect a president and secretary, the president to be elected from among the members of said board. In towns the board of health shall consist of the town board and another citizen of the town of full age biennially appointed by the town board at a meeting thereof after each biennial town meeting for the term of two years from and after such town meeting and until his successor is appointed. The local board of health shall appoint a competent physician, not a member of the local board of health, to be the health officer of the municipality. The term of office of the health officer shall be four years and he shall hold office until the appointment of his successor. He may be removed for just cause by the local board of health or the state commissioner of health after a hearing; such removal by the local board of health must be approved by the state commissioner of health. The health officer need not reside within the village or town for which he shall be chosen, but unless he shall, he must reside in an adjoining town. If the proper authorities shall not fill any vacancies occurring in the membership of any local board within thirty days after

the happening of such vacancy, the mayor of the city, president of the village, or supervisor of the town, shall appoint a competent person to fill the vacancy for the unexpired term, which appointment shall be immediately filed in the office of the county clerk, and a duplicate thereof filed with the clerk of the municipality for which such appointment is made. Notice of the membership and organization of every local board of health shall be forthwith given by such board to the state department of health. The term "municipality," when used in this article, means the city, village or town for which any such local board may be or is appointed. The provisions herein contained for the appointment and number of members of boards of health, and for the appointment of health officers, shall apply to all towns and villages, whether such villages are organized under general or special laws.

§ 21. **General powers and duties of local boards of health.**—Every such local board of health shall meet at stated intervals to be fixed by it, in the municipality. The presiding officer of every such board may call special meetings thereof when in his judgment the protection of the public health of the municipality requires it, and he shall call such meeting upon the petition of at least twenty-five residents thereof, of full age, setting forth the necessity of such meeting. Every such local board shall prescribe the duties and powers of the local health officer, who shall be its chief executive officer, and direct him in the performance of his duties, and fix his compensation. In addition to his compensation so fixed, the board of health must allow the actual and reasonable expenses of said health officer in going to, attending and returning from, the annual sanitary conference of health officers, or equivalent meeting, held

yearly within the state, and whenever the services rendered by its health officer shall include the care of small-pox, the board of health shall allow, or whenever such services are extraordinary, by reason of infectious diseases, or otherwise, they may in their discretion, allow to him such further sum in addition to said fixed compensation as shall be adequate for such services, audited by the town board of a town, by the board of trustees of a village or by the proper auditing board of a city of the third class, which said expenses and said additional compensation shall be a charge upon and paid by the municipality as provided in section thirty-five of this chapter. Every such local board shall make and publish from time to time all such orders and regulations as they may deem necessary and proper for the preservation of life and health, and the execution and enforcement of this chapter in the municipality. It shall make without publication thereof, such orders and regulations for the suppression of nuisances, and concerning all other matters in its judgment detrimental to the public health in special or individual cases, not of general application, and serve copies thereof upon the owner or occupant of any premises whereon such nuisances or other matters may exist, or upon which may exist the cause of other nuisances to other premises, or cause the same to be conspicuously posted thereon. It may employ such persons as shall be necessary to enable it to carry into effect its orders and regulations, and fix their compensation. It may issue subpoenas, compel the attendance of witnesses, administer oaths to witnesses and compel them to testify, and for such purposes it shall have the same powers as a justice of the peace of the state in a civil action of which he has jurisdiction. It may designate by resolution one of its members to sign and issue such subpoenas. No subpoena shall be served outside the jurisdiction of the

board issuing it, and no witness shall be interrogated or compelled to testify upon matters not related to the public health. It may issue warrants to any constable or policeman of the municipality to apprehend and remove such persons as cannot otherwise be subjected to its orders or regulations, and a warrant to the sheriff of the county to bring to its aid the power of the county whenever it shall be necessary to do so. Every warrant shall be forthwith executed by the officer to whom directed, who shall have the same powers and be subject to the same duties in the execution thereof, as if it had been duly issued out of a court of record of the state. Every such local board may prescribe and impose penalties for the violation of or failure to comply with any of its orders or regulations, not exceeding one hundred dollars for a single violation or failure, to be sued for and recovered by it in the name and for the benefit of the municipality; and may maintain actions in any court of competent jurisdiction to restrain by injunction such violations, or otherwise to enforce such orders and regulations. Whenever such local board of health in any incorporated village shall deem the sewers of such village insufficient to properly and safely sewer such village, and protect the public health, it shall certify such fact in writing to the board of trustees of such village, stating and recommending what additions or alterations should in the judgment of such board of health be made, with its reasons therefor, and thereupon such board of trustees shall immediately convene and consider such recommendations, and if approved by such board of trustees, the same shall be certified to the state commissioner of health for his approval, and if such recommendations shall be approved by the state commissioner of health, it shall be the duty of the board of trustees or other board of such village having jurisdiction of the construction of sewers therein,

if there be such a board, whether sufficient funds shall be on hand for such purpose or not, to forthwith make such additions to or alterations in the sewers of such village and execute such recommendations, and the expenses thereof shall be paid for wholly by said village in the same manner as other village expenses are paid or by an assessment of the whole amount against the property benefited, or partly by the village and partly by an assessment against the property benefited, as the board of trustees of such village shall by resolution determine. If the board of trustees shall determine that such expenses shall be paid partly by the village and partly by an assessment against the property benefited, as authorized by this section, it shall in the resolution making such determination fix the proportion of such expense to be borne by each, and the proportion thereof to be raised by an assessment against the property benefited shall be assessed and collected in the manner provided by the village law for the assessment and collection of sewer assessments. Said village is hereby authorized to raise such sum as may be necessary for the payment of the expenses incurred, which are a village charge, if any, as herein provided, in addition to the amount such village is now authorized to raise by law for corporation purposes, and such board shall have the right to acquire such lands, rights of way, or other easements, by gift, or purchase, or in case the same cannot be acquired by purchase may acquire the same by condemnation in the manner provided by law.

§ 22. **Vital statistics.**—Every such local board shall supervise and make complete the registration of all births and deaths occurring within the municipality, and the cause of death and the finding of coroners' juries, in accordance with the methods and forms prescribed by the state department of health, and, after

registration, promptly forward the certificates of such births and deaths to the state bureau of vital statistics on or before the fifth of each month. Every physician or midwife attending at the birth of a child, and no physician or midwife being in attendance, the parent or custodian of a child born, shall cause a certificate of such birth to be returned within thirty-six hours thereafter to the local board of health or person designated by it to receive the same, which shall be attested, if a birth, by the physician or midwife, if any in attendance, and no physician or midwife being in attendance, by the parent or custodian of a child born. It shall be the duty of the physician last in attendance upon any person who may die to fill out a certificate of the death and probable cause, and duly certify to same and deliver the certificate to the local registrar of vital statistics within twenty-four hours after the death occurs. In case an inquest is required by law, the coroner or the coroner's physician shall fill out the said certificate, and if no inquest is required and no physician was in attendance at the time of death or immediately prior thereto, the health officer of the municipality or his medical assistant shall fill out and file the said certificate. In cities of the first class it shall be the duty of the physician in attendance immediately prior to the death of any person to view the body, and to fill out a certificate of the death and probable cause, and duly certify to same and deliver the certificate to the local registrar of vital statistics within twenty-four hours after such viewing of the body. The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such birth or death occurred. The cost of such *registration, not exceeding twenty-five cents for the complete registered record of

*So in original.

a birth, or death, shall be a charge upon the municipality. The charge for a copy thereof shall be fixed by the board, not exceeding the same sum for a complete copy of a single registered record and the additional sum of twenty-five cents if certified to. Such copies shall be furnished upon request of any person, and when certified to be correct by the president or secretary of the board or local registering officer designated by it shall be presumptive evidence in all courts and places of the facts therein stated. The physician or midwife attending at the birth of a child, shall, at the time of filing such certificate of birth, unless it contains the given name of such child, cause to be furnished to the parents or custodian of such child, a name card, which shall be filled in by such parent or custodian with the given name of such child when named, and immediately filed in the same office where certificates of birth are filed. Blank name cards shall be furnished by local boards of health in the form prescribed by the state department of health, the expense of which shall be a charge upon the municipality. Rules and regulations shall be adopted by local boards of health providing for the enforcement of this section.

§ 23. **Burial and burial permits.**—Every such local board shall prescribe sanitary regulations for the burial and removal of corpses, and shall designate the local registrar of vital statistics and the health officer of the town or municipality to grant permits for such burial, and permits for the transportation of any corpse which is to be carried for burial beyond the county where the death occurred. Every undertaker, sexton or other person having charge of any corpse, shall procure a burial permit from the local registrar with whom the certificate of death has been filed, or the health officer of the town or municipality and there shall be no burial or

removal of a corpse until a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such a corpse to be inclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

§ 24. **Regulating interments in cemeteries.**— Whenever the common council of any city of the third class shall deem that further interments in any cemetery in such city would be detrimental to the public health, it may by resolution direct its clerk to cause a notice to be served upon the person or corporation owning or controlling such cemetery and published once in a week for three successive weeks in two papers published in such city, stating a time and place not less than thirty days after service and first publication of such notice, at which any person interested may show cause to the common council why further interments in such cemetery should not be prohibited. At the time and place specified in such notice the common council shall hear all persons desiring to be heard, and if upon such hearing it appears that further interments in such cemetery will be detrimental to public health, the common council may by resolution prohibit further interments therein. If such resolution is adopted a certified copy thereof shall be filed by the clerk of the common council with the board of health of such city, and thereafter such board shall not issue any permits for interments in such cemetery. The action of the common council in passing such resolution may be reviewed within thirty days thereafter by writ of certiorari as provided by the code of civil procedure.

§ 25. **Infectious and contagious or communicable diseases.**—Every such local board of health shall guard against the introduction of such infectious and contagious or communicable diseases as are designated by the state department of health, by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases, and provide suitable places for the treatment and care of sick persons who cannot otherwise be provided for. It shall prohibit and prevent all intercourse and communication with or use of infected premises, places and things, and require, and if necessary, provide the means for the thorough purification and cleansing of the same before general intercourse with the same or use thereof shall be allowed. Every physician shall immediately give notice of every case of infectious and contagious or communicable disease required by the state department of health to be reported to it, to the health officer of the city, town or village where such disease occurs, and no physician being in attendance on such case, it shall be the duty of the superintendent or other officer of an institution, householder, hotel or lodging house keeper, or other person where such case occurs, to give such notice. The physician or other person giving such notice shall be entitled to the sum of twenty-five cents therefor which shall be a charge upon and paid by the municipality where such case occurs. Every such local board of health shall report to the state department of health, promptly, the facts relating to infectious and contagious or communicable diseases, and every case of smallpox or varioloid within the municipality. Health officers of cities, villages and towns shall report in writing once a month to the state department of health all cases of such infectious and contagious or communicable diseases as may be required by the state department of health, and for such report-

ing the health officer of a village or town shall be paid by the municipality employing him, upon the certification of the state department of health, a sum not to exceed twenty cents for each case so reported. The reports of cases of tuberculosis made pursuant to the provisions of this section shall not be divulged or made public so as to disclose the identity of the persons to whom they relate, by any person; except in so far as may be necessary to carry out the provisions of this section. It shall provide at stated intervals, a suitable supply of vaccine virus, of a quality and from a source approved by the state department of health, and during an actual epidemic of smallpox obtain fresh supplies of such virus at intervals not exceeding one week, and at all times provide thorough and safe vaccination for all persons in need of the same. If a pestilential, infectious or contagious disease exists in any county almshouse or its vicinity, and the physician thereof shall certify that such disease is likely to endanger the health of its inmates, the county superintendent of the poor may cause such inmates or any of them to be removed to such other suitable place in the county as the local board of health of the municipality where the almshouse is situated may designate, there to be maintained and provided for at the expense of the county, with all necessary medical care and attendance until they shall be safely returned to such almshouse or otherwise discharged. This section shall apply to all cities, towns and villages, except cities of the first class, notwithstanding the provisions of section thirty-two of this article. The health officer, commissioner of health, or boards of health of the cities of the first class shall report promptly to the state department of health all cases of smallpox, typhus and yellow fever and cholera and the facts relating thereto.

§ 26. Nuisances.—Every such board shall receive and examine into all complaints made by any inhabitant concerning nuisances, or causes of danger or injury to life and health within the municipality, and may enter upon or within any place or premises where nuisances or conditions dangerous to life and health or *which are the cause of nuisances existing elsewhere* are known or believed to exist, and by its members or other persons designated for that purpose, inspect and examine the same. The owners, agents and occupants of any such premises shall permit such sanitary examinations to be made, and the board shall furnish such owners, agents and occupants with a written statement of the results and conclusions of any such examination. Every such local board shall order the suppression and removal of all nuisances and conditions detrimental to life and health found to exist within the municipality. Whenever the state department of health shall by notice to the presiding officer of any local board of health, direct him to convene such local board to take certain definite proceedings concerning which the state department of health shall be satisfied that the action recommended by them is necessary for the public good, and is within the jurisdiction of such board of health, such presiding officer shall convene such local board, which shall take the action directed.

§ 27. Owner to bear all or part of expense of removal.—Whenever the local board of health of a municipality shall determine that any accumulation of water wherein mosquito larvae breed, constitutes a nuisance or a danger or injury to life or health, the owner or owners of the premises on which the breeding place is located shall bear the expense of its suppression or removal, or so much thereof as the local board may have determined to be equitable as hereinafter provided, and for the amount thereof an action may be maintained in the

name of the municipality and the same shall become a first lien on the premises as provided by section thirty-one and thirty-two of this article.

§ 28. **Assessing cost on property benefited.**—If such local board shall determine, in its discretion, that, owing to the natural conditions which are favorable to the breeding of mosquitoes and owing to the benefits to be secured to the public by the suppression of such conditions, some part or all of the expense of suppressing or removing a breeding place for mosquitoes should, in equity, be borne by the owners of the property which will be benefited by such suppression or removal, the local board shall make application as hereinafter provided, for the appointment of three commissioners, and the county court of the county in which are situated the premises whereon the breeding place is located, or, in case such premises are situated in more than one county, the supreme court, shall thereupon appoint three persons as commissioners to proceed with the work necessary for the suppression or removal of such breeding place, and to apportion, assess and collect the cost thereof, as so determined from the owners of such property benefited. Such appointment, apportionment, assessment and collection shall be made in the manner provided for the appointment of commissioners to suppress and remove any such breeding place by draining the premises on which such breeding place is located by means of ditches and channels constructed over lands belonging to others and the owners of the premises to be drained and to apportion, assess and collect the cost thereof from the owners of the property benefited thereby. In any case where, under the provisions of this article commissioners are to determine what property is benefited and to what extent said property is benefited by the suppression or removal of any such breeding place, such commissioners

shall not be restricted in their determination to property immediately adjoining the premises whereon such breeding place is located; and, in apportioning the benefit to any property, such commissioners may consider any circumstances by reason whereof any property will be benefited by the suppression and removal of such breeding place.

§ 29. **Municipality may bear part of expense.**—If such local board shall have determined that, owing to the natural conditions which are favorable to the breeding of mosquitoes and owing to the benefit to be secured to the public by the suppression of such conditions, a part of the expense of such suppression or removal shall be borne by the owner of such premises and a part thereof by the municipality wherein the premises are situated, such owner or occupant may proceed to suppress or remove such breeding place and shall be reimbursed by the municipality for such proportion of the reasonable expense of such suppression or removal as the local board shall have determined should be borne by the municipality. For the purpose of ascertaining the actual cost of such suppression or removal, the local board or its duly authorized agents may at all times have access to the premises whereon the work is being carried on; and the owner of the premises shall furnish to such local board such information as such local board may deem necessary or desirable for the purpose of ascertaining such actual cost. If in any such case the owner of the premises shall not, within a reasonable time, proceed to suppress or remove such breeding place, the local board may proceed to suppress and remove the same, and for such proportion of the expense of such suppression and removal as the local board shall have determined to be equitable, an action may be maintained against such

owner, and the same shall become a first lien upon the premises as above provided.

§ 30. **Assessing expense upon property benefited.**—If such local board shall deem it necessary, in order to suppress or remove any such breeding place, that any swamp, bog, meadow or other low or wet lands within the municipality over which said board has jurisdiction, shall be drained and that it is necessary, in order thereto, that a ditch or ditches or other channel for the free passage of water should be opened through lands belonging to a person or persons other than the owners of said swamp, bog, meadow or other low or wet lands, or that any other act or thing be done upon or over land belonging to others than the owners of the lands whereon such breeding place shall be located, such board shall make application for the appointment of three commissioners to construct and complete such channels and ditches for the free passage of water, or to do such other act or thing as such local board shall have determined to be necessary upon such lands in order to suppress or remove such breeding place, and to apportion, assess and collect the amount of the cost thereof from the owners of the lands which will be benefited by the suppression and removal of such breeding place. Such commissioners shall be appointed, and shall proceed, when appointed, to construct and complete such channels and ditches, or do such other act or thing as may be necessary, and to apportion, assess and collect the cost of the same from the owners of the lands benefited by such suppression or removal, in the manner provided for the appointment of commissioners for the drainage of any swamp, bog, meadow or other low or wet land and the apportionment, assessment and collection of the cost of such drainage, by the drainage law, and this article shall be

construed with the provisions of such drainage law. In case of conflict the provisions of this article shall be substituted for the provisions of such drainage law, but such parts of the provisions of the drainage law as are not necessarily superseded shall apply.

§ 31. **Removal of nuisances.**—If the owner or occupant of any premises whereon any nuisance or condition deemed to be detrimental to the public health exists or the cause of the existence elsewhere, fails to comply with any order or regulation of any such local board for the suppression and removal or any such nuisance or other matter, in the judgment of the board detrimental to the public health, made, served or posted as required in this article, such boards or their servants or employees may enter upon the premises to which such order or regulation relates, and suppress or remove such nuisance or other matter. The expense of such suppression or removal shall be paid by the owner or occupant of such premises, or by the person who caused or maintained such nuisance or other matters, and the board may maintain an action in the name of the municipality to recover such expense, and the same when recovered shall be paid to the treasurer of the municipality, or if it has no treasurer to its chief fiscal officer, to be held and used as the funds of the municipality. Whenever the suppression or removal of such nuisance or conditions detrimental to health demand the immediate expenditure of money, every such local board of health shall be authorized to use for such purpose any money in the hands of the board, or may call on the city council, village trustees or town board for such money or it may borrow the same on the credit of the municipality. All such moneys so expended or borrowed shall be immediately repaid to the fund or source whence they were received on the recovery of the same by action or

otherwise from the persons responsible for the expenses of suppression or removal.

§ 32. **Expense of abatement of nuisances a lien upon the premises.**—If execution upon a judgment for the recovery of the expense of the suppression or removal of a nuisance or other matter, pursuant to an order or regulation of any such local board, is returned wholly or in part unsatisfied, such judgment, if docketed in the place and manner required by law to make a judgment of a court of record a lien upon real property, shall be a first lien upon such premises, having preference over all other liens and incumbrances whatever. The board may cause such premises to be sold for a term of time for the payment and satisfaction of such lien and the expenses of the sale. Notice of such sale shall be published for twelve weeks successively, at least once in each week, in a newspaper of the city, village or town, or if no newspaper is published therein, in the newspaper published nearest to such premises. If the owner or occupant of the premises, or his agent, is known, a copy of such notice shall be served upon him, either personally, at least fourteen days previous to the sale, or by mail at least twenty-eight days prior thereto. The premises shall be sold to the person offering to take them for the shortest time, paying the amount unpaid on such judgment and interest and the expenses of such notice and sale. A certificate of the sale, signed and acknowledged by the president and secretary of the board, shall be made and delivered to the purchaser, and may be recorded as a conveyance of real property, and the purchaser shall thereupon be entitled to the immediate possession of such premises, and, if occupied, may maintain an action or proceeding to recover the possession thereof against the occupant, as against a tenant of real property holding

over after the expiration of his term; and the cost of any such action or proceeding, if not paid by the occupant, shall also be a lien upon such premises, having the same preference as the lien of such judgment, and the right of the purchaser to such premises shall be extended for a longer term, which shall bear the same proportion to the original term as the amount of such costs bears to the amount paid by the purchaser on such sale. The term of the purchaser at any such sale shall commence when he shall have acquired possession of the premises sold. At any time within six months after recording such certificate, the owner of the premises or any lessee, mortgagee or incumbrancer thereof, or of any part of the same, may redeem the premises or any such part from such sale by paying to the purchaser the amount paid by him on the sale, and all costs and expenses incurred by him in any action or proceeding to recover possession with interest at the rate of ten per centum per annum thereon. If redemption is made by the owner, the right of the purchaser shall be extinguished; if by a lessee, the amount paid shall be applied as a payment upon any rent due or which may accrue upon his lease; if by a mortgagee or an incumbrancer, the amount paid shall be added to his mortgage, incumbrance or other lien, or if he have more than one to the oldest, and shall thereafter be a part of such mortgage, lien or incumbrance and enforceable as such.

§ 33. Manufacturers in tenement houses and dwellings.
—No room or apartment in a tenement or dwelling house, used for eating or sleeping purposes, shall be used for the manufacture, wholly or partly, of coats, vests, trousers, knee pants, overalls, cloaks, shirts, purses, feathers, artificial flowers or cigars, except by the members of the family living therein, which shall include a husband and wife and their children, or the

children of either. A family occupying or controlling such a workshop shall, within fourteen days from the time of beginning work therein, notify the board of health of the city, village or town, where such workshop is located, or a special inspector appointed by such board, of the location of such workshop, the nature of the work carried on, and the number of persons employed therein; and thereupon such board shall, if it seems advisable, cause a permit to be issued to such family to carry on the manufacture specified in the notice. Such board may appoint as many persons as it deems advisable to act as special inspectors. Such special inspectors shall receive no compensation, but may be paid by the board their reasonable and necessary expenses. If a board of health or such inspector shall find evidence of infectious or contagious diseases present in any workshop, or in goods manufactured or in process of manufacture therein, the board shall issue such orders as the public health may require, and shall condemn and destroy such infectious and contagious articles, and may, if necessary to protect the public health, revoke any permit granted by it for manufacturing goods in such workshop. If a board of health or any such inspector shall discover that any such goods are being brought into the state, having been manufactured, in whole or in part, under unhealthy conditions, such board or inspector shall examine such goods, and if they are found to contain vermin, or to have been made in improper places or under unhealthy conditions, the board may make such orders as the public health may require, and may condemn and destroy such goods.

§ 34. Jurisdiction of town and village boards.—A town board of health shall not have jurisdiction over

any city or incorporated village or part of such city or village in such town if such city or village has an organized board of health. The boards of health of any town and the incorporated villages therein, or any two or more towns and the incorporated villages therein, may unite, with the written approval of the state department of health, in a combined sanitary and registration district, and appoint for such district one health officer and registering officer, whose authority in all matters of general application shall be derived from the boards of health appointing him, and in special cases not of general application arising within the jurisdiction of but one board, shall be derived from such board alone. When one or more towns and the incorporated villages therein unite in one registration district, the registrar of vital statistics of such combined district will be required to make separate returns to the state department of health of village and town certificates of births, marriages and deaths.

§ 35. **Expenses, how paid.**—All expenses incurred by any local board of health in the performance of the duties imposed upon it or its members by law shall be a charge upon the municipality, and shall be audited, levied, collected and paid in the same manner as the other charges of, or upon, the municipality are audited, levied, collected and paid. The taxable property of any village maintaining its own board of health shall not be subject to taxation for maintaining any town board of health, or for any expenditure authorized by the town board of health, but the costs and expenditures of the town board shall be assessed and collected exclusively on the property of the town outside of any such village.

§ 36. Relief of indigent Indians in case of epidemic.—

Whenever an epidemic of a contagious or infectious disease shall prevail among the Indians of any nation, tribe or band in this state, the overseer of the poor of any town in which the reservation of such nation, tribe or band is wholly or partly situated, may in accordance with rules and regulations adopted by the state commissioner of health, cause needed medical attendance, provisions and maintenance to be furnished to any indigent Indian residing in the town, who, or a member of whose family, is afflicted with such disease, while such disease shall continue; and the cost thereof after being audited as herein provided shall be a state charge. A verified statement of any expenses incurred under this section shall be transmitted by the overseer of the poor to the state commissioner of health. Such commissioner shall examine into the matter, and if satisfied that such expenses were properly and necessarily incurred in accordance with the rules and regulations of the state commissioner of health, shall audit and allow the same, and when so audited, the amount thereof shall be paid by the state treasurer on the warrant of the comptroller to such overseer of the poor.

§ 37. Mandamus.—The performance of any duty or the doing of any act enjoined, prescribed or required by this article, may be enforced by mandamus at the instance of the state department of health or its president or secretary, or of the local board of health, or of any citizen of full age resident of the municipality where the duty should be performed or the act done.

§ 38. Exceptions and limitations as to cities of New York, Brooklyn, Buffalo, Albany and Yonkers.—Sections twenty to thirty-eight inclusive of this article shall not be construed to affect, alter or repeal laws now in

force relating to the boards of health of the cities of New York, Brooklyn, Buffalo, Albany and Yonkers, nor the sanitary codes duly adopted and now in force in such cities.

§ 39. Certain kinds of business and manufacture prohibited in cities or within three miles therefrom; exceptions.—It shall not be lawful for any person or persons to engage in or carry on the business of fat rendering, bone boiling or the manufacture of fertilizers or any business as a public nuisance within the corporate limits of any incorporated city of this state, or within a distance of three miles from the corporate limits of any incorporated city, provided, however, that nothing herein contained shall prevent the rendering of fresh killed cattle or swine. All departments of health or the commissioner or commissioners thereof in any incorporated city of this state shall have power to enforce the provisions of this section. Any person or persons offending against the provisions of this section shall, upon conviction thereof, be guilty of a misdemeanor. This section shall not apply to the counties of Fulton, Wayne, Tompkins, Chautauqua, Orange, Dutchess, Erie, Monroe, Oneida, Onondaga, New York, Schoharie, Ulster, Greene, Cayuga, Cattaraugus, Niagara, Saratoga, Schenectady, Hamilton, Montgomery and Orleans.

ARTICLE V

Potable Waters

- Section 70. Rules and regulations of department.
- 71. Inspection of water supply.
 - 72. Rules and regulations for water supplies legalized.
 - 73. Sewerage.
 - 74. Discharge of sewage into *Walkill creek prohibited.
 - 75. Discharge of sewage into the Susquehanna near Binghamton prohibited.
 - 76. Discharge of sewage and other refuse matter into certain waters prohibited.
 - 77. Permission to discharge sewage.
 - 78. Permission to discharge refuse or waste matter from industrial establishments.
 - 79. Plans for refuse discharge pipes must be submitted.
 - 80. Revocation of permit.
 - 81. Reports of municipal authorities to local boards of health.
 - 82. Reports of proprietors of industrial establishments.
 - 83. Record of permits; inspection of local boards of health.
 - 84. Violations; service of notice; actions by local boards.
 - 85. Penalties.
 - 86. Constructions and limitations made by sections seventy-six to eighty-five, inclusive.
 - 87. Actions by municipalities to prevent discharge of sewage into waters.

§ 70. Rules and regulations of department.—The state department of health may make rules and regula-

* So in original.

tions for the protection from contamination of any or all public supplies of potable waters and their sources within the state. If any such rule or regulation relates to a temporary source or act of contamination, any person violating such rule or regulation shall be liable to prosecution for misdemeanor for every such violation, and on conviction shall be punished by a fine not exceeding two hundred dollars, or imprisonment not exceeding one year, or both. If any such rule or regulation relates to a permanent source or act of contamination, said department may impose penalties for the violation thereof or the non-compliance therewith, not exceeding two hundred dollars for every such violation or non-compliance. Every such rule or regulation shall be published at least once in each week for six consecutive weeks, in at least one newspaper of the county where the waters to which it relates are located. The cost of such publication shall be paid by the corporation or municipality benefited by the protection of the water supply, to which the rule or regulation published relates. The affidavit of the printer, publisher or proprietor of the newspaper in which such rule or regulation is published may be filed, with the rule or regulation published, in the county clerk's office of such county, and such affidavit and rule and regulation shall be conclusive evidence of such publication, and of all the facts therein stated in all courts and places.

§ 71. **Inspection of water supply.**—The officer or board having by law the management and control of the potable water supply of any municipality, or the corporation furnishing such supply, may make such inspection of the sources of such water supply, as such officer, board or corporation deems advisable, and to ascertain whether the rules or regulations of the state department are complied with, and shall make such regular or

special inspections as the state commissioner of health may prescribe. If any such inspection discloses a violation of any such rule or regulation relating to a permanent source or act of contamination, such officer, board or corporation shall cause a copy of the rule or regulation violated to be served upon the person violating the same, with a notice of such violation. If the person served does not immediately comply with the rule or regulation violated, such officer, board or corporation shall notify the state department of the violation, which shall immediately examine into such violation; and if such person is found by the state department to have actually violated such rule or regulation, the commissioner of health shall order the local board of health of such municipality wherein the violation or the non-compliance occurs to convene and enforce obedience to such rule or regulation. If the local board fails to enforce such order within ten days after its receipt, the corporation furnishing such water supply, or the municipality deriving its water supply from the waters to which such rule or regulation relates, or the state commissioner of health or the local board of health of the municipality wherein the water supply protected by these rules is used, or any person interested in the protection of the purity of the water supply, may maintain an action in a court of record, which shall be tried in the county where the cause of action arose against such person, for the recovery of the penalties incurred by such violation, and for an injunction restraining him from the continued violation of such rule or regulation.

§ 72. Rules and regulations for water supplies legalized.—All rules and regulations heretofore duly made and published for the sanitary protection of public water supplies, pursuant to chapter five hundred and forty-three of the laws of eighteen hundred and eighty-

five, and chapter six hundred and sixty-one of the law of eighteen hundred and ninety-three, as amended, are hereby legalized, ratified, confirmed and continued in force, until new rules and regulations become operative.

This section and the two preceding sections shall not be construed to repeal or affect any of the provisions of chapter three hundred and seventy-eight of the laws of eighteen hundred and ninety-seven, or its amendments.

§ 73. **Sewerage.**—When the state department of health shall, for the protection of a water supply from contamination, make orders or regulations the execution of which will require or make necessary the construction and maintenance of any system of sewerage, or a change thereof, in or for any village or hamlet, whether incorporated or unincorporated, or the execution of which will require the providing of some public means of removal or purification of sewage, the municipality or corporation owning the water works benefited thereby shall, at its own expense, construct and maintain such system of sewerage, or change thereof, and provide and maintain such means of removal and purification of sewage and such works or means of sewage disposal as shall be approved by the state department of health. When the execution of any such regulations of the state department of health will occasion or require the removal of any building or buildings, the municipality or corporation owning the water works benefited thereby shall, at its own expense, remove such buildings and pay to the owner thereof all damages occasioned by such removal. When the execution of any such regulation will injuriously affect any property the municipality or corporation owning the water works benefited thereby shall make just and adequate compensation for the property so taken or injured. Until such construction or change of such system or systems of sewerage, and

the providing of such means of removal or purification of sewage, and such works or means of sewage disposal and the removal of any building, are so made by the municipality or corporation owning the water works to be benefited thereby at its own expense, and until the municipality or corporation owning the water works benefited shall make just and adequate payment for all injuries to property and for all injuries caused to the legitimate use or operation of such property, there shall be no action or proceeding taken by any such municipality, officer, board, person or corporation against any person or corporation for the violation of any regulation of the state department of health under this article, and no person or corporation shall be considered to have violated or refused to obey any such rule or regulation. The owner of any building the removal of which is occasioned or required, or which has been removed by any rule or regulation of the state department of health made under the provisions of this article, and all persons whose rights of property are injuriously affected by the enforcement of any such rule or regulation, shall have a cause of action against the municipality or corporation owning the water works benefited by the enforcement of such rule or regulation, for all damages occasioned or sustained by such removal or enforcement, and an action therefor may be brought against such municipality or corporation in any court of record in the county in which the premises or property affected is situated and shall be tried therein; or such damages may be determined by a special proceeding in the supreme court or the county court of the county in which the property is situated. Such special proceedings shall be commenced by petition and notice to be served by such owner upon the municipality or corporation in the same manner as for the commencement of condemnation proceedings. Such municipality

or corporation may make and serve an answer to such petition as in condemnation proceedings. The petition and answer shall set forth the claims of the respective parties, and the provisions of the condemnation law shall be applicable to the subsequent proceedings upon the petition and answer, if any. Either party may, before the service of the petition or answer respectively, offer to take or pay a certain sum, and no costs shall be awarded against either party unless the judgment is more unfavorable to him than his offer.

§ 74. Discharge of sewage into Wallkill creek prohibited.—No person or corporation shall permit the discharge or escape of any sewage, or other matter deleterious to public health, or destructive to fish, or throw or cast any dead animal, carrion or offal, or other putrid or offensive matter into the waters of the Wallkill creek, in the counties of Ulster and Orange. Any person violating any provision of this section shall forfeit to the county where the violation occurred the sum of fifty dollars for every such violation.

§ 75. Discharge of sewage into the Susquehanna near Binghamton prohibited.—No person or corporation shall cause to fall, flow or discharge into the Susquehanna river or any of its tributaries, between the Rock Bottom dam in such river at the city of Binghamton, and a point one mile east of the bridge that crosses such river at Conklin, any sewage matter, or other foul, noxious or deleterious, solid or liquid matter, or any matter that may be declared such by the board of health of any municipality adjacent to such river within such limit. The board of health of any such municipality shall examine into any alleged offense against this section and cause the same to be abated, if found to exist. Every person violating any provision of this section shall for-

feit to the municipality having a local board of health where the violation occurs the sum of twenty-five dollars for the first day when the violation takes place, and the sum of ten dollars for every subsequent day that such violation is repeated or continued.

§ 76. Discharge of sewage and other refuse matter into certain waters prohibited.—No person, corporation or municipality, shall place or cause to be placed, or discharge or cause to be discharged into any of the waters of this state, unless the same shall have been permitted by the state commissioner of health, any sewage, garbage, offal, dead animal, dead fish, dead bird or part thereof, or any decomposable or putrescible matter of any kind or any substance, chemical or otherwise, containing the same in quantities injurious to the public health, or any refuse or waste matter, either solid or liquid, in quantities injurious to the public health, from any shop, factory, mill or industrial establishment; unless express permission to do so shall have been first given in writing by the state commissioner of health as provided in this article, except as hereinafter provided. But this section shall not prevent the discharge of sewage from any public sewer system owned and maintained by a municipality, or the discharge of refuse or waste matter from any shop, factory, mill or industrial establishment, provided such sewer system was in operation and was discharging sewage, or such shop, factory, mill or industrial establishment was in operation and discharging refuse or waste matter, into any of the waters of this state on or prior to May seventh, nineteen hundred and three, nor to any extension or modification of such shop, factory, mill or industrial establishment or reconstruction thereof, provided the refuse or waste matter discharged therefrom is not materially changed or increased; but this excep-

tion shall not permit any increase in the discharge of such sewage, nor shall it permit the discharge of sewage from a sewer system which shall be extended, modified or reconstructed subsequent to said date.

§ 77. **Permission to discharge sewage.**—Upon application duly made to the state commissioner of health by the public authorities having by law the charge of the sewer system of any municipality, the state commissioner of health shall have power to consider the case of a sewer system otherwise prohibited by the preceding section from discharging sewage into any of the waters of the state, and whenever in his opinion the general interests of the public health would be subserved thereby, he may issue a permit for the discharge of sewage from any such sewer system into any of the waters of the state, and may stipulate in the permit, modifications, regulations and conditions on which such discharge may be permitted. Such permit before being operative shall be recorded in the county clerk's office of the county wherein the outlet of the said sewer system is located, and a copy of the permit shall be transmitted by the state commissioner of health to the board of health of the municipality wherein the outlet of said sewer system is located.

§ 78. **Permission to discharge refuse or waste matter from industrial establishments.**—Upon application duly made to the state commissioner of health by the proprietor, lessee or tenant of any shop, factory, mill or industrial establishment from which the discharge of refuse or waste matter into any of the waters of the state is otherwise prohibited by section seventy-six, the state commissioner of health shall have power to consider the case of the said shop, factory, mill or industrial establishment, and whenever the public health and

purity of the waters shall warrant it, he shall issue a permit for the discharge of refuse or waste matter from such shop, factory, mill or industrial establishment into any of the waters of the state, and may stipulate in the permit such modifications, regulations and conditions as the public health may require. Such permit before being operative shall be recorded in the county clerk's office of the county where such shop, factory, mill or industrial establishment is located and a copy of such permit shall be transmitted by the state commissioner of health to the board of health of the municipality wherein the outlet discharging refuse or waste matter from such shop, factory, mill or industrial establishment shall be located.

§ 79. **Plans for refuse discharge pipes must be submitted.**—Before any conduit or discharge pipe, or other means of discharging or casting any refuse or waste matter from any shop, factory, mill or industrial establishment not constructed or in process of construction on May seventh, nineteen hundred and three, shall be put in or constructed for the purpose of discharging any refuse or waste matter therefrom into any waters in this state, the plan or plans therefor, together with a statement of the purpose for which the same is to be used, shall be submitted to the commissioner. If the same is not detrimental to the public health he shall issue a permit therefor to the applicant. No such conduit, discharge pipe or other means of discharging or casting any refuse or waste matter from any such shop, factory, mill or establishment into any of the waters of this state shall be put in or constructed before such permit is granted, and if put in or constructed, the person putting in or constructing or maintaining the same shall forfeit to the people of the state five dollars a day for each day the same is used or maintained for

such purpose, to be collected in an action brought by the commissioner. He may also maintain an action in the name of the people to restrain a violation of this section.

§ 80. **Revocation of permit.**—Every such permit for the discharge of sewage from a sewer system or for the discharge of refuse or waste matter from a shop, factory, mill or industrial establishment, shall when necessary to conserve the public health, be revocable or subject to modification or change by the state commissioner of health on due notice after an investigation and hearing and an opportunity for all interested therein to be heard thereon being served on the public authorities of the municipality owning and maintaining the sewer system, or on the proprietor, lessee or tenant of the shop, factory, mill or industrial establishment. The length of the time after receipt of the notice within which the discharge of sewage or of refuse or waste matter shall be discontinued may be stated in the permit, but in no case shall it exceed two years in the case of a sewer system, or one year in the case of a shop, factory, mill or industrial establishment, and if the length of time is not specified in the permit, it shall be one year in the case of a sewer system and six months in the case of a shop, factory, mill or industrial establishment. On the expiration of the period of time prescribed after the service of a notice of revocation, modification or change from the state commissioner of health, the right to discharge sewage or refuse or waste matter into any of the waters of the state shall cease and terminate and the prohibition of section seventy-six of this article against such discharge shall be in full force as though no permit had been granted, but a new permit may thereafter again be granted as hereinbefore provided.

§ 81. Reports of municipal authorities to local boards of health.—The report of the public authorities having by law charge of the sewer system of every municipality in the state, from which sewer system sewage was being discharged into any of the waters of the state on May seventh, nineteen hundred and three, transmitted by the board of health of the municipality within which any sewer outlet of the said sewer system is located to the state commissioner of health and filed by him in his office, shall constitute the evidence of exemption from the prohibition of section seventy-six of this article. No sewer system shall be exempt from the prohibition of said section against the discharge of sewage into the waters of the state for which a satisfactory report shall not have been filed in the office of the state commissioner of health in accordance with laws of nineteen hundred and three, chapter four hundred and sixty-eight.

§ 82. Reports of proprietors of industrial establishments.—The report of the proprietor of every shop, factory, mill and industrial establishment in the state, from which refuse or waste matter was being discharged into any of the waters of the state on May seventh, nineteen hundred and three, filed in the office of the state commissioner of health shall constitute the evidence of exemption of the shop, factory, mill or industrial establishment from the prohibition of section seventy-six of this article. No shop, factory, mill or industrial establishment shall be exempt from the prohibition of said section against the discharge of refuse or waste matter into the waters of the state, for which a report shall not have been made in accordance with laws of nineteen hundred and three, chapter four hundred and sixty-eight.

§ 83. Record of permits; inspection of local boards of health.—Each board of health shall preserve in its

office and in a form to be prescribed by the state commissioner of health, a permanent record of each permit issued by the state commissioner of health granting the right to discharge sewage or refuse or waste matter into any of the waters of the state within that municipality and of each revocation of a permit; and also a permanent record of each report received by the board of health concerning each sewer system and each shop, factory, mill or industrial establishment which on May seventh, nineteen hundred and three, was discharging sewage or refuse or waste matter into any of the waters of the state within that municipality. Each local board of health shall make and maintain such inspection as will, at all times, enable it to determine whether section seventy-six of this article is being complied with in respect to the discharge of sewage, refuse or waste matter or other materials prohibited by said section, into any of the waters of the state within that municipality. For the purpose of such inspection every member of such board of health, or its health officers, or any person duly authorized by it, shall have the right to make all necessary examinations of any premises, building, shop, factory, mill, industrial establishment, process or sewer system.

§ 84. Violations; service of notice; actions by local boards.—The local board of health of each municipality shall promptly ascertain every violation of, or non-compliance with, any of the provisions of section seventy-six of this article or of the permits for the discharge of sewage or refuse or waste material into any of the waters of the state herein provided, which may occur within that municipality. The board of health shall on the discovery of every violation of or non-compliance with any of the provisions of said section or of any permit duly issued, serve a written notice on the person or cor-

poration responsible for the violation or non-compliance, together with a copy of sections seventy-six to eighty-six, inclusive, of this article, and of the permit, if any, violated or non-complied with, specifying the particular provision being violated or non-complied with, and stipulating the length of time within which the violation or non-compliance must cease. If at the expiration of the stipulated length of time, the violation or non-compliance shall still continue, the board of health shall at once report the violation or non-compliance to the state commissioner of health who shall at once give a hearing to and take the proof of the persons charged with such violation or non-compliance and investigate the matter and if he finds a violation or non-compliance to exist he shall at once certify that fact to the board of health of the municipality, which shall immediately bring an action in a court of record, which action shall be tried in the county wherein the cause of action arose against the person or corporation responsible for the violation or the non-compliance for the recovery of the penalties incurred and for an injunction against the continuation of the violation or the non-compliance.

§ 85. **Penalties.**—The penalty for the discharge of sewage from any public sewer system into any of the waters of the state without a duly issued permit for which a permit is required by this article shall be five hundred dollars, and a further penalty of fifty dollars per day for each day the offense is maintained. The penalty for the discharge of sewage from any public sewer system into any of the waters of the state without filing a report for which a report is required to be filed with the board of health of the municipality shall be fifty dollars. The penalty for the discharge of refuse or waste matter from any shop, factory, mill or indus-

trial establishment for which a permit is required by this article, without such permit shall be one hundred dollars and ten dollars per day for each day the offense is maintained. The penalty for the discharge of refuse or waste matter from any shop, mill, factory or industrial establishment, without filing a report where a report is required by this article to be filed shall be twenty-five dollars and five dollars per day for each day the offense is maintained. The penalty for discharging into any of the waters of the state any other matter prohibited by section seventy-six of this article, besides that specified above, shall be twenty-five dollars and five dollars per day for each day the offense is maintained.

§ 86. Constructions and limitations made by sections seventy-six to eighty-five, inclusive.—Nothing in sections seventy-six to eighty-five inclusive shall be construed to diminish or otherwise to modify the common law rights of riparian owners in the quality of waters of streams covered by such rights, nor in the case of actions brought against the pollution of waters to limit their remedy to indemnities.

§ 87. Actions by municipalities to prevent discharge of sewage into waters.—Any incorporated city or village in the state of New York, which has made such provision for the disposal of its sewage as not to pollute or contaminate therewith any river, stream, lake or other body of water may have and maintain an action in the supreme court to prevent the discharge of any sewage or substance deleterious to health, or which shall injure the potable qualities of the water in any river, stream, lake or other body of water, from which such incorporated city or village shall take or receive its water supply, provided, that such river, stream, lake or other body of water is wholly, or in part, within the boundaries of the county in which such plaintiff is located.

Whenever such action shall be brought under the provisions of this section, it shall be the duty of the supreme court upon proof of the existence of facts justifying the bringing and maintenance of such action under the provisions of this section to render a judgment in which shall be incorporated a mandatory injunction requiring the person, body, board, corporation, municipality, village, county or town, being a defendant to said action which directly or indirectly or by its servants, agents or officers shall discharge or dispose of its sewage, or any other substance deleterious to health or which shall injure the potable qualities of the water in such wise as that the same shall enter into any river, stream, lake or other body of water, from which such plaintiff shall take or receive its water supply, within such reasonable time as may be prescribed by the court, to take such action as shall prevent such discharge or the disposal of such sewage or other substance into such waters, or the pollution thereof, with such further directions in the premises as may be proper and desirable to effect such purpose, provided that such river, stream, lake or other body of water is wholly, or in part, within the boundaries of the county in which such plaintiff is located. But no such action shall be brought as provided for in this section until the state department of health has examined and determined whether the sewage does pollute or contaminate the river, stream, lake or other body of water into which said sewage is discharged. The expense of such examination by said department shall be a charge upon and paid by the municipality in whose interest, and on whose behalf such examination is made. In case the state department of health shall find upon examination that the discharge of said sewage does pollute or contaminate said waters or any of them in such manner as to be of menace or danger to the health of those using said

waters, the plans for the removal or disposal of the sewage ordered to be prepared by the court as provided in this section shall be submitted to the state department of health for its approval.

ARTICLE XVI

Preservation of Life and Health

Section 310. Vaccination of school children (p. 53).

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330. Reporting recovery of patient (p. 65).

331. General penalty (p. 60).

332. Application of provisions.

§ 310. **Vaccination of school children.**—No child or person not vaccinated shall be admitted or received into any of the public schools of the state, and the trustees or other officers having the charge, management or control of such schools shall cause this provision of law to be enforced. They may adopt a resolution excluding such children and persons not vaccinated from such school until vaccinated, and when any such resolution has been adopted, they shall give at least ten days' notice thereof, by posting copies of the same in at least two public and conspicuous places within the limits of the school government, and shall announce therein that due provision has been made, specifying it, for the vaccination of any child or person of suitable age desiring to attend the school, and whose parents or guardians are unable to procure vaccination for them, or who are, by reason of poverty, exempted from taxation in such district.

§ 311. **Appointment of physician.**—Such trustees or board may appoint a competent physician and fix his compensation, who shall ascertain the number of children or persons in a school district, or in a subdivision of a city school government, of suitable age to attend the common schools, who have not been vaccinated and furnish such trustees or board a list of their names. Every such physician shall provide himself with good and reliable vaccine virus with which to vaccinate such children or persons as such trustees or board shall direct, and give certificates of vaccination when required, which

shall be evidence that the child or person to whom given has been vaccinated. The expenses incurred in carrying into effect the provisions of this and the preceding section, shall be deemed a part of the expense of maintaining such school, and shall be levied and collected in the same manner as other school expenses. The trustees of the several school districts of the state shall include in their annual report the number of vaccinated and unvaccinated children of school age in their respective districts.

§ 313. Examination and quarantine of children admitted to institutions for orphan, destitute or vagrant children or juvenile delinquents.—Every institution in this state, incorporated for the express purpose of receiving or caring for orphan, vagrant or destitute children or juvenile delinquents, except hospitals, shall have attached thereto a regular physician of its selection duly licensed under the laws of the state and in good professional standing, whose name and address shall be kept posted conspicuously within such institution near its main entrance. The words "juvenile delinquents" here used shall include all children whose commitment to an institution is authorized by the penal law. The officer of every such institution upon receiving a child therein, by commitment or otherwise, shall, before admitting it to contact with the other inmates, cause it to be examined by such physician, and a written certificate to be given by him, stating whether the child has diphtheria, scarlet fever, measles, whooping cough or any other contagious or infectious disease, especially of the eyes and skin, which might be communicated to other inmates and specifying the physical and mental condition of the child, the presence of any indication of hereditary or other constitutional disease, and any deformity or abnormal condition found upon the ex-

amination to exist. No child shall be so admitted until such certificate shall have been furnished, which shall be filed with the commitment or other papers on record in the case, by the officers of the institution, who shall, on receiving such child, place it in strict quarantine thereafter from the other inmates, until discharged from such quarantine by such physician, who shall thereupon indorse upon the certificate the length of quarantine and the date of discharge therefrom.

§ 314. **Monthly examination of inmates and reports.**—Such physician shall at least once a month thoroughly examine and inspect the entire institution, and report in writing, in such form as may be approved by the state board of health, to the board of managers or directors of the institution, and to the local board of the district or place where the institution is situated, its condition, especially as to its plumbing, sinks, water-closets, urinals, privies, dormitories, the physical condition of the children, the existence of any contagious or infectious disease, particularly of the eyes or skin, their food, clothing and cleanliness, and whether the officers of the institution have provided proper and sufficient nurses, orderlies, and other attendants of proper capacity to attend to such children, to secure to them due and proper care and attention as to their personal cleanliness and health, with such recommendations for the improvement thereof as he may deem proper. Such boards of health shall immediately investigate any complaint against the management of the institution or of the existence of anything therein dangerous to life or health, and, if proven to be well founded, shall cause the evil to be remedied without delay.

§ 315. **Beds; ventilation.**—The beds in every dormitory in such institution shall be separated by a passage-

way of not less than two feet in width, and so arranged that under each the air shall freely circulate and there shall be adequate ventilation of each bed, and such dormitory shall be furnished with such means of ventilation as the local board of health shall prescribe. In every dormitory six hundred cubic feet of air space shall be provided and allowed for each bed or occupant, and no more beds or occupants shall be permitted than are thus provided for, unless free and adequate means of ventilation exist approved by the local board of health, and a special permit in writing therefor be granted by such board, specifying the number of beds or cubic air space which shall, under special circumstances, be allowed, which permit shall be kept conspicuously posted in such dormitory. The physician of the institution shall immediately notify in writing the local board of health and the board of managers or directors of the institution of any violation of any provision of this section.

§ 319. Consents requisite to the establishment of hospitals or camps for the treatment of pulmonary tuberculosis.—A hospital, camp or other establishment for the treatment of patients suffering from the disease known as pulmonary tuberculosis, shall not be established in any town by any person, association, corporation or municipality except when authorized as provided by this section. The person, association, corporation or municipality proposing to establish such a hospital, camp or other establishment shall file with the state commissioner of health a petition describing the character thereof, stating the county and town in which it is to be located and describing the site in such town for such proposed hospital, camp or other establishment, and requesting the commissioner to fix a date and place for a hearing on such petition before the state commis-

sioner of health and the local health officer, who shall constitute a board to approve or disapprove the establishment of such hospital, camp or other establishment in accordance with such petition. The state commissioner of health shall fix a date and place for a hearing on such petition, which date shall be not less than thirty nor more than forty days after the receipt thereof. A notice of such hearing specifying the date and place thereof and briefly describing the proposed site for such hospital, camp or other establishment shall be mailed to the person, association, corporation or municipality proposing to establish the same and to the health officer and each member of the board of health of the town in which it is proposed to establish such hospital, camp or other establishment at least twenty days before the hearing, and also *publish twice in a local newspaper of the town, or if there is no such paper published therein, then in the newspapers of the county designated in pursuance of law to publish the session laws. At the time and place fixed for such hearing the state commissioner of health and the local health officer shall hear the petitioner and any person who desires to be heard in reference to the location of such hospital, camp or other establishment, and they shall within thirty days after the hearing, if they are able to agree, approve or disapprove of the location thereof and shall notify the person, association, corporation or municipality of their determination. The determination of the state commissioner of health and local health officer shall be final and conclusive; but if within thirty days after the hearing they are unable to agree, they shall within such thirty days notify the person, association, corporation or municipality proposing to establish such hospital, camp or other establishment that they are unable to

* So in original.

agree. Within ten days after the receipt of such notice, such person, association, corporation or municipality may file in the office of the state commissioner of health a request that the petition be referred to a board consisting of the lieutenant-governor, the speaker of the assembly and the state commissioner of health. Such officers shall approve or disapprove of the proposed location of such hospital, camp or other establishment after a hearing of which notice shall be mailed to the person, association, corporation or municipality proposing to establish the same and to the health officer and to each member of the board of health of the town, or without a hearing, upon the evidence, papers and documents filed with the state commissioner of health or that may be submitted to them, as the board shall determine. They shall make their determination within thirty days after the request for such submission has been filed in the office of the state commissioner of health and cause a copy thereof to be mailed to the person, association, corporation or municipality proposing to establish such hospital, camp or other establishment and to the health officer of the town in which it is proposed to establish the same. Such determination shall be final and conclusive.

§ 320. Reports of tuberculosis by physicians and others.—Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the state of New York, to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed, if known, and address, of every person known by said physician to have tuberculosis, to the health officer of the city, town or village in which said person resides, within twenty-four hours after such fact comes to the

knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum or other similar private or public institution in said state of New York to report in like manner the name, age, sex, color, occupation, place where last employed if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

§ 321. **Examination of sputum.**—It shall be the duty of every health officer of a city, town or village, when so requested by any physician, or by authorities of any hospital or dispensary to make or cause to be made a microscopical examination of the sputum forwarded to him as that of a person having symptoms of tuberculosis, which shall be forwarded to such officer accompanied by a blank giving name, age, sex, color, occupation, place where last employed if known, and address of the person whose sputum it is. It shall be the duty of said health officer promptly to make a report of the results of such examination, free of charge, to the physician or person upon whose application the same is made.

§ 322. **Protection of records.**—It shall be the duty of every health officer of a city, town or village to cause all reports made in accordance with the provisions of section three hundred and twenty, and also all results of examinations showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of section three hundred and twenty-one, to be recorded in a register, of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the state and of the said city, town or village, and said health authorities shall not permit any such report or record to be

divulged so as to disclose the identity of the person whom it relates, except as may be necessary to carry into effect the provisions of this article.

§ 323. **Disinfection of premises.**—In case of the vacation of any apartment or premises by the death or removal therefrom of a person having tuberculosis, it shall be the duty of the attending physician, or if there be no such physician, or if such physician be absent, of the owner, lessee, occupant, or other person having charge of the said apartments or premises, to notify the health officer of said city, town or village, of said death or removal within twenty-four hours thereafter, and such apartments or premises so vacated shall not again be occupied until duly disinfected, cleansed or renovated as hereinafter provided.

§ 324. **Health officer to direct disinfection, cleansing or renovation.**—When notified of the vacation of any apartments or premises as provided in section three hundred and twenty-three thereof, the local health officer or one of his assistants or deputies, shall within twenty-four hours thereafter visit said apartments or premises and shall order and direct that, except for purposes of cleansing or disinfection, no infected article shall be removed therefrom until properly and suitably cleansed or disinfected, and said health officer shall determine the manner in which such apartments or premises shall be disinfected, cleansed or renovated in order that they may be rendered safe and suitable for occupancy. If the health authorities determine that disinfection is sufficient to render them safe and suitable for occupancy, such apartments or premises together with all infected articles therein, shall immediately be disinfected by the health authorities at public expense, or provided, however, that in any locality which in the judgment of the

ate commissioner of health may be considered a resort for persons having tuberculosis, such disinfection may at the discretion of the health authorities be done by such health authorities at the expense of the owner of the premises. Should the health authorities determine that such apartments or premises are in need of thorough cleansing and renovation, a notice in writing to that effect shall be served upon the owner or agent of said apartments or premises, and said owner or agent shall thereupon proceed to the cleansing or renovating of such apartments or premises in accordance with the instructions of the health authorities, and such cleansing and renovation shall be done at the expense of the said owner or agent. In any case in which the owner is liable for the expense of such disinfection, cleansing or renovation by or pursuant to the provisions of this section, such expense if not paid shall be a first lien upon such property, real or personal, so disinfected, cleansed or renovated, having preference over all other liens and encumbrances whatever. If the lien is against real property, it may be foreclosed in the manner prescribed in section thirty-two of the public health law; if the lien is against personal property it may be foreclosed in the manner prescribed in sections two hundred and six to two hundred and nine, inclusive, of the lien law.

§ 325. Prohibiting occupancy until order of health officer is complied with.—In case the orders or directions of the local health officer requiring the disinfection, cleansing or renovation of any apartments or premises or any articles therein as hereinbefore provided, shall not be complied with within forty-eight hours after such orders or directions shall be given, the health officer may cause a placard in words and form substantially as follows to be placed upon the door of the infected apartments or premises:

"Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health officer directing their disinfection or renovation has been complied with. This notice must not be removed under the penalty of the law except by the health officer or other duly authorized official."

§ 326. **Prohibiting carelessness of a person having tuberculosis.**—Any person having tuberculosis who shall dispose of his sputum, saliva or other bodily secretion or excretion so as to cause offense or danger to any person or persons occupying the same room or apartment, house or part of a house, shall on complaint of any person or persons subjected to such offense or danger, be deemed guilty of a nuisance and any persons subjected to such a nuisance may make complaint in person or writing to the health officer of any city, town, or village where the nuisance complained of is committed. And it shall be the duty of the local health officer receiving such complaint to investigate and if it appears that the nuisance complained of is such as to cause offense or danger to any person occupying the same room, apartment, house or part of a house, he shall serve a notice upon the person so complained of, reciting the alleged cause of offense or danger and requiring him to dispose of his sputum, saliva or other bodily secretion or excretion in such a manner as to remove all reasonable cause of offense or danger. Any person failing or refusing to comply with orders or regulations of the local health officer of any city, town or village, requiring him to cease to commit such nuisance, shall be deemed guilty of a misdemeanor and on conviction thereof shall be fined not more than ten dollars.

§ 327. **Protection of patient's family.**—It shall be the duty of a physician attending a patient having

tuberculosis to take all proper precautions and to give proper instructions to provide for the safety of all individuals occupying the same house or apartment, and if no physician be attending such patient this duty shall devolve upon the local health officer, and all duties imposed upon physicians by any sections of this article shall be performed by the local health officer in all cases of tuberculosis not attended by a physician, or when the physician fails to perform the duties herein specified, and shall so report.

§ 328. Providing that physicians shall make a complete statement of procedure and precautions on a blank to be furnished by the health officer.—It shall be the duty of the local health officer to transmit to a physician reporting a case of tuberculosis as provided in section three hundred and twenty, a printed statement and report, in a form approved by the state commissioner of health, naming such procedure and precautions as in the opinion of the said commissioner are necessary or desirable to be taken on the premises of a tuberculosis patient. It shall be the duty of the local health authorities to print and keep on hand an ample supply of such statements and reports and to furnish the same in sufficient numbers to all local physicians. Upon receipt of such statement and report the physician shall either carry into effect all such procedures and precautions as are therein prescribed, and shall thereupon sign and date the same and return it to the local health officer without delay, or, if such attending physician be unwilling or unable to carry into effect the procedures and precautions specified, he shall so state upon this report and immediately return the same to the local health officer and the duties therein prescribed shall thereupon devolve upon said local health officer who shall receive the fee hereinafter provided as payment of the services

of the physician if he comply with the duties herein prescribed. Upon receipt of this statement and report the local health officer shall carefully examine the same, and if satisfied that the attending physician has taken all necessary and desirable precautions to insure the safety of all persons living in the apartments or premises occupied by the person having tuberculosis, the said local health officer shall issue an order upon the treasurer of the city, town or village in favor of the attending physician, except where such physician is employed by and receives a salary from the state of New York, for the sum of one dollar, thereupon to be paid out of a fund which shall be provided by said city, town, or village. If the precautions taken or instructions given by the attending physician are, in the opinion of the local health officer, not such as will remove all reasonable danger or probability of danger to the persons occupying the said house or apartments or premises, the local health officer shall return to the attending physician the report with a letter specifying the additional precautions or instructions which the health officer shall require him to take or give; and the said attending physician shall immediately take the additional precautions and give the additional instructions specified and shall record and return the same on the original report to the local health officer. It shall further be the duty of the local health officer to transmit to the physician reporting any case of tuberculosis a printed requisition, in a form approved by the state commissioner of health, and printed by the local health authorities and issued in sufficient number to supply local physicians. Upon this requisition blank, shall be named the materials kept on hand by the local health officer for the prevention of the spread of tuberculosis and it shall be the duty of the local health officer to supply such materials as may be specified in such requisition.

Any physician may return a duly signed requisition to the local health officer for such of the specified materials and in such amount as he may deem necessary to aid him in preventing the spread of a disease, and all local health officers shall honor, as far as possible, the requisition signed by the attending physician in such case. It shall be the duty of every local health officer to transmit to every physician reporting any case of tuberculosis, or to the person reported as suffering from this disease, provided the latter has no attending physician, a circular of information approved by the state commissioner of health and which shall be provided in sufficient quantity by the local health authorities. This circular of information shall inform the consumptive of the best methods of treatment of his disease and of the precautions necessary to avoid transmitting the disease to others.

§ 329. **Penalty for failure of physician to perform duties or for making false reports.**—Any physician or person practicing as a physician who shall knowingly report as affected with tuberculosis any person who is not so affected, or who shall wilfully make any false statement concerning the name, age, sex, color, occupation, place where last employed if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

§ 330. **Reporting recovery of patient.**—Upon the recovery of any person having tuberculosis, it shall be the duty of the attending physician to make a report of this

fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this article.

§ 331. **General penalty.**— Any person violating any of the provisions of sections three hundred and twenty to three hundred and thirty, both inclusive, of this article shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished, except as in this article otherwise provided, by a fine of not less than five dollars nor more than fifty dollars.

§ 332. **Application of provisions.**— No portion of sections three hundred and twenty and three hundred and thirty-one, both inclusive, shall apply to the city of New York, nor shall the passage of said sections modify or repeal any of the provisions of the charter of the city of New York, or any rule or regulation issued by the department of health of said New York city.

COUNTY HOSPITALS FOR TUBERCULOSIS

CHAP. 341, LAWS OF 1909

An Act to amend the county law, in relation to the establishment and maintenance of county hospitals for the care of persons suffering from the disease known as tuberculosis.

§ 45. Establishment of county hospital for tuberculosis.—The board of supervisors of any county shall have power by a majority vote to establish a county hospital for the care and treatment of persons suffering from the disease known as tuberculosis. When the board of supervisors of any county shall have voted to establish such hospital, it shall have the following power:

1. To purchase and lease real property therefor, or acquire such real property, and easements therein, by condemnation proceedings, in the manner prescribed by the condemnation law, in any town, city or village in the county.

2. To erect all necessary buildings, make all necessary improvements and repairs and alter any existing buildings, for the use of said hospital, provided that the plans for such erection, alteration or repair shall first be approved by the state commissioner of health.

3. To cause to be assessed, levied and collected such sums of money as it shall deem necessary for suitable lands, buildings and improvements for said hospital, and for the maintenance thereof, and for all other necessary expenditures therefor; and to borrow money for the erection of such hospital and for the purchase of a site therefor on the credit of the county, and issue county obligations therefor, in such manner as it may do for other county purposes.

4. To appoint a board of managers for said hospital as hereinafter provided.

5. To accept and hold in trust for the county, any grant or devise of land, or any gift or bequest of money or other personal property or any donation to be applied, principal or income, or both, for the benefit of said hospital, and apply the same in accordance with the terms of the gift.

§ 46. Appointment and terms of office of managers.—When the board of supervisors shall have determined to establish a hospital for the care and treatment of persons suffering from tuberculosis, and shall have acquired a site therefor, and shall have awarded contracts for the necessary buildings and improvements thereon, it shall appoint five citizens of the county, of whom at least two shall be practicing physicians, who shall constitute a board of managers of the said hospital. The term of office of each member of said board shall be five years, and the term of one of such managers shall expire annually; the first appointments shall be made for the respective terms of five, four, three, two and one years. Appointments of successors shall be for the full term of five years, except that appointment of persons to fill vacancies occurring by death, resignation or other cause shall be made for the unexpired term. Failure of any manager to attend three consecutive meetings of the board shall cause a vacancy in this office, unless said absence is excused by formal action of the board of managers. The managers shall receive no compensation for their services, but shall be allowed their actual and necessary traveling and other expenses, to be audited and paid, in the same manner as the other expenses of the hospital, by the board of supervisors. Any manager may at any time be removed from office by the board of supervisors of the county, for cause after an opportunity to be heard.

§ 47. General powers and duties of managers.—The board of managers.

1. Shall elect from among its members, a president and one or more vice-presidents. It shall appoint a superintendent of the hospital who shall be also the treasurer and secretary of the board and shall hold office at the pleasure of said board. Said superintendent shall not be a member of the board of managers, and shall be a graduate of an incorporated medical college, with an experience of at least three years in the actual practice of his profession.

2. Shall fix the salaries of the superintendent and all other officers and employees within the limits of the appropriation made therefor by the board of supervisors, and such salaries shall be compensation in full for all services rendered. The board of managers shall determine the amount of time required to be spent at the hospital by said superintendent in the discharge of his duties.

3. Shall have the general superintendence, management and control of the said hospital, of the grounds, buildings officers and employees thereof; of the inmates therein, and of all matters relating to the government, discipline, contracts, and fiscal concerns thereof; and make such rules and regulations as may seem to them necessary for carrying out the purposes of such hospital.

4. Shall maintain an effective inspection of said hospital, and keep itself informed of the affairs and management thereof; shall meet at the hospital at least once in every month, and at such other times as may be prescribed in the by-laws; and shall hold its annual meeting at least three weeks prior to the meeting of the board of supervisors at which appropriations for the ensuing year are to be considered.

5. Shall keep in a book provided for that purpose, a proper record of its proceedings which shall be open at

all times to the inspection of its members, to the members of the board of supervisors of the county, and to duly authorized representatives of the state board of charities.

6. Shall certify all bills and accounts including salaries and wages and transmit them to the board of supervisors of the county, who shall provide for their payment in the same manner as other charges against the county are paid.

7. Shall make to the board of supervisors of the county annually, at such time as said supervisors shall direct, a detailed report of the operations of the hospital during the year, the number of patients received, the methods and results of their treatment, together with suitable recommendations and such other matter as may be required of them, and full and detailed estimates of the appropriations required during the ensuing year for all purposes including maintenance, the erection of buildings, repairs, renewals, extensions, improvements, betterments or other necessary purposes.

§ 48. General powers and duties of superintendent.—The superintendent shall be the chief executive officer of the hospital and subject to the by-laws, rules and regulations thereof, and to the powers of the board of managers:

1. Shall equip the hospital with all necessary furniture, appliances, fixtures and other needed facilities for the care and treatment of patients and for the use of officers and employees thereof, and shall in counties where there is no purchasing agent purchase all necessary supplies.

2. Shall have general supervision and control of the records, accounts, and buildings of the hospital and all internal affairs, and maintain discipline therein, and enforce compliance with, and obedience to all rules, by-

laws and regulations adopted by the board of managers for the government, discipline and management of said hospital, and the employees and inmates thereof. He shall make such further rules, regulations and orders as he may deem necessary, not inconsistent with law, or with the rules, regulations and directions of the board of managers.

3. Shall appoint such resident officers and such employees as he may think proper and necessary for the efficient performance of the business of the hospital, and prescribe their duties; and for cause stated in writing, after an opportunity to be heard, discharge any such officer or employee at his discretion.

4. Shall cause proper accounts and records of the business and operations of the hospital to be kept regularly from day to day, in books and on records provided for that purpose; and see that such accounts and records are correctly made up for the annual report to the board of supervisors, as required by subdivision seven of section forty-seven of this chapter, and present the same to the board of managers, who shall incorporate them in their report to the said supervisors.

5. Shall receive into the hospital, under the general direction of the board of managers, in the order of application, any person found to be suffering from tuberculosis in any form who has been an actual resident and inhabitant of the county for a period of at least one year prior to his application for admission to said hospital; and shall also receive persons from other counties as hereinafter provided. Said superintendent shall cause to be kept proper accounts and records of the admission of all patients, their name, age, sex, color, marital condition, residence, occupation and place of last employment.

6. Shall cause a careful examination to be made of the physical condition of all persons admitted to the

hospital and provide for the treatment of each such patient according to his need; and shall cause a record to be kept of the condition of each patient when admitted, and from time to time thereafter.

7. Shall discharge from said hospital any patient who shall wilfully or habitually violate the rules thereof; or who is found not to have tuberculosis; or who is found to have recovered therefrom; or who for any other reason is no longer a suitable patient for treatment therein; and shall make a full report thereof at the next meeting of the board of managers.

8. Shall collect and receive all moneys due the hospital, keep an accurate account of the same, report the same at the monthly meeting of the board of managers, and transmit the same to the treasurer of the county within ten days after such meeting.

9. Shall before entering upon the discharge of his duties, give a bond in such sum as the board of managers may determine, to secure the faithful performance of such duties.

§ 49. Admission of patients from county in which hospital is situated.—Any resident of the county in which the hospital is situated desiring treatment in such hospital, may apply in person to the superintendent or to any reputable physician for examination, and such physician, if he find that said person is suffering from tuberculosis in any form, may apply to the superintendent of the hospital for his admission. Blank forms for such applications shall be provided by the hospital, and shall be forwarded by the superintendent thereof gratuitously to any reputable physician in the county, upon request. So far as practicable, applications for admission to the hospital shall be made upon such forms. The superintendent of the hospital, upon the receipt of such application, if it appears therefrom

that the patient is suffering from tuberculosis, and if there be a vacancy in the said hospital, shall notify the person named in such application to appear in person at the hospital. If, upon personal examination of such patient, or of any patient applying in person for admission, the superintendent is satisfied that such person is suffering from tuberculosis, he shall admit him to the hospital as a patient. All such applications shall state whether, in the judgment of the physician, the person is able to pay in whole or in part for his care and treatment while at the hospital; and every application shall be filed and recorded in a book kept for that purpose in the order of their receipt. When said hospital is completed and ready for the treatment of patients, or whenever thereafter there are vacancies therein, admissions to said hospital shall be made in the order in which the names of applicants shall appear upon the application book to be kept as above provided, in so far as such applicants are certified to by the superintendent to be suffering from tuberculosis. No discrimination shall be made in the accommodation, care or treatment of any patient because of the fact that the patient or his relatives contribute to the cost of his maintenance in whole or in part, and no patient shall be permitted to pay for his maintenance in such hospital a greater sum than the average per capita cost of maintenance therein, including a reasonable allowance for the interest on the cost of the hospital; and no officer or employee of such hospital shall accept from any patient thereof any fee, payment or gratuity whatsoever for his services.

§ 49-a. Maintenance of patients in the county in which hospital is situated.—Wherever a patient has been admitted to said hospital from the county in which the hospital is situated, the superintendent shall cause

such inquiry to be made as he may deem necessary, as to his circumstances, and of the relatives of such patient legally liable for his support. If he find that such patient, or said relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing such patient, or said relatives to pay to the treasurer of such hospital for the support of such patient a specified sum per week, in proportion to their financial ability, but such sum shall not exceed the actual per capita cost of maintenance. The superintendent shall have the same power and authority to collect such sum from the estate of the patient, or his relatives legally liable for his support, as is possessed by an overseer of the poor in like circumstances. If the superintendent find that such patient, or said relatives are not able to pay, either in whole or in part, for his care and treatment in such hospital, the same shall become a charge upon the county.

§ 49-b. Admission of patients from counties not having a hospital.—In any county not having a county hospital for the care and treatment of persons suffering from tuberculosis, a county superintendent of the poor, upon the receipt of the application and certificate hereinafter provided for, may apply to the superintendent of any such hospital established by any other county, for the admission of such patient. Any person residing in a county in which there is no such hospital, who desires to receive treatment in such a hospital, may apply therefor in writing to the superintendent of the poor of the county in which he resides on a blank to be provided by said superintendent for that purpose, submitting with such application a written certificate signed by a reputable physician on a blank to be provided by the superintendent of the poor for such purpose, stating that such physician has, within the ten

days then next preceding, examined such person, and that, in his judgment, such person is suffering from tuberculosis. The superintendent of the poor, on receipt of such application and certificate, shall forward the same to the superintendent of any hospital for the care and treatment of tuberculosis. If such patient be accepted by such hospital, the superintendent of the poor shall provide for his transportation thereto, and for his maintenance therein at a rate to be fixed as hereinafter provided.

§ 49-c. **Maintenance of patients from counties not having a hospital.**—Whenever the superintendent of such a county hospital, shall receive from a superintendent of the poor of any other county an application for the admission of a patient, if it appear from such application that the person therein referred to is suffering from tuberculosis, the superintendent shall notify said person to appear in person at the hospital, provided there be a vacancy in such hospital and there be no pending application from a patient residing in the county in which the hospital is located. If, upon personal examination of the patient, the superintendent is satisfied that such patient is suffering from tuberculosis, he shall admit him to the hospital. Every patient so admitted shall be a charge against the county sending such patient, at a rate to be fixed by the board of managers, which shall not exceed the per capita cost of maintenance therein, including a reasonable allowance for interest on the costs of the hospital; and the bill therefor shall, when verified by the superintendent of the poor of the county from which said patient was sent, be audited and paid by the board of supervisors of the said county. The said superintendent of the poor shall cause an investigation to be made into the circumstances of such patient, and of his relatives legally liable

for his support, and shall have the same authority as an overseer of the poor in like circumstances to collect therefrom, in whole or in part, according to their financial ability, the cost of the maintenance of such person in said hospital.

§ 49-d. **Visitation and inspection.**—The resident officer of the hospital shall admit the managers into every part of the hospital and the premises and give them access on demand to all books, papers, accounts and records pertaining to the hospital and shall furnish copies, abstracts and reports whenever required by them. All hospitals established or maintained under the provisions of sections forty-five to forty-nine-e, inclusive, of this chapter, shall be subject to inspection by any duly authorized representative of the state board of charities, of the state department of health, of the state charities aid association and of the board of supervisors of the county; and the resident officers shall admit such representatives into every part of the hospital and its buildings, and give them access on demand to all records, reports, books, papers and accounts pertaining to the hospital.

§ 49-e. **Hospitals at almshouses.**—Wherever a hospital for the care and treatment of persons suffering from tuberculosis exists in connection with, or on the grounds of a county almshouse, the board of supervisors may, after sections forty-five to forty-nine-e of this chapter take effect, appoint a board of managers for such hospital and such hospital, and its board of managers, shall thereafter be subject to all the provisions of this act, in like manner as if it had been originally established hereunder. Any hospital which may hereafter be established by any board of supervisors shall in like manner be subject to all the provisions of said section.

THE PENAL LAW

Crimes Against the Public Health and Safety

§ 1530. **Public nuisance defined.**— A public nuisance is a crime against the order and economy of the state, and consists in unlawfully doing an act, or omitting to perform a duty, which act or omission:

1. Annoys, injures, or endangers the comfort, repose, health or safety of any considerable number of persons; or

2. Offends public decency; or

3. Unlawfully interferes with, obstructs, or tends to obstruct, or renders dangerous for passage, a lake, or a navigable river, bay, stream, canal or basin, or a stream, creek, or other body of water which has been dredged or cleared at public expense, or a public park, square, street or highway; or

4. In any way renders a considerable number of persons insecure in life, or the use of property.

§ 1531. **Unequal damage.**— An act which affects a considerable number of persons, in either of the ways specified in the last section, is not less a nuisance because the extent of the damage is unequal.

§ 1532. **Maintaining a nuisance.**— A person, who commits or maintains a public nuisance, the punishment for which is not specially prescribed, or who wilfully omits or refuses to perform any legal duty relating to the removal of such a public nuisance, is guilty of a misdemeanor.

§ 1740. **Wilful violation of health laws.**—

1. A person who wilfully violates or refuses or omits to comply with any lawful order or regulation pre-

scribed by any local board of health or local health officer, is guilty of a misdemeanor.

2. A person who wilfully violates any provision of the health laws, or any regulation lawfully made or established by any public officer or board under authority of the health laws the punishment for violating which is not otherwise prescribed by those laws, or by this code, is punishable by imprisonment not exceeding one year, or by a fine not exceeding two thousand dollars or by both.

§ 1741. **Obstructing health officer in performance of his duty.**—A person who wilfully opposes or obstructs a health officer or physician charged with the enforcement of the health laws, in performing any legal duty is guilty of a misdemeanor.

§ 1750. **Disposing of tainted food.**—A person who with intent that the same may be used as food, drink, or medicine, sells, or offers or exposes for sale, any article whatever which, to his knowledge, is tainted or spoiled, or for any cause unfit to be used as such food, drink, or medicine, is guilty of a misdemeanor.

§ 1753. **Articles in imitation of food.**—A person who sells or manufactures, exposes or offers for sale as an article of food, any substance in imitation thereof, without disclosing the imitation by a suitable and plainly visible mark or brand, is guilty of a misdemeanor.

§ 1756. **Exposing person affected with a contagious disease in a public place.**—A person, who wilfully exposes himself or another, affected with any contagious or infectious disease, in any public place or thoroughfare, except upon his necessary removal in a manner not dangerous to the public health, is guilty of a misdemeanor.

VILLAGE LAW

ARTICLE II

Sewers

Section 260. Establishment of sewer system.

261. Construction of sewer at expense of village.

262. Reimbursement for sewers constructed at private expense.

263. Construction of sewer at joint expense of village and of property benefited.

264. Construction of sewers wholly at expense of property benefited.

265. Acquisition of property by condemnation.

266. Contracts for construction of system.

267. Supervising engineer; inspectors.

268. Apportionment of local assessment.

269. Appeal from apportionment.

270. Hearing of appeal.

271. Reapportionment.

272. Procedure by new commissioners.

273. Fees of commissioners.

274. Expense of construction; how raised.

275. Tax for unpaid assessments.

276. Contracts with other municipalities.

277. Annual report of sewer commissioners.

§ 260. **Establishment of sewer system.**—The board of sewer commissioners of a village may establish, extend and maintain a sewer system therein. Before taking any proceedings for the construction of any sewer, the board, at the expense of the village, shall, unless such map and plan have already been officially approved by the state commissioner of health and copies filed in the state department of health and in the office of the village clerk, cause a map and plan of a permanent sewer system for such village to be made, with specifi-

cations of dimensions, connections and outlets of sewage disposal works. It may also include any existing sewer in the village, which on examination by the village engineer shall be found feasible and proper to incorporate or include in the proposed system. Such map and plan shall be comprehensive and shall cover all portions of the village, but the village may construct the whole of the said system or may temporarily omit any portions thereof until such portions may be necessary, subject to the approval of such omission by the state commissioner of health as hereinafter provided. Such map and plan shall be submitted to the state commissioner of health for his approval, and if approved shall be filed in his office. A copy thereof shall also be filed in the office of the village clerk. The map and plan may be amended, with the approval of the state commissioner of health, and when so amended and approved shall be filed in the same offices as the original. No work of any kind shall be done on or for the construction, extension, reconstruction, removal or modification of any system of sewers or of any sewer thereof until a map and plan covering the entire system shall first have been duly approved and filed as above provided, and in the execution of the construction, extension, reconstruction, removal or modification of any system of sewers or of any sewer thereof no deviations from the plans as finally approved and filed shall be made until plans or descriptions adequately showing such deviations are first approved and filed as above provided. Whenever the board of sewer commissioners of the village shall deem it desirable to the interests of the village that a portion of the permanent general system of sewers and sewage disposal thereof may be temporarily omitted or deferred, it shall certify that fact in writing to the state commissioner of health, designating by a map or otherwise the portions of the

system to be omitted, or the portion not to be omitted, and on receipt of the same the state commissioner of health may approve of such temporary omission and shall certify his determination to the board of sewer commissioners of the village.

§ 261. **Construction of a sewer at expense of village.**—Upon the adoption of a proposition therefor the whole or any part of the sewer system may be constructed at the expense of the village. The proposition shall describe the portion of the system proposed to be so constructed, and shall also contain a statement of the estimated maximum and minimum cost thereof.

§ 262. **Reimbursement for sewers constructed at private expense.**—If the whole of the sewer system be constructed at the expense of the village and a sewer theretofore constructed wholly or partly at private expense be included in the map or plan of the system, the owners of the property upon which such expense was assessed shall be entitled to reimbursement therefor. Claims for such reimbursement may be presented to and audited by the board of sewer commissioners, and the amounts allowed shall be paid in the same manner as other expenditures for the sewer system.

§ 263. **Construction of sewer at joint expense of village and of property benefited.**—Upon the adoption of a proposition therefor, the whole or any part of the sewer system may be constructed at the joint expense of the village and of the property benefited. The proposition shall describe the portion of the system proposed to be so constructed, shall contain a statement of the estimated maximum and minimum cost thereof, and also of the proportion of the expense to be assessed upon

the village at large, and the aggregate proportion to be assessed upon the property benefited. If the proposition be adopted such aggregate proportion shall be equitably adjusted with reference to the benefits to be derived therefrom.

§ 264. **Construction of sewers wholly at expense of property benefited.**—The owners of two-thirds of the entire frontage of the portion of a street or streets in which a sewer is proposed to be constructed may present to the board of sewer commissioners a petition for the construction of such a sewer. The board shall cause a notice of at least ten days to be given to each person owning land fronting on such portion of such street or streets, of a time and place where it will meet and hear persons interested in the construction of such sewer. After such hearing the board may grant the petition in whole or in part, and shall construct a sewer as ordered, and assess the entire expense thereof upon the property benefited. Where such petition is for the construction of a sewer through different streets, such sewer shall be deemed one sewer, and such streets, one continuous street, for the purposes of this section. A petition under this section may limit the maximum amount of the expense to be incurred in the construction of such sewer.

§ 265. **Acquisition of property by condemnation.**—If the board of sewer commissioners is unable to agree with the owner for the purchase of real property necessary for the sewer system, it may acquire the same by condemnation.

§ 266. **Contracts for construction of system.**—The board of sewer commissioners of a village authorized to construct the whole or any part of a sewer system

shall advertise for proposals for the construction thereof, either under an entire contract, or in parts or sections, as the board may determine. Such advertisement shall be published once in each of two successive weeks in each newspaper published in the village. The board may require a bond or a deposit from the person submitting a proposal, the liability of such bond to accrue, or such deposit to be forfeited to the village, in case such person shall refuse to enter into a contract in accordance with his proposal. The board may accept or reject any proposal, may contract with other than the lowest bidder, or may reject all proposals and advertise again. No contract shall be made by which a greater amount shall be agreed to be paid, than the maximum stated in the proposition or in the petition for the construction of such sewer.

§ 267. **Supervising engineer; inspectors.**—The board of sewer commissioners may employ a supervising engineer to superintend and inspect the construction of any sewer or works connected therewith, and also such inspectors as may be necessary, and fix the compensation of such engineer and inspectors. Such compensation shall be treated as a part of the expense of construction.

§ 268. **Apportionment of local assessment.**—If the whole or any part of the expense of constructing a sewer is to be assessed upon the lands benefited the board of sewer commissioners shall prepare and file in the office of the village clerk, a map and plan of the proposed area of local assessment. Such expense shall thereupon be apportioned upon the lands within such area in proportion as nearly as may be to the benefit which each lot or parcel will derive therefrom, and the ratio of such benefit shall be estab-

lished. After making such apportionment the board shall serve upon each land owner a notice thereof and of the filing of such map and plan, and that at a specified time and place a hearing will be had to consider and review the same. Such notice must be served at least six days before the hearing. The board shall meet at the time and place specified and hear objections to such apportionment. It may modify and correct the same or exclude land from the area of local assessment. The board of sewer commissioners, upon the completion of such apportionment, shall file the same in the office of the village clerk. The apportionment shall be deemed final and conclusive, unless an appeal be taken therefrom within fifteen days after the filing thereof.

§ 269. **Appeal from apportionment.**—A person aggrieved by an apportionment may, within fifteen days after the filing thereof, appeal therefrom to the county court of a county in which any part of the village is situated. Such appeal shall be taken by a notice, stating the grounds thereof, addressed to the board of sewer commissioners, and filed with the village clerk.

§ 270. **Hearing of appeal.**—Either party may bring on the appeal upon a notice of not less than ten nor more than twenty days. All appeals from the same apportionment must be consolidated and heard as one appeal. The county court may affirm or reverse the apportionment. If it be reversed upon the ground that it is erroneous, unequal or inequitable, the court shall by the order of reversal appoint three disinterested freeholders of the village as commissioners to make a new apportionment, and no appeal shall be allowed from such order.

§ 271. Reapportionment.—A reapportionment shall be made in the following cases:

1. By the commissioners appointed by the county court, where the original apportionment is reversed on the ground that it is erroneous, unequal or inequitable.

2. By the board of sewer commissioners where the original apportionment is reversed upon any other ground. A reapportionment under this subdivision shall be made in like manner as the original.

§ 272. Procedure by new commissioners.—The commissioners appointed by the county court shall give notice of the time and place at which they will meet to make such reapportionment, and shall serve notice thereof at least ten days before such meeting upon each owner of land within the area of local assessment as finally fixed by the board of sewer commissioners. They shall meet at the time and place specified and make such reapportionment in the manner herein prescribed for the board of sewer commissioners. They shall file such reapportionment in the office of the village clerk, and it shall be final and conclusive.

§ 273 Fees of commissioners.—Each commissioner appointed by the county court is entitled to five dollars for each day necessarily spent in making such reapportionment, besides his actual necessary expenses. Such fees and expenses are a charge against the village, and must be audited by the board of trustees. The amount thereof shall be added to the portion of the expense of constructing such sewer or sewer system which is to be assessed against property specially benefited.

§ 274. **Expense of construction; how raised.**—The expense of constructing a sewer or a sewer system may be raised in an entire amount or in smaller sums from time to time as the board of sewer commissioners may determine. If any portion of such expense is to be borne by the village, bonds or certificates of indebtedness may be issued therefor. If such expense or any part thereof is to be assessed upon property benefited, the board may assess the same, or the instalment to be raised, on the several benefited lots or parcels, in accordance with the apportionment and ratio established under this article. Notice of such assessment shall be given to the owners, who may pay the amounts assessed within ten days after the service of such notice. At the expiration of such time bonds or certificates of indebtedness may be issued for the aggregate amount of such assessment then remaining unpaid.

§ 275. **Tax for unpaid assessments.**—The board of trustees shall include in the annual tax levy the principal or interest accruing during the same fiscal year upon bonds or certificates of indebtedness issued on account of default in the payment of local assessments under this article, and shall levy the same upon the lots or parcels in default.

Such principal shall be apportioned among the lots or parcels in default so that the tax thereon will be the same as if an equal portion of the assessment were then to be paid. Interest on an unpaid assessment shall be added to such tax at the rate payable by the bond or certificate of indebtedness, which must be computed to the time when the principal or an instalment will become due; or if no principal will become due during the fiscal year, then the interest accruing during that year upon the assessment must be levied upon such lot or parcel.

§ 276. **Contracts with other municipalities.**—The board of sewer commissioners may contract for the connection of the sewers thereof with the sewers of another village, or of a town or city; or jointly with such other village or a town or city may construct, maintain, operate or use sewers, outlets or disposal works; or may contract with any such other village, or a town or city, for the right to construct and maintain through any such other village, town or city an outlet sewer, including the right to acquire real property for such sewer outlet, which thereupon may be acquired either at private sale or by condemnation as authorized by this act. But no such contract shall be made unless a proposition therefor be adopted, stating the maximum expense.

§ 277. **Annual report of sewer commissioners.**—Between the first and fourth day of March in each year, the board of sewer commissioners shall file with the village clerk a report containing a statement of the following facts:

1. The amount of money on hand at the beginning of the preceding fiscal year, and the receipts from all sources during such year.

2. An itemized statement of the amount paid out during such year, and the balance on hand.

3. The outstanding indebtedness of the department, either bonded or otherwise, separately stated.

4. A statement of the principal or interest which will become due during the current fiscal year on bonds or certificates of indebtedness.

5. The improvements and extensions made during such preceding year, and the general condition of the sewer system.

6. Such other facts as the board deems important for the information of the village, together with such recommendations concerning the department as may be deemed proper.

TOWN LAW

ARTICLE II

Sewers

Section 230. Town board may establish sewer system; petition.

231. Action by town board.

232. Oaths and undertakings of commissioners.

233. Approval and filing of map and plan of sewer system.

234. Contracts for the construction of sewer system.

235. Supervising engineer, inspectors and attorney.

236. Acquisition of property by condemnation.

237. Apportionment of local assessment.

238. Appeal from apportionment.

239. Hearing of appeal.

240. Reapportionment.

241. Procedure by new commissioners.

242. Fees of commissioners.

243. Expense of construction, how raised; issue of town bonds.

244. Tax for payment of bonds.

§ 230. Town board may establish sewer system; petition.—The town board of any town on the petition of a majority of the owners of real property in a proposed district, or in a proposed extension of an existing district, representing a majority of the taxable property therein, as appears by the last preceding completed assessment-roll, may establish a sewer system outside an incorporated village or city, or extend the boundaries of an existing district and the sewer system therein accordingly. The petition must describe the proposed dis-

trict, or proposed extension of an existing district, and state the maximum amount proposed to be expended in the construction of such sewer system or extension. Each petitioner shall state opposite his name the assessed valuation of the real property owned by him in such district, or extension of an existing district, according to the last preceding completed assessment-roll. The petition must be signed by the petitioners and acknowledged in the same manner as a deed to be recorded, and if it be a petition to extend an existing district and the sewer system therein shall, in addition to the foregoing provisions, be approved in writing by the sewer commissioners of such district. There shall be annexed to and presented with such petition a map and plan of the proposed sewer system, or extension, with specifications of dimensions and connections and outlet or sewage disposal works prepared by a competent engineer at the expense of the petitioners. The petitioners may, however, present to the town board with such petition, map, plan and specifications, a statement, verified by one of the petitioners having personal knowledge of the correctness thereof, showing the amount of the actual cost to them of said map, plan and specifications and the cost of the acknowledgments of the signatures to such petition, and by whom paid, which said amount, if found by the town board to be just and reasonable, and if the said town board shall make one of the orders as provided by section two hundred and thirty-one of this chapter, shall be and become a part of the expense of construction, and shall be included in the first tax levy therefor, and shall be refunded to the person or persons by whom paid as shown by the aforesaid statement, by the supervisor of the town, who shall take a receipt therefor. At any time after the town board has made an order establishing such district, or extending an existing district, the maximum amount proposed to

be expended in the construction of such sewer system in said district, or extension, may be increased, by a petition of a majority of the owners of real property in said district, or extension, representing a majority of the taxable property therein, as appears by the last preceding completed assessment-roll, setting forth the additional amount proposed to be expended, in excess of the maximum amount set forth in the petition upon which the said district, or extension, was established. Such petition must be signed and acknowledged in the same manner as the petition for the establishment of said sewer district, or extension, and shall be filed in the office of the town clerk. Every petition made as provided in this section shall contain a statement conspicuously printed thereon as follows: "The cost of construction and maintenance of such sewer system (or extension, as the case may be) shall be assessed, from year to year, by the sewer commissioners to be appointed, upon the lands within the sewer district or extension in proportion as nearly as may be to the benefit which each lot or parcel will derive therefrom."

§ 2. Section two hundred and thirty-one of said chapter is hereby amended to read as follows:

§ 231. **Action by town board.** If the town board is satisfied that the petitioners are a majority of the owners of real property in the proposed district, or extension, and owns a majority in value of the taxable property therein, they shall make an order establishing such district, or extending the boundaries of an existing district, and if establishing a new district, appointing three taxpayers therein as sewer commissioners, who shall hold their offices at the pleasure of the town board. Such sewer commissioners shall each be paid for their services, at such times as the town board may designate in said order, an amount to be fixed

by the town board, which amount shall not exceed three dollars per day for each day actually and necessarily spent in the business of the sewer district and shall be deemed an expense of maintaining the sewer system and shall be collected and paid as provided in section two hundred and forty-three of this chapter for expense of maintenance.

§ 3. Section two hundred and thirty-three of said chapter is hereby amended to read as follows:

§ 232. Oaths and undertakings of commissioners.—Each commissioner before entering on the duties of his office shall take the constitutional oath of office and execute to the town and file with the town clerk an official undertaking in such sum and with such sureties as the town board shall direct. The town board may at any time require any such commissioner to file a new official undertaking for such sum and with such sureties as the board shall direct.

§ 233. Approval and filing of map and plan of sewer system. The sewer commissioners shall cause a copy of the map and plan of the proposed sewer system, or proposed extension thereof, to be submitted to the state board of health, and if approved, it shall be filed in its office. Such map and plan may be amended with the approval of the state board of health, and if amended, it shall be filed in the offices of the state board of health and of the town clerk.

§ 4. Section two hundred and thirty-four of said chapter is hereby amended to read as follows:

§ 234. Contracts for the construction of sewer system.—The sewer commissioners of such district shall advertise for proposals for the construction of a sewer system, or an extension thereof, according to such map and

plan, finally filed, either under an entire contract or in parts or sections as the board may determine. Such advertisement shall be published once in each of two successive weeks in each newspaper published in said sewer district and extension thereof, and if no newspaper is published therein, in the two newspapers published nearest thereto. The commissioners may require a bond or deposit from each person submitting a proposal, to be not less than twenty-five per centum of the amount involved, the liability on such bond to accrue, or such deposit to be forfeited to the town, in case such person shall refuse to enter into a contract in accordance with his proposal. The commissioners may accept or reject any or all proposals, and when the contract is let it shall be let to the lowest bidder. No contract shall be made by which a greater amount shall be agreed to be paid than the maximum amount stated in the petition for the construction of such sewer, as amended by supplemental petition, if any, including the expense of superintendence and inspection as provided in section two hundred and thirty-five. Each contract shall be executed in duplicate, one of which shall be given to the contractor and the other shall be filed in the office of the town clerk.

§ 5. Section two hundred and thirty-five of said chapter is hereby amended to read as follows:

§ 235. Supervising engineer, inspectors and attorney. — The sewer commissioners may employ an attorney, a supervising engineer to superintend and inspect the construction of any sewer, or extension thereof, or works connected therewith, and also such inspectors as may be necessary, and fix the compensation of such attorney, engineer and inspectors. Such compensation, together with the fees, charges and expenses of the engineer employed to prepare the map, plan and speci-

ations, and the cost of the acknowledgments of the signatures of the petitioners, as provided for in section two hundred and thirty of this chapter, shall be treated as a part of the expense of construction.

§ 6. Section two hundred and thirty-seven of said chapter is hereby amended to read as follows:

§ 236. **Acquisition of property by condemnation.**—If sewer commissioners are unable to agree with the owners for the purchase of real property necessary for the construction of the sewer system, they may acquire the same by condemnation.

§ 237. **Apportionment of local assessment for construction.**—The sewer commissioners shall prepare and file in the office of the town clerk a map and plan of each district, or extension, which shall show the highways and the several parcels of land therein. The commissioners shall report to the town board the amount of the cost of construction of such sewer system as determined under the foregoing provisions hereof. The town board shall direct the issue and sale of bonds for the amount of the cost of construction as so reported to said board by the said commissioners, which bonds shall be redeemable in such equal yearly instalments, the interest thereon to be paid semi-annually, as said town board shall prescribe, and shall be a town charge. In the month of July in each year the town board shall certify to the sewer commissioners of the amount to become due for principal and interest during the ensuing year on the bonds so issued. The sewer commissioners shall forthwith proceed to assess such amount on the lots within such district, or extension of an existing district, in proportion as nearly as may be to the benefit which each lot or parcel will derive therefrom. After making such apportionment, said commissioners shall

forthwith serve or cause to be served on each land owner a notice of the completion thereof and of the filing of such map and plan, and that at a specified time and place a hearing will be had to consider and review the same. Such notice must be served at least six days before the hearing (personally) if such land owner is known to them and can with reasonable diligence be found within the state; if he cannot be so found, by mailing same to his last known postoffice address, and if the name or address of such owner be unknown, by posting said notice in a prominent place on the property to be assessed. The commissioners shall meet at the time and place specified to hear objections to such apportionment, and may modify and correct the same. The sewer commissioners upon the completion and correction of such apportionment shall forthwith file the same in the office of the town clerk, and shall give notice of the filing of such completed and corrected apportionment in the manner provided for by section thirty-nine of the tax law as to towns. The apportionment shall then be deemed final and conclusive unless an appeal is taken therefrom, as hereinafter provided, within fifteen days after the filing thereof. The town board shall present to the board of supervisors at its annual meeting, a statement of such apportionment as so corrected and filed, showing the amount due, or to become due, for principal and interest during the ensuing year, on the bonds issued under this article; each lot or parcel liable to pay the same, and the amount chargeable to each. The board of supervisors shall levy such sums against the property liable, and shall state the amount of the tax in a separate column in the annual tax-roll under the name "sewer tax." Such tax when collected shall be paid to the supervisor and by him applied in payment of the bonds. An unpaid assessment shall be collected in the same manner and

shall subject the land and land owner liable therefor, to the same interest, burdens and penalties, as other town taxes in arrears.

§ 7. Section two hundred and forty-one of said chapter is hereby amended to read as follows:

§ 238. **Appeal from apportionment.**—A person aggrieved by an apportionment may, within fifteen days after the filing thereof, appeal therefrom to the county court of the county in which such district is situated. Such appeal shall be taken by a notice stating the grounds thereof, served personally or by mail upon each of the sewer commissioners and filed with the town clerk.

§ 239. **Hearing of appeal.**—Either party may bring on the appeal on a notice of not less than ten nor more than twenty days. All appeals from the same apportionment must be consolidated and heard as one appeal. The county court may affirm or reverse the apportionment. If it be reversed on the ground that it is erroneous, unequal or inequitable, the court shall, by order of reversal, appoint three disinterested freeholders of the district as commissioners to make a new apportionment, and no appeal shall be allowed from such order.

§ 240. **Reapportionment.**—A reapportionment shall be made in the following cases:

1. By the commissioners appointed by the county court where the original apportionment is reversed on the ground that it is erroneous, unequal or inequitable.

2. By the sewer commissioners of the districts where the original apportionment is reversed on any other ground. A reapportionment under this subdivision shall be made in like manner as the original.

§ 241. Procedure by new commissioners.—The commissioners appointed by the county court shall give notice of the time and place at which they will meet to make such reapportionment, and shall serve notice thereof, either personally or by mail, at least ten days before such meeting upon each owner of land within such district or extension of an existing district, as finally fixed by the board of sewer commissioners. They shall meet at the time and place specified and make such reapportionment in the manner herein prescribed for the sewer commissioners. They shall file such reapportionment in the office of the town clerk, and it shall be final and conclusive.

§ 8. Section two hundred and forty-two of said chapter is hereby amended to read as follows:

§ 242. Fees of commissioners.—Each commissioner appointed by the county court is entitled to five dollars for each day necessarily spent in making such reapportionment, besides his actual necessary expenses. Such fees and expenses are a charge against the town, and must be audited by the town board. The amount thereof shall be added to the portion of the expense of constructing such sewer or sewer system, which is to be assessed against property in such sewer district or extension.

§ 9. Section two hundred and forty-three of said chapter is hereby amended to read as follows:

§ 243. Expense of maintenance, how raised.—After the sewer system is constructed it shall be maintained by the commissioners, and the cost of such maintenance shall be a charge upon the sewer district. In July of each year, the sewer commissioners shall present to the town board an estimate of the amount of money required by said commissioners to meet the expenses of

maintaining the sewer system for the ensuing year. The town board shall formally pass upon such estimate and approve, or correct and approve, the same. The sewer commissioners shall thereupon assess the amount of the estimate as so approved, and corrected, on the lands within their district, in proportion, as nearly as may be, to the benefit which each lot or parcel will derive *therefrom, and shall give the same notice thereof, and shall correct and file such apportionment in the same manner, and shall give the same notice of the filing of such corrected apportionment, as is provided for in section two hundred and thirty-seven of this chapter. An appeal may be taken from such corrected apportionment within the same time, and the procedure thereupon shall be the same as specified in sections two hundred and thirty-eight to two hundred and forty-two, both inclusive, of this chapter, except that the fees of the commissioners appointed by the county court to readjust the apportionment made pursuant to this section shall be a charge upon the sewer district, and shall be included in the expenses of maintenance. Whenever an apportionment is to be made to meet an instalment of principal and interest on the bonds issued pursuant to section two hundred and thirty-seven of this chapter, any proceedings for the correction, review or readjustment thereof shall be consolidated with the like proceedings, if any, with respect to the apportionment made as provided in this section. The town board shall present such estimate to the board of supervisors at its annual meeting, with a statement of each property or parcel liable for the same and the amount chargeable to each. The board of supervisors shall levy such sums against the property liable and shall state the amount of tax in the annual tax roll under the name "sewer

* So in original.

tax," with the sewer tax to be raised for payment of bonds as provided in section two hundred and thirty-seven of this chapter, and after such bonds shall have been entirely paid in a similar column headed "sewer tax." This tax for maintenance, when collected, shall be paid to the supervisor of the town and by him paid to the sewer commissioners to meet the expense of maintenance of the sewer system. An unpaid assessment under this section shall be collected in the manner provided for in section two hundred and thirty-seven of this chapter. The sewer system as so constructed, or as hereafter added to or changed, shall be under the charge and control of the sewer commissioners, under whose supervision it shall be used by property owners, and no person shall enter into, open or interfere with or use said sewer system except under the inspection and direction of said sewer commissioners and after formal permission shall have been given by said commissioners. The sewer commissioners shall adopt rules and regulations to govern the maintenance and use of the sewer system and shall therein fix the amount of fees that shall be chargeable to individuals or property owners who may wish to enter or use the sewer system, which fees shall be sufficient in amount to pay for the cost of inspection of such entry or entries. Any person violating any provisions hereof and interfering with, entering or using said sewer system without obtaining such permission shall be guilty of a misdemeanor and liable to punishment accordingly.

§ 10. Section two hundred and forty-four of said chapter is hereby amended to read as follows:

§ 244. **Annual statement of commissioners.**—The sewer commissioners shall in the month of December in each year file in the office of the town clerk a detailed statement, under oath, of the moneys received and paid

by them since their last statement under the provisions of this chapter, together with the names of the persons or parties from whom the same were received and to whom the same were paid, and the object of each payment, with the vouchers therefor. Such statement shall show the balance remaining in their hands, which balance shall be applied to maintenance account for the following year.

§ 11. Section two hundred and forty-five of this chapter is hereby repealed.

RULES AND REGULATIONS FOR THE PREPARATION AND SUBMISSION OF PLANS FOR SEWERAGE SYSTEMS AND SEWAGE DISPOSAL WORKS

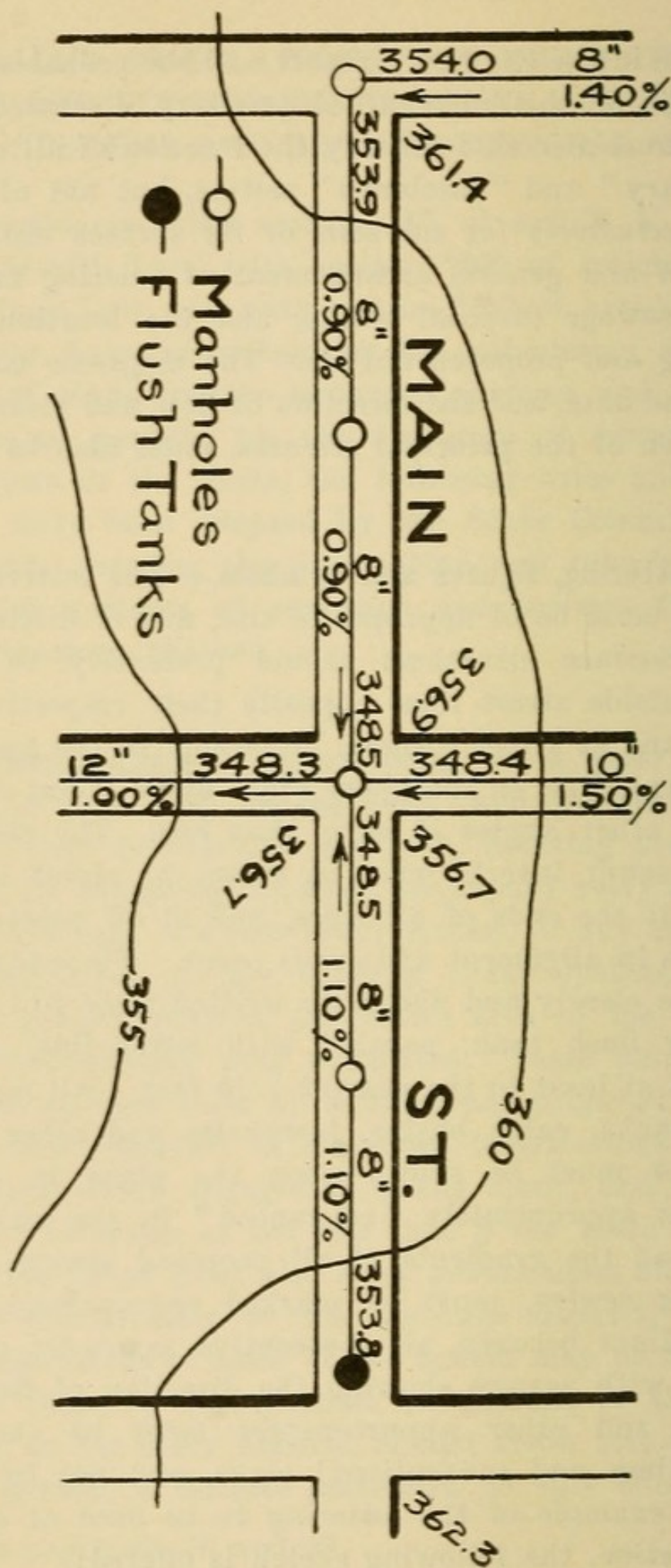
In accordance with section *77 of article V of the Public Health Law, with section *260 of article XI of the Village Law, and with section *233 of article XI of the Town Law, providing for the submission and approval of plans for the sewerage systems and for the issuance of permits for the discharge of sewage into the waters of the State, the following rules and regulations have been adopted by the State Commissioner of Health, covering the preparation and submission of plans for systems of sewerage and sewage disposal, and extensions thereof.

1. **General plans.**—General plans on a scale of not less than 300 feet to one inch, and preferably not greater than 100 feet to one inch, covering the entire area of the municipality, must accompany every application in the case of a new sewer system, or any extension or modification of any existing sewer system, unless such a general plan of the entire area of the municipality has already been submitted. These plans must have shown upon them all existing and proposed streets, the surface elevation at all street intersections and at all points where changes of grade occur, and contour lines for intervals of not less than 5 nor more than 10 feet. The plans must also show sewers upon *all streets* in the municipality or the sewerage district, even if the construction of some of the sewers may be deferred. Should there be areas, which on account of the topography, or for other reasons, cannot drain into the proposed system, a definite statement to this effect must

* See pages 43, 79 and 90.

be made in the engineer's report and the probable future drainage of this disregarded territory discussed. The plans must also show clearly the location of all existing "sanitary" and "combined" sewers, but not of drains used *exclusively* for sub-soils or for surface water; the location and general arrangement of existing and proposed sewage disposal works, and the location of all existing and proposed outlets. The magnetic meridian, title and date, and the direction of flow and mean water elevation of the principal streams, must also be clearly shown.

2. **Lettering, figures and symbols.**—The lettering and figures must be of appropriate size, and of distinct outline. Surface elevations should preferably be placed just outside street lines opposite their respective positions, and at street corners, preferably in the angle outside street line, in the upper right angle if but one, and in the other angles if more than one. The elevations of all sewer inverts must be shown at street intersections, at the ends of all lines, and at all points where changes in alignment and grade occur. These elevations must be clearly and distinctly written close to the manhole or flush tank, parallel with sewer line, and expressed at least to the nearest $1/10$ foot. All manholes, flush tanks, catch basins, lampholes and other appurtenances must be shown upon the plans in suitable symbols appropriately "referenced" in the title. The sizes and the gradients of all proposed sewers, and of existing sewers, must be marked appropriately along sewer lines between all consecutive manholes or flush tanks, with arrows showing the direction of flow. All sewers and other appurtenances must be shown by *black* lines and conventional signs, and not by *colors*. As an example of the lettering to be used at a street intersection, the following sketch is offered:



3. Profiles.—Profiles upon separate sheets, showing all sewers 12 inches or more in diameter, and all main intercepting and outfall sewers when less than 12 inches in diameter, and all other available profiles, must be submitted with the plans. Upon these profiles must be shown all manholes, flush tanks, inverted siphons and other appurtenances. The horizontal scale of these profiles must be at least as great as the scale of the corresponding plans, and the vertical scales not less than 10 feet to one inch. Both scales must be clearly shown upon the profiles. Figures showing the sizes and gradients of sewers, the surface elevations and sewer inverts, must be shown upon the profiles with the same frequency, or at the same points, as shown upon the plans. All stream crossings and sewer outlets must be shown upon profiles with elevations of stream bed, and the normal, high and low water levels, if these data are available.

4. Detail plans.—(a) Detailed plans of sewer sections and of all ordinary sewer appurtenances, such as manholes, flush tanks, inspection chambers, inverted siphons, as well as of any special appurtenance or structure, must accompany general sewer plans. These detail plans must be drawn to such a scale as to show suitably and clearly the nature of the design and all details, such as manhole frames and covers, iron pipes and valves, flushing gates, siphons, etc. They should have marked upon them all dimensions, grades and explanatory notes necessary to make them readily intelligible and a complete guide for construction.

(b) Complete detailed plans for sewage disposal works must be submitted in all cases where it is proposed to construct works for complete purification at the time of the construction of the sewerage system. If, however, it is proposed to construct only a portion

of the complete works, at this time, detailed plans of such portions only need be submitted. In the latter case future provision must always be made for complete purification works, and a *reserve area* must be shown upon the general plans for these works, and, if possible, a statement of the general type or method which it is proposed to adopt when complete purification works may be required.

5. Specifications, estimates of cost.—Specifications for the construction of the system of sewers and sewage disposal works, including estimates of cost of the same, where these have been made, must accompany all plans for original or new systems. With plans for extensions of existing systems, specifications may be omitted, provided these extensions are to be constructed in accordance with specifications filed previously with original plans.

6. Engineer's report.—A report, which would usually be written by the designing engineer, must be presented with all plans for original systems, giving full information upon which the design is based. This report must include a description of the extent of area which it is proposed to include within the system at the present time and in the future; the estimated, present and future population to be served; the estimated per capita rates or volume of sewage to be provided for; the allowance, if any, for storm or roof water, and the full reasons for the inclusion of such water in the system. The report should include a description of conditions peculiar to the locality, affecting in any way the design of the system; a description of all special devices used in the design and of any special points to be observed in the maintenance and operation of the system. The report must contain a full description of

the general arrangement and all special features of the proposed sewage disposal works, the reasons for the choice of the method or type proposed and a full description of the proposed operation of the plant. A full statement must be given of the capacities of the various parts of the works, the population which the works are designed to serve and the reasons for any unusual capacities adopted.

7. General requirements.—(a) All plans, specifications and reports must be submitted in duplicate, and the application for approval must be submitted on blanks issued by the Department for the purpose and signed by the proper municipal authorities or their properly authorized agent (in the latter case a letter of authorization must accompany the application). If approved, the original set will in general be returned and the duplicate set, if clear and distinct prints, on suitable paper or cloth, will be filed with the Department according to law.

(b) In general, and except in certain restricted districts and for very cogent reasons, the Department will approve of plans for new systems only when designed upon the "separate" plan, in which all rain water from roofs, streets and other areas, and all ground water other than unavoidable leakage and a very restricted allowance for cellar drainage, shall be excluded. When plans for the extension of "combined" sewers, already built and in operation in full accordance with the provisions of the Health Law, are submitted, approval will in general be given only in cases where the district tributary to the sewer extension is of limited area and cannot be included in a new and distinct sewer district constructed upon the "separate" plan.

(c) The Department will in general approve only of plans which include disposal works for such complete

purification as will produce a clear and "stable" effluent. If it is proposed to omit certain portions of these works for the complete purification of the sewage, there must be shown upon the plan a reserve area and the general arrangement of the type, methods and devices which it is proposed to install in the future when such complete works are required; and included in the engineer's report the full reasons why any of such portions of the complete works are temporarily omitted.

(d) The approval of the Department is not required by law for drains designed and used *exclusively* for storm water, sub-soil water and for other purposes of drainage where no sewage or wastes are allowed to enter them. If any sewage or other waste matter or products are discharged into such drains, they come under the definition and classification of sewers, for which the approval of the Department, and a permit therefrom, must be secured in accordance with the Public Health Law and the above regulations.

VILLAGE BUILDING CODE

Chap. 202, Laws of 1910

AN ACT to amend the village law, in relation to adoption and enforcement of building and sanitary codes in village of the first class.

Section 1. Chapter sixty-four of the laws of nineteen hundred and nine, entitled "An act relating to villages, constituting chapter sixty-four of the consolidated laws," is hereby amended by adding thereto, after section ninety thereof, a new section, to be section ninety-a, to read as follows:

§ 90-a. **Building and sanitary codes.**—The board of trustees of any village of the first class, whether organized under a general or special act, may, by a majority vote of all of said board at a meeting thereof duly held, taken and recorded by calling the ayes and noes adopt an ordinance to be known as the building code, which shall provide therein rules and regulations for the construction, alteration, removal and inspection of all buildings or structures erected or to be erected within the limits of the village, providing therein and regulating thereby the plans and means of all such construction, alteration or removal of all such buildings and structures. Said board by a majority vote of all of said board, at a meeting thereof duly held, taken and recorded by calling the ayes and noes, may also adopt an ordinance to be known as the sanitary code, which shall provide therein rules and regulations for the construction, alteration, removal and inspection of all plumbing and drainage systems in buildings now erected or to be erected upon property within the limits of the village, providing therein and regulating thereby

all such construction, alteration or removal of all such plumbing and drainage, and the licensing of plumbers to do such work. Said board shall have authority to provide penalties or punishments for disobedience to said ordinances in the manner prescribed by section ninety-three of this chapter and may appoint and remove such inspectors and examiners as may be required to properly execute the provisions of said ordinances, and shall possess authority to alter and amend said ordinances from time to time and to issue licenses to plumbers and builders by a like vote. Nothing herein contained shall impair any other power conferred by law upon a board of trustees in relation to the same or kindred matters.

SANITARY REGULATIONS

Recommended for Adoption by Local Boards of Health

(Note.—Every local board of health should adopt such sanitary regulations as are necessary to carry out the provisions of the Public Health Law, and may adopt any ordinance required by local conditions to protect the public health. A fixed penalty should be stated in each case.)

§ 1. **Nuisances defined.**—Whatever is injurious or dangerous to human life or health; whatever building, or part of cellar thereof, is overcrowded or not provided with adequate means of ingress and egress, or is not sufficiently supported, ventilated, sewered, drained, lighted or cleaned; and whatever renders soil, air, water or food impure or unwholesome, are declared to be nuisances and to be illegal; and every person having aided in creating or contributing to the same, or who may support, continue or retain any of them, shall be deemed guilty of a violation of this ordinance, and shall be liable for any penalty prescribed and for the expense of the abatement or remedy required.

§ 2. **Privies, cess-pools, etc.**—No privy-pit, cess-pool or reservoir into which any privy, water-closet, stable, sink or other receptacle of refuse or sewage, is drained, shall be constructed or maintained in any situation or in any manner whereby, through leakage or overflow of its contents, it may cause pollution of the soil near or about habitations, or of any well, spring or other source of water used for drinking or culinary purposes; nor shall the overflow from any such reservoir or receptacle be permitted to discharge into any public place or in anywise whereby injury or danger to health

may be caused. And every such pit, reservoir or receptacle shall be cleaned and the contents thereof removed at such times and under such precautions as the board of health may prescribe. No such pit, reservoir or receptacle shall be constructed or maintained in such a manner that the contents thereof shall be accessible to flies. Any violation of this ordinance shall subject the offending party to a penalty of for each offense and for each day's continuance or repetition of the offense.

§ 3. **Stables, barns, etc.**—All stables, barns and other places wherein horses or cattle are kept shall be kept in a clean and sanitary condition. All accumulation of manure shall be stored in such places, and be removed with such frequency and in such manner as to prevent offensive or noxious odors. Not more than two loads of horse or cow manure shall be allowed to accumulate on any premises within the limits and no piles of manure shall be allowed to accumulate in any position or manner whereby they shall become breeding places of flies or whereby any leachings therefrom may pass into any stream or watercourse. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 4. **Pig-pens, chicken-yards, etc.**—No pig-pen and no chicken, duck or other fowl yard or pen, shall be built or maintained in the without the approval of the board of health; nor shall any pig-pen, chicken, or other fowl yard be maintained within feet of any stream or within feet of any street or dwelling. All such pens or yards shall be kept in a clean and sanitary condition and all filth accumulating in or about the same shall be removed with such frequency and in

such manner as the board may direct. The board of health may declare the keeping or maintaining of swine, or of chickens, ducks or other fowl, within certain prescribed limits within the a nuisance and order the discontinuance and removal of the same. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 5. Sewers, drains, etc.—All house-sewers or drains for the conveyance of excreta, wash water, sink water, or other deleterious or offensive matters shall be water-tight, and the plans and methods of their construction shall be subject to the approval of the board of health, and conform to all provisions of plumbing, drainage or sewerage ordinances which may have been established and are in force. In streets or avenues where public sewers are or shall be constructed, the board of health may declare all privies, cesspools, or other receptacles used for deposition of sewage matters to be nuisances and order them discontinued, cleaned and filled and the houses connected with said sewers. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 6. House-refuse, garbage, etc.—No house-refuse, offal, garbage, dead animals, decaying vegetable matter, or organic waste substance of any kind, shall be thrown upon any street, road or public place, and no such refuse, putrescible or decaying animal or vegetable matter shall be kept in any house, cellar or adjoining outbuildings or premises for more than twenty-four hours. All receptacles for such garbage, etc., shall be water-tight and be provided with a suitable cover which must be kept properly adjusted to the same. Any violation of

this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 7. **Filled in or made land.**—No filling-in or making of land by the dumping of rubbish or other material shall be done unless approved by the board of health; and no garbage, offal, dead animals or other vegetable, organic or putrescible matter or admixture thereof shall be used for filling in low lands, nor be desposited in any other places, nor in any manner, unless approved by the board of health. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 8. **Noxious trades.**—No person, or company shall erect or maintain any manufactory or place of business dangerous to life or detrimental to health, or where unwholesome, offensive or deleterious odors, gas, smoke, deposits, or exhalations are generated or emitted, without the approval of the board of health, and all such establishments shall be maintained in a clean and wholesome condition free from offense or prejudice to public health; nor shall any offensive or deleterious waste substance, gas-tar, chemicals, sludge, refuse or injurious or offensive matter be allowed to accumulate upon the premises or be thrown or allowed to run into any public waters, stream, watercourse, street or public place. And every person or company conducting such manufacture or business shall use the best approved and all reasonable means to prevent the escape of smoke, gases and odors, and to protect the health and safety and comfort of all persons residing near or employed within said manufactory. Any violation of this ordinance shall subject the offending party to a penalty of,

for each offense and for each day's continuance or repetition of the offense.

§ 9. **Rendering establishments.**—No garbage, bone or animal boiling or rendering occupations shall be carried on without the consent of the board of health, nor in any establishment unless provided with tight walls, impervious floors and such provisions for adequate water supply and drainage and other facilities as will enable all operations to be carried on with cleanliness and freedom from all offense or nuisance. No such occupation shall be carried on, nor shall any establishment be constructed or maintained, in or near a thickly inhabited neighborhood, nor shall the drainage from any establishment, unless subjected to purification, be permitted to flow into any stream or watercourse. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 10. **Unwholesome food.**—No meat, fish, bird, fruit, vegetables, milk, or anything for human food or drink, not being then fresh or properly preserved, sound, wholesome and safe for such use; nor any flesh of any animal which died by disease or which was at the time of its death in a sickly or unwholesome condition; nor the carcass or meat of any calf which was at the date of its death less than four weeks old, or of any lamb which was at the date of its death less than eight weeks old, or of any pig which was at the date of its death less than five weeks old shall be brought within the limits of this municipality, nor offered or held for sale as food therein. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 11. **Exposure of food.**—All dealers in such food supplies as are liable to contamination from dirt or fly insects, etc., such as milk, meats, fish, vegetables, fruit candies and cake, must provide a covering of some suitable material to protect any such food exposed for sale from dust, flies, insects, etc. Any violation of this ordinance shall subject the offending party to a penalty of , for each offense and for each day's continuance or repetition of the offense.

§ 12. **Sale of ice.**—No ice, naturally or artificially frozen from water, taken from any pond, stream, spring well or other source of supply which has been contaminated, or is otherwise impure or unwholesome, shall be harvested, manufactured, sold, or exposed or offered for sale, where such ice may be used in contact with food or beverages. Any violation of this ordinance shall subject the offending party to a penalty of for each offense and for each day's continuance or repetition of the offense.

§ 13. **Disposal of dead animals.**—Upon the death of any animal within the , except when the same is killed for food, the owner or persons having control thereof shall immediately notify the board of health or health officer, and remove the carcass to such place as the said board or officer may direct, and there properly dispose of the same in a manner approved by the board of health. Any violation of this ordinance shall subject the offending party to a penalty of , for each offense and for each day's continuance or repetition of the offense.

§ 14. **Slaughter-houses, markets, etc.**—No person or persons, without the consent of the board of health, shall build or use any slaughter-house, within the limits of

this municipality and the keeping and slaughtering of all cattle, sheep and swine, and the preparation and keeping of all meat, fish, birds, or other animal food, shall be in the manner best adapted to secure and continue their wholesomeness as food; and every butcher or other person owning, leasing or occupying any place, room or building wherein any cattle, sheep or swine have been or are killed or dressed, and every person being the owner, lessee or occupant of any room or stable wherein any animals are kept, or of any market, public or private, shall cause such place, room, building, stable or market, and their yards and appurtenances, to be thoroughly cleansed and purified, and all offal, blood, fat, garbage, refuse and unwholesome and offensive matter to be removed therefrom at least once in every twenty-four hours after the use thereof for any of the purposes herein referred to, and shall also at all times keep all woodwork, save floors and counters, in any building, place or premises aforesaid thoroughly painted or white-washed; and the floors of such building, place or premises shall be so constructed as to prevent blood or foul liquids or washings from settling in the earth beneath. Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 15. Notification of communicable diseases.— Every householder or head of family in a house wherein any case of *communicable disease* may occur, shall report the same to the board of health or the health officer, within twelve hours from the time of his or her first knowledge of the nature of such disease. Until such report has been received by such board of health or health officer no clothing or article which has been exposed to infection shall be removed from the house; nor

shall any occupant change his or her residence elsewhere without the written consent of the health officer of said board.

Any violation of this ordinance shall subject the offending party to a penalty of, for each offense and for each day's continuance or repetition of the offense.

§ 16. Physicians shall report all cases within twelve hours.—Every physician who shall be called to attend a communicable disease or knows of one which in his opinion has not been reported, shall as soon as he determines its nature make a written report to the health officer of the municipality in which the disease prevails.

This report shall specify the name, age and residence of the patient, the nature of the disease, and, if possible, where contracted and such other information obtainable as may prove important to the health authorities in an investigation of the disease.

Such report shall be made within *twelve hours* after the nature of the disease has been determined and shall be signed by the physician making the same.

Diseases to be reported.—The following diseases shall be regarded as necessary to be reported:

Anterior poliomyelitis, anthrax, bubonic plague, cancer, cerebrospinal meningitis, cholera, diphtheria, hydrophobia, leprosy, measles, ophthalmia neonatorum, pellagra, pneumonia, scarlet fever, smallpox, tetanus, tuberculosis, typhoid fever, typhus fever, whooping cough, chickenpox and yellow fever.

Any violation of this ordinance shall subject the offending party to a penalty of, for each offense.

§ 17. Quarantine notice.—Having been notified of the existence of a case of communicable disease, or being cognizant of such, it shall be the duty of the health officer, as hereinafter defined, to at once place on a conspicuous part of the house in which such patient resides, or lodges, *an official quarantine card*, announcing the name of the disease within, and forbidding ingress or egress to or from such house, except as permitted by the rules and regulations of the board of health, or upon the written consent of the health officer of such board.

No person shall, after the establishment of such quarantine, enter or leave such house, except as permitted by the regulations of the board of health, or the health officer, nor shall any person remove from such house any article of clothing or other possibly infected objects, nor may nor remove the quarantine card or notice, without the consent of either the board of health or the health officer of said board.

During the maintenance of such quarantine no child or teacher residing in such quarantined house shall be permitted to attend school or other public gatherings, unless the same shall be permitted by the board of health.

Degrees of quarantine defined and diseases included in each.—*Absolute quarantine*.—An absolute quarantine is one in which the admission to, or exit from the building, of all persons is enforced, except of the attending physician, the health officer, or other representative of the board of health, and the passing out of any object or material from the quarantined house is absolutely prohibited. The municipality shall be responsible for the supply to the people so quarantined of such provisions as may be needed for their proper care and

maintenance, together with a nurse or nurses when the quarantined people are unable to provide the same.

Diseases for absolute quarantine.—When any one of the following diseases shall exist in this municipality an absolute quarantine, as above defined, shall be at once established and maintained until the same has been officially removed by the board of health, or its executive officer, the health officer: Bubonic plague, cholera, diphtheria, leprosy, scarlet fever, smallpox, typhus fever and yellow fever.

Modified quarantine.—A modified quarantine is one in which members of the household may be permitted to pass in and out of the house under prescribed regulations imposed by the board of health or its health officer; in which both patient and attendants are isolated, the carrying from the house of any article or material is prohibited, unless the same has been thoroughly disinfected according to the rules of the board of health.

Diseases for modified quarantine.—When any one of the following diseases shall exist in this municipality a modified quarantine, as above defined, shall be at once established and maintained until the same has been officially removed by the board of health or its executive, the health officer: Anterior poliomyelitis, cerebrospinal meningitis, measles, typhoid fever and whooping cough.

Observation quarantine.—An observation quarantine is one in which, after the disease has been reported to the board of health or the health officer, the health officer shall maintain such vigilance or observation over its

prevalence as in his judgment may be necessary to best conserve the health of the people within his jurisdiction. The house shall not be placarded under this degree of quarantine.

Diseases for observation quarantine.—When any one of the following diseases shall exist in this municipality it shall be the duty of the health officer to maintain an observation quarantine as above defined during such time as may in his judgment seem best: Cancer, rabies, tetanus, ophthalmia neonatorum, pneumonia, tuberculosis.

§ 17. **Importation of infected persons or things.**—No person or article liable to propagate a communicable disease shall be brought within the limits of this municipality, unless by the special permit and direction of the board of health; and any one having knowledge that such person or article has been brought within such limits shall immediately notify the said board thereof.

Any violation of this ordinance shall subject the offending party to a penalty of

§ 18. **Exposure of infected persons or things.**—No person shall, within the limits of this municipality, unless by permit of the board of health or health officer, carry or remove from one building to another any patient affected with any contagious or infectious disease. Nor shall any person, by any exposure of any individual so affected, or of the body of such individual or of any article capable of conveying contagion or infection, or by any negligent act connected with the care or custody thereof, or by a needless exposure of him-

self or herself, cause or contribute to the spread of disease from any such individual or dead body.

And any person who shall neglect or refuse to obey any of the provisions of this section shall be subject to a penalty of for each offense and for each day's continuance or repetition of the offense.

§ 19. **School and library books.**—School books or books from a public or circulating library shall not be taken into the house where any of the following diseases shall exist, or where the same has recently existed, unless the house has been thoroughly disinfected under the direction of the board of health or its health officer: Anterior poliomyelitis, bubonic plague, cerebrospinal meningitis, cholera, diphtheria, leprosy, measles, scarlet fever, smallpox, typhoid, typhus or yellow fever. In case school or library books have been taken into such house they shall not be returned to circulation but destroyed or disinfected to the satisfaction of the health officer of the municipality.

§ 20. **Spitting.**—Spitting upon the sidewalk or crosswalk of any public street, avenue, park, public square, or place, in the village of, or upon the floor of any hall in any tenement-house which is used in common by the tenants thereof, or upon the floor of any hall or lodging-house which is used in common by the guests thereof, or upon the floor of any theatre, schoolhouse, church, store, factory, or any building which is used in common by the public, or upon the floor of any depot or station, or upon the floor of any railroad car or other public conveyance, or upon

the station platform of any railroad or other common carrier, is hereby forbidden.

The corporations or persons owning or having the management or control of any such building, store, factory, railroad car or other conveyance, or any depot or station, station platform or common carrier, are hereby required to keep permanently posted in each of said places a sufficient number of notices forbidding spitting upon the floors, and calling attention to the provisions of this section.

The corporations or persons owning or having the control or management of such buildings, stores, factories, depots, stations, station platforms or other common carriers are hereby required to provide sufficient and proper receptacles for expectoration, and also to provide for the cleansing and disinfection of said receptacles at least once in every twenty-four hours.

§ 21. **Funerals and infectious diseases.**—There shall not be a public or church funeral of any person who has died from any of the following diseases: Anterior poliomyelitis, bubonic plague, cerebrospinal meningitis, cholera, diphtheria, leprosy, measles, scarlet fever, smallpox, typhus fever or yellow fever without the written permit of the health officer of the municipality. In every event the family of the deceased shall limit the attendance to as few as possible, and shall take such precautions as the board of health or health officer may direct to prevent the exposure of other people to contagion or infection.

§ 22. **Infectious diseases of animals.**—Any person owning or having the care of any animal which he shall

know or suspect is affected with glanders, anthrax, or any other contagious or infectious disease, dangerous to the public health, shall immediately isolate such animal from other animals, and shall at once give notice thereof to the health officer or board of health of the location of such animal and the disease from which it is suffering.

And no person having the care or custody of, or owning any animal affected with any such disease, shall lead, drive or permit such animal to go on or over any public grounds, uninclosed land, or on any street, public highway, lane or alley; nor permit it to drink at any public watering trough, pail or spring; nor to keep such diseased animal in any inclosure in or from which such diseased animal may come in contact with, or close proximity to, any animal not affected with such disease. And an animal will be deemed as *suspected* when it has stood in the stable with or been in contact with an animal known to have any of said communicable diseases; or if placed in a stable, yard or other inclosure where such diseased animals have recently been kept.

Whenever an animal infected with any of the diseases herein named shall die, or shall be killed the body of such animal shall be immediately burned. No post mortem examination of the carcass should be made, except under the immediate supervision of a health officer or sanitary inspector.

All bedding, litter, excrement, etc., that have accumulated about such animal, together with all blood or other fluid elements that have escaped from it shall be burned. Dirt floors of stables wherein such animal has been kept shall be removed to the depth of four inches and burned

Everything about the stable, combs, brushes, or any post or fence where it has stood, and every part of harness or wagon used with such animal, and the stable where it has been kept, shall be thoroughly disinfected, under the direction of a duly qualified veterinary surgeon, or the health officer.

Whenever the owner or person having charge of an animal declared by the state veterinary surgeon, or other authorized person, to have glanders shall refuse to allow the destruction of such animal, the premises whereon such animal is kept shall be quarantined until such animal is destroyed and the premises thoroughly disinfected.

Any violation of this ordinance shall subject the offending party to a penalty of for each offense.

The *quarantine* shall be construed to mean the perfect isolation of all diseased or suspected animals from contact with healthy animals, as well as the exclusion of such healthy animals from the yards, stables, enclosures or grounds wherever said suspected or diseased animals are or have been kept.

§ 23. **Births.**—Every physician or midwife attending at the birth of a child, and no physician or midwife being in attendance, the parent or custodian of a child shall cause a certificate of such birth to be returned within thirty-six hours thereafter to the local board of health or person designated by it to receive the same, which shall be attested by the physician or midwife, if any in attendance, and no physician or midwife being in attendance, by the parent or custodian of a child born.

Any violation of this ordinance shall subject the offending party to a penalty of for each offense.

§ 24. **Deaths.**—It shall be the duty of the physician last in attendance upon any person who may die to fill out a certificate of the death and the probable cause, and duly certify to same and deliver the certificate to the local registrar of vital statistics within twenty-four hours after the death occurs. In case an inquest is required by law, the coroner or the coroner's physician shall fill out the said certificate; and if no inquest is required and no physician was in attendance at the time of death or immediately prior thereto, the health officer of the municipality or his medical assistant shall fill out and file the said certificate.

Any violation of this ordinance shall subject the offending party to a penalty of for each offense.

§ 25. **Burial and burial permits.**—Every undertaker, sexton or other person having charge of any corpse shall procure a burial permit from the local registrar with whom the certificate of death has been filed, or the health officer of the town or municipality, and there shall be no burial or removal of a corpse until a certificate of death has been filed as required by law and a burial or transit permit issued.

Any violation of this ordinance shall subject the offending party to a penalty of for each offense.

§ 26. **Sextons, cemetery keepers, etc.**—Every person who acts as a sexton, or undertaker, or cemetery keeper, within the limits of this municipality, or has the charge

r care of any tomb, vault, burying ground or other place for the reception of the dead, or where the bodies of any human beings are deposited, shall so conduct his business and so care for any such place above named, as to avoid detriment or danger to public health; and every person undertaking preparation for the burial of a body dead from contagious or infectious disease as hereinbefore enumerated shall adopt such precautions as the board of health may prescribe to prevent the spread of such disease.

Any violation of this ordinance shall subject the offending party to a penalty of for each offense.

§ 27. Duties and powers of health officer.—1. The health officer is directed and empowered to execute and enforce all sanitary regulations of general or special nature now or hereafter adopted or published by this board.

2. To enter upon or within any premises, lots, yards, buildings, or houses, at all times to investigate any conditions thereon or therein, which he might believe to be dangerous to public health, and when such is found, to order and direct the prompt removal or abatement of the same.

3. To examine into the nature of complaints, made by any inhabitant of this municipality, concerning sources or conditions dangerous to public health, and when by investigation he shall find such conditions to be a menace to health he shall forthwith proceed to have the same removed or abated.

4. Whenever in his judgment danger to public health shall arise, requiring special regulation, he shall im-

mediately notify the president of the board of health of such danger, who shall thereupon convene the board and take such action as may be necessary to properly meet the condition.

5. To preserve an accurate record of his official actions, and to report the same to the board of health on the first Monday of each month or at such other times as may be requested by the board.

6. To meet with the board of health, when requested and to recommend to the board the adoption of such sanitary measures as in his judgment would prove most conducive to the health of the people of this municipality.

7. To attend the Annual Conferences of Health Officers held under the auspices of the State Department of Health, to favor and assist organized efforts to promote and popularize advanced ideas of sanitation, and, to the best of his ability, to keep himself well informed on matters pertaining to public health.

8. To perform such duties as are laid upon the health officer by section 319 of the tuberculosis law; to maintain an adequate supply of tetanus and diphtheria antitoxin culture tubes, sputum jars, etc., furnished by the State Department of Health; and to properly distribute such circulars and all printed matter relating to communicable diseases, etc., as are provided for that purpose by the State Department of Health.

9. To ascertain all violations of section 76 of the Public Health Law relating to the discharge of sewage and other waste matter into the streams flowing through this municipality, and report same to the local board of health, so that the board may enforce compliance with said act as required by law.

§ 28. Penalties.—Every person who wilfully violates or refuses to comply with or who resists any ordinance, order, regulation or resolution of the board of health of this municipality will be liable to arrest and the penalty prescribed by such ordinances, as provided for by section 21 of the Public Health Law, prescribing the general powers and duties of local boards of health, of which notice must be taken.

Note.—Prior to January 1, 1908, local boards of health were required to see that all *marriages* were properly recorded, but under the provisions of the Marriage License Law such duties are now placed on the town or city clerks.

INSTRUCTIONS TO HEALTH OFFICERS

Executive officer.—Local boards of health are required by the Public Health Law to make and publish such orders and regulations deemed necessary and proper for the preservation of life and health, and the execution and enforcement of the general public health laws. The same section makes the health officer the chief executive officer of the board of health to carry into effect its orders. His duties and powers are to be prescribed by the board, and at the same time he is its medical adviser, and carries on its work, not otherwise delegated. A health officer must be a resident of the municipality in which he serves or of the town adjoining it. His compensation is fixed by the board, which must also allow his actual and reasonable expenses in attending the Annual Conference of Health Officers of the State, and in its discretion may allow an extra compensation beyond his fixed allowance, when for any reason his services are extraordinary.

In case any one fails to observe the orders and regulations of the board, or the legitimate requirements of its executive officer, such person should be cited by him to appear before the board to show cause why he has so failed and the penalty fixed for violation thereof not imposed.

Burial permits.—The health officer (with the local registrar of vital statistics) is designated to grant burial and transit permits. If transportation is by railroad or passenger steamboat, it must be required that the corpse be enclosed in a hermetically sealed casket, if death was from a communicable disease. The rules for transportation of the dead can be found in this manual. The health officer and registrar of vital statistics should

see that undertakers strictly comply with the law requiring them to procure a burial permit before burial, which is to be issued only on a properly filled out certificate of death.

Health officers should see that the certified cause of death is properly and fully supplied, and that indefinite terms, by which the cause is ill defined, are not used. If no physician has been in attendance, and the case is not one for a coroner's inquest, the certificate of death should be filled out and filed by the health officer.

Communicable diseases to be reported.—Every physician is required by law to report at once all cases of communicable disease in his care to the health officer, and if no physician is in attendance, the duty is imposed on the householder where the case occurs.

The diseases to be so reported have, under the law, been designated by the State Commissioner of Health as *poliomyelitis, anthrax, bubonic plague, cancer, cerebrospinal meningitis, cholera, diphtheria, rabies, leprosy, measles, ophthalmia neonatorum, pellagra, pneumonia, scarlet fever, smallpox, tetanus, pulmonary or laryngeal tuberculosis, typhoid fever, typhus fever, whooping cough, chickenpox, and yellow fever.*

The occurrence of these diseases should be reported immediately to the State Department of Health, by the health officer, using the cards furnished by the department on which to render all of these reports.

It is particularly important not only that all communicable diseases be immediately reported to the department, but that most vigilant and energetic measures be instituted to so handle the first case appearing in any municipality as to reduce to a minimum the danger of further outbreak.

Health officers should co-operate with the attending physician in a detailed investigation of the source of every outbreak of every communicable disease, never forgetting that the most effective results are obtainable by the successful management of *the first case*.

In typhoid fever, for example, he ought to personally ascertain all the facts called for on the report card, determining, if possible, the origin of the case, and if discovered remove it as promptly and effectually as possible. The existence of this disease in his municipality should be a matter of concern to every health officer. Suggestions regarding investigation of this and other communicable diseases can be found under their respective chapters in this manual.

A special report of each case of measles, when it is epidemic, need not be made, but the Department should be kept informed of the progress of the epidemic and report all cases of this and other diseases on the monthly card.

As to quarantine.—It is made the duty of the local board of health to guard its municipality from the introduction and spread of communicable diseases.

The health officer has therefore authority to enforce this law by isolating the sick, excluding suspected persons, or by quarantining households and disinfecting premises, buildings or other infected objects or properties.

He is the one who must determine when quarantine is necessary, and to establish and maintain it, with the assistance of the board of health.

The subsequent disinfection, such as the case calls for is also a part of his responsibility, and he should fully satisfy himself that it is well and properly done. Fumigation, when necessary, ought to be a public charge, for the public health authorities are made responsible for

its being done; the municipality should furnish the health officer with everything necessary to do thorough disinfection, and pay him for doing it, as private parties are not likely to do it effectively, and the public is more interested in its being done properly than the persons, who for the protection of the public have borne the burden of quarantine.

Sanitary regulations.—The board of health is authorized to make and publish orders and regulations for the preservation of life and health and the enforcement of the general public health laws, and to prescribe and impose penalties for their violation.

The State Department of Health has prepared suitable regulations (see page 106) as a guide to the local boards of health, and each board should make and publish such regulations, fixing a definite penalty for the violation or failure to comply with each.

This will facilitate the work of the health officer.

As to nuisances.—The definition of nuisances, so far as it is possible to frame one, is to be found in the Sanitary Regulations, and some of them are further designated in sections of the law and in the Penal Law.

To determine whether nuisances exist and how to abate them is largely the work of a health officer. When one is found to exist he may serve a formal order on the person maintaining it, requiring the same to be abated within a specified period, and in case of failure to comply with such order, the property may be entered upon and such work done as may be found necessary to abate said nuisance. The cost for such work shall be claim against the person who was found responsible for the existence of the nuisance so abated. Or a person creating or maintaining a nuisance may be cited before the board of health for its action. The course of procedure will depend on conditions of the case, and

often the result desired may be secured by personal appeal. In the investigation of nuisances the health officer has authority, if delegated to him by the board of health, to enter upon premises where conditions dangerous to health are known or believed to exist, and to enforce thereon or therein published or adopted orders of the board, or if a special regulation is necessary, to report the same to the board. He should keep a complete record of his actions and submit a report of the same to the board of health at such times as may be required, either by regulation or request.

Antitoxin.—The State Department of Health furnishes both diphtheria and tetanus antitoxin for the treatment and immunization of inmates of State institutions, inmates of other charitable institutions of the State, and persons unable to purchase it in needed quantities.

Every health officer should have on hand a suitable supply of each kind of antitoxin, and make certain that he is *always ready* to meet an emergency request for its employment.

The State Department of Health emphatically recommends the free and early use of antitoxin, both diphtheria and tetanus, and urges that, in an emergency no question be raised as to the ability of the person or family to pay for it. No doubtful case of possible infection with tetanus should be allowed to go unprotected by an immunizing dose of antitoxin. In every question of doubt do not hesitate to give the patient the benefit, as it is the health of the people we must conserve.

Printed information as to ordering, administering and keeping antitoxin accompanies each package sent to the health officers.

Culture tubes.—Culture tubes for sending specimens from suspected diphtheria patients for examination, or for determining when to suspend quarantine, are furnished by the State Department of Health, and cultures are made and examined from such specimens without charge.

Tuberculosis.—Health officers are asked not only to comply with the legal requirements now in force, but to do all they can to help on the great work now in progress to control this important disease.

Suggestions will be found in the circular on tuberculosis. The duty of enforcing precautions to be observed by tuberculous patients is placed strictly on the health officer. See sections 320–328 of the Public Health Law.

It is made the duty of health officers under the law to cause to be made a microscopical examination of sputum from a person suspected of having tuberculosis on the request of any physician or the authorities of a hospital or dispensary, free of charge, and to report the results promptly to those making the application.

Sputum jars for sending specimens, from suspected cases, are furnished by this Department and examinations are made free of charge.

Laboratory examinations.—The State Department of Health will, at the request of a health officer, make a laboratory diagnostic test, in a suspected case of diphtheria, tuberculosis, typhoid fever or cerebrospinal meningitis.

Widal outfits are supplied for diagnostic purposes in typhoid fever, and in the investigation into the cause of this disease the Department is prepared to examine suspected water. (See circular on Water Analysis.)

Spinal fluid in suspected cases of cerebrospinal meningitis will also be tested as to diagnosis at the State Hygienic Laboratory.

Health officers should avail themselves of these valuable aids for diagnostic purposes, and should extend the same privilege to the physicians of their locality.

Ophthalmia neonatorum.—All physicians of the State have been informed of the work done by the Department to suppress ophthalmia neonatorum. Health officers should maintain an ample supply of the outfits furnished by the Department and make certain that the same are distributed to the physicians needing them.

The health officer should also endeavor to encourage the physicians of his municipality to habitually employ either the prophylaxis furnished by the State or some other equally efficient measure to protect the eyes of the new-born from blindness.

The health officer and the public school.—The health officer of any municipality can and should render valuable service to the educational authorities in safeguarding the health of the children.

Testing of eyes and ears.—With the approval of the State Department of Education, this Department sends to the presidents of boards of education in country towns and villages material to be used by the teachers in examining the eyes and ears of the school children. Upon request this material may be sent direct to the teacher. These examinations, while necessarily imperfectly done, in most instances discover such functional defects of these senses as call for effective remedial attention.

The health officer can often materially assist in this work and do much to popularize it and increase its efficiency.

Communicable diseases in schools.—When communicable diseases develop among the pupils every care should be taken to exclude those infected.

Vigilant energetic co-operation between health officer, teachers, parents and the local physicians ought to suppress an outbreak of any communicable disease in its incipency, and avoid the heroic measure of closing the school, always a serious matter in school work.

Not infrequently scabies, pediculosis, contagious impetigo and other parasitic diseases develop among school children. It is needless to say that children so affected should be excluded from school, and this, by the advice of the health officer, ought to be done by the school officers. Health officers may hold that these diseases are a menace to public health and advise action accordingly.

The above diseases when properly treated require but a short time to effect a cure, hence the loss of time from school should be brief.

Those having acute conjunctivitis, or trachoma, should also be excluded unless they receive proper treatment.

The sanitary condition of school buildings and of school children is a legitimate matter of investigation and concern to every board of health and every health officer, and should always be borne in mind.

Vaccination of school children.—It is made the duty of school officers to refuse admittance to the public schools of all unvaccinated persons (section 210, Public Health Law), and to provide vaccination for those who are unable to pay for it. It is urged on health officers to use every effort to secure the enforcement of this law, and the board of health should use all legitimate means within its powers to effect it in the interest of the public health.

When parents refuse to have a child vaccinated, it is the duty of the school authorities to exclude that child from the public schools. It is also the duty of the same authorities to see that the child is properly educated, and if the parents do not make adequate provision for the education of the child, the educational authorities must proceed against them as the Education Law provides.

The law (section 24) requires that boards of health shall provide supplies of vaccine virus at stated intervals and at all times furnish vaccination to all persons in need of it.

Treatment for rabies at Pasteur Institute.—Section 340 of article 17 of the Public Health Law provides that persons who have been certified by registered physicians to have been bitten by rabid animals or otherwise put in danger of infection of rabies, may be sent to the Pasteur Institute in the city of New York by overseers of the poor or other officers having charge of the dispensation of public charity in the several counties of the State.

Section 341 provides that the transportation of such persons shall be a charge upon the county, the sustenance and preventive treatment to be provided by the Pasteur Institute.

Section 342 provides that charges for the services of the Institute shall be paid as provided by section 42 of the Poor Law, at a rate not exceeding \$100 a person.

It is plainly the duty of every health officer to so acquaint any person bitten by a rabid animal with the provisions of this law that no delay may arise in the administration of proper treatment.

Health officers to care for insane patients.—The attention of the health officers of the State is directed

to chapter 608 of the Laws of 1910, amending the Insanity Law, relative to the care and treatment of insane persons, in effect October 1, 1910.

Section 87 provides that the poor officers or authorities, except in the city of New York and in the county of Albany, shall notify the health officer of the town, city or village of any poor or indigent insane or apparently insane person within such municipality whom they know to be in need of relief. When so notified, or when otherwise informed of such fact, the health officer shall see that proceedings are taken for the determination of his mental condition and for his commitment to a State hospital. The health officer may direct the proper poor official to make an application for such commitment and, if a qualified medical examiner, may join in making the required certificate of lunacy.

When an order of commitment has been made the health officer shall see that such insane person is transferred to the proper institution and that he is in a state of bodily cleanliness and comfortably clothed in accordance with the regulations prescribed by the Commission.

Pending the determination of the question of his sanity and until his transfer to a State hospital, or some other proper State institution, the health officer shall see that such person is cared for in a place suitable for the comfortable, safe and humane confinement of such person.

The compensation or fees and expenses of health officers for duties performed in respect to the examination, confinement, care and treatment of the insane as required by this act shall in each case be determined and allowed by the judge or justice allowing the commitment or hearing the application, and shall be a charge upon the town, city or county in which such persons reside or may be.

The State Commission in Lunacy has prepared and distributed to the health officers of the State a valuable circular on "Duties of Poor Law Officials and of Health Officers in the Care of the Insane Pending Commitment." This circular will be found of much assistance to the health officer in his special duties to the insane patient. Extra copies of it can be promptly obtained by addressing the Commission in Lunacy, Albany, N. Y. It is the duty of the health officer to fully familiarize himself with the provisions of this law, and to comply with its requirements.

Supplies.—The State Department of Health furnishes on application, which should be made on the formal blanks, to health officers as needed, supplies of diphtheria and tetanus antitoxin, culture tubes for diphtheria, sputum jars, Widal outfits, ophthalmia neonatorum outfits, circulars of instruction to health officers and to the public on communicable diseases, disinfection and disinfectants, vaccination and many other subjects.

In specifying the kind and number of supplies or circulars wanted reasonable care should be exercised. It is desirable that those intended for popular instruction be circulated where they will be most effective. Every health officer should consider it one of his paramount duties to keep himself well supplied with the above-mentioned supplies so willingly furnished by the Department and to see that the same are used to the best possible advantage. When in urgent need supplies can be ordered by telephone or telegraph.

Purchase of supplies.—The following supplies not furnished by the State Department of Health have been approved by the Department and should be purchased by the local municipality and kept on hand for use at any and all times. It should be the duty of the health officer to make certain that such of these supplies as

may be necessary for the proper performance of any of his duties are kept constantly on hand and at his disposal: Burial permits, transit permits—for the transportation of a corpse by railroad, etc.; complaint of a nuisance; notice to abate nuisance; notice of hearing on nuisance; notice of imposition of fine; permits for removal of corpse; tuberculosis register books and blanks; factory certificates and blanks for employment of children; supplemental birth reports—for reporting given name of children; registers for recording births and deaths in local health bureau.

Employment of minors.—Section 70 of article 6 of the Labor Laws of the State of New York provides that no child under the age of fourteen years shall be employed, permitted or suffered to work in or in connection with any factory in this State. No child between the ages of fourteen and sixteen years shall be so employed, permitted or suffered to work unless an employment certificate, issued as provided by this article, shall have been theretofore filed in the office of the employer at the place of employment of such child.

Section 71 of the same article provides that such certificate shall be issued by the commissioner of health or the executive officer of the board of health of the city, town or village where such child resides or is to be employed, or by such other officer thereof as may be designated by such board, department or commissioner for that purpose, upon the application of the parent or guardian or custodian of the child desiring such employment. Such officer shall not issue such certificate until he has received, examined, approved and filed the following papers duly executed, namely: The school record of such child properly filled out and signed as provided in this article; also, evidence of age showing that the child is fourteen years of age or upwards,

which evidence shall consist of one of the following subdivisions of this section and which shall be required in the order herein designated, as follows: Birth certificate; certificate of graduation; passport or baptismal certificate; other documentary evidence concerning the date of birth and age of the child; physician's certificate as to the date of birth of child.

Such employment certificate shall not be issued until such child further has personally appeared before and been examined by the officer issuing the certificate, and until such officer shall, after making such examination, sign and file in his office a statement that the child can read and legibly write simple sentences in the English language and that in his opinion the child is fourteen years of age or upwards and has reached the normal development of a child of its age, and is in sound health and is physically able to perform the work which it intends to do. In doubtful cases such physical fitness shall be determined by a medical officer of the board or department of health. Every such employment certificate shall be signed, in the presence of the officer issuing the same, by the child in whose name it is issued.

The municipality should procure for the health officer the necessary blanks for the proper execution of these certificates of employment.

Report of infectious or contagious diseases in domestic animals.—Section 90, article V, chapter 1 of the Consolidated Laws, known as the Agricultural Law, of 1909 requires that the local boards of health shall notify the Commissioner of Agriculture of the existence of infectious or contagious diseases affecting domestic animals in the districts subject to their jurisdiction. As the executive officer of such boards of health, it is the duty of the health officer to see that this law is properly complied with.

Co-operation of State Department and Health Officers.

—It is the earnest desire of the State Commissioner of Health that the best relations should exist between the Department and the local health officers both in their daily duties and in the personal contact afforded by the Annual Conference. He desires to be kept informed of the health conditions of every municipality, and is ready and anxious, either by correspondence or expert advice, to lend every possible assistance to any health officer or board of health within the State.

Educational efforts.—Reforms move slowly, the leaders are always far ahead of the rank and file. The first great step in the promotion of the public health is the education of the people. The health officer should be the local leader in this campaign of education.

Use the newspaper. Your local editor will be glad to give you the necessary space and will welcome and support your effort. Tell the people in elementary language the plain facts of sanitary science, of personal hygiene, and of the prevention of communicable diseases. When communicable disease is epidemic in his or a neighboring community, the citizens should be notified of the fact through the newspapers and advised how to avoid its occurrence in their own households. The Division of Publicity and Education of the State Department of Health will be glad to give assistance in preparing copy for newspapers.

Use the lecture platform. Give illustrated talks in schools, before trades unions, or other bodies of citizens. The State Department of Health has prepared a series of popular lectures and will send the text and a set of slides for illustrations, with which information on a number of important subjects can be brought in an attractive way before the people.

Use the **Monthly Bulletin** of the State Department of Health. Read it yourself to keep in touch with the work of the Department, and see that the names of the physicians in your community and others who are interested in public health work, are on the mailing list. The Bulletin will be sent free to all who care to ask for it. Health officers should see that each number of the Bulletin is preserved so that there may always be an unbroken file in the possession of the board of health for reference, and as a record of vital statistics.

Use the circulars issued by the State Department of Health, some of which appear in this Manual, while of others for popular use are the following: On Typhoid Fever, Measles, Whooping Cough, Scarlet Fever, Diphtheria, Smallpox, Ophthalmia Neonatorum, in English and other languages; on Tuberculosis with pocket cards and other instructive matter; a pamphlet on Vaccination for distribution to those interested for or against its use, and a leaflet on "How to Care for Vaccination." Circulars of instruction to health officers and registrars, and on Disinfection and Disinfectants are also available.

INSTRUCTIONS TO REGISTRARS

Local boards of health are required to "supervise and make complete the registration of *all* births and deaths," and the local registrar of vital statistics is required to file certificates of same with the State Department of Health, on or before the 5th of each month. (See section 22 of the Public Health Law.) Local boards of health are required to make and enforce regulations requiring the prompt reporting of all births and deaths to the local registrar—births to be reported within 36 hours, and deaths within 24 hours after the event takes place.

If each local board would adopt such regulations and impose the fine prescribed upon physicians failing to comply with the registration laws, it would have little difficulty in securing complete and prompt returns of the original certificates of all births and deaths occurring.

It is the duty of the local registrar to promptly notify the members of the local board of health of the failure on the part of any physician to comply with the law, and upon receiving such notice the board should summon the offender before it to show cause as to why the fine prescribed in its local regulations should not be imposed, and upon proving wilful violation of the same the prescribed fine should be imposed. If the local board fails to take such action upon complaint of the local registrar, the latter should notify the State Department of Health, as failure on the part of a local board of health to correct defects in the registration makes it incumbent on the State Commissioner of Health to send a representative to take charge of the local registration, and the expenses incurred thereby becomes a charge against the municipality. (See section 5 of the Public Health Law.)

Attention is called to the necessity of seeing that all certificates of births and deaths are accurately and properly filled out before they are accepted by the local registrar. Each certificate should be carefully examined and special attention given to make sure that the cause of death is properly and fully supplied. Deaths reported from abscess, hemorrhage, cancer, tuberculosis, etc., should also contain the information as to what organ or part of the body was affected; and deaths reported from injury should show nature of injury and part of body or organ affected, and whether accidental or otherwise. The Department is required each month to return certificates of death lacking above information, and if local registrars would give proper attention to examining the record at the time the certificates are filed with them the State Department of Health would be saved much annoyance and the registrar the trouble of having to obtain the lacking information at a later date, which necessarily takes more of their time than it would had they obtained the information at the time the certificate was recorded.

Where there has been no regular physician in attendance upon the deceased, and the circumstances of death, do not make it a coroner's case, the local health officer is required by law to fill out and file the certificate of death.

Blank certificates of births, stillbirths, and deaths; also cards and envelopes for use in forwarding monthly reports to the State Department of Health are furnished by the Department to local registrars without cost, and only such registration blanks as are furnished by the Department should be used by local boards of health. Burial and transit permits, given-name blanks, registers, etc., must be purchased at local expense.

This Department also furnishes the county clerks with the necessary forms—marriage licenses, blanks, etc.—to carry out the provisions of chapter 742 of the Laws of 1907, the printed forms being distributed among the town and city clerks making requisition for same on the county clerk.

Town and city clerks should see that the provisions of said act are complied with—that marriage licenses are not issued to persons residing in the State unless in the town or city where the woman to be married resides. If nonresidents of the State the license should be issued by the town or city clerk in which the marriage ceremony is to be performed.

The town and city clerks issuing marriage licenses should see that the clergyman performing the marriage ceremony files the license and certificate of marriage within the time prescribed by law—on or before the tenth day of the month next succeeding the date of solemnizing of the marriage—and after recording same upon his register, the town or city clerk should on or before the 15th day of each month file in the office of the county clerk the original of each affidavit, statement, consent, license and certificate which has been filed with or made before him during the preceding month.

The county clerks are required to file a true copy of all such records with the State Department of Health during the first twenty days of the months of January, April, July and October of each year.

RULES OF THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE TRANSPORTATION OF THE DEAD

(These rules having been duly adopted and properly published, have the force of law.)

RULE 1. The transportation of bodies dead of small-pox or bubonic plague is absolutely forbidden except upon certification, sworn to by the undertaker in charge of the remains, and the certificate of the health officer, both to be approved by the State Commissioner of Health, that the bodies have been thoroughly disinfected by (a) arterial and cavity injection with an approved embalming fluid, (b) disinfecting and stopping all orifices with absorbent cotton, and, (c) washing the body with an approved disinfectant, all of which must be done by a licensed embalmer of the State of New York. After being disinfected as above, such body shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet and bandaged, and encased in an air-tight zinc, copper or lead lined coffin, or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper or tin case, all joints and seams hermetically soldered and all enclosed in a strong outside wooden box, or the casket may be enclosed in a hermetically sealed metal case.

RULE 2. The bodies of those who have died of Asiatic cholera, typhus fever, diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), erysipelas, leprosy, glanders or anthrax, shall not be accepted for transportation unless prepared for shipment in the manner prescribed by Rule 1, the same to be approved and certified to by a local health officer.

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, measles and cerebrospinal meningitis, or other dangerous communicable diseases other than those specified in Rules 1 and 2 may be received for transportation when prepared for shipment by filling the cavities with an approved embalming fluid, washing the exterior of the body with an approved disinfectant, stopping all orifices of the body with absorbent cotton, and by being arterially embalmed with an approved embalming fluid, all of which must be done by a licensed embalmer of the State of New York, and the same encased in a coffin or casket and outside wooden or metal box. In the event of bodies dying of diseases mentioned in this rule not reaching their destination within 120 hours after the hour of death, the casket or overbox shall be hermetically sealed.

RULE 4. The bodies of those dead of diseases that are not contagious, infectious or communicable, may be received for transportation when encased in a sound casket or overbox, provided that they reach their destination within thirty hours after death. If the body cannot reach its destination within thirty hours after death, it must be prepared for shipment by filling the cavities with an approved embalming fluid, washing the exterior of the body with an approved disinfectant, stopping all orifices with absorbent cotton and the body must be arterially embalmed with an approved embalming fluid by a licensed embalmer of the State of New York, and the same encased in a coffin or casket and outside wooden or metal box.

RULE 5. In cases of bodies dead of diseases mentioned in Rules 1 and 2, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected; and before selling passage tickets, agents shall carefully examine

the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body. The transit permit in such case shall specifically state who is authorized by the local board of health to accompany the remains. In all cases where bodies are forwarded under Rules 1 and 2 notice must be sent by telegraph to health officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the health officer at the initial point, and is to enable the health officer at destination to take all necessary precautions at that point.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit — with undertaker's certificate, name of deceased, date of death; age, place of death, cause of death, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rules 1 and 2, the name of the person authorized by the local board of health to accompany the body. The undertaker's certificate and paster shall be detached from the transit permit and pasted on the coffin box. The transit permit shall be handed to the passenger in charge of the corpse. When a body is transported by express, the express messenger will be in charge of the body, hold the transit permit and surrender the same to the person to whom the corpse is consigned.

RULE 7. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the local health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned

has first been obtained; and if the death was from causes specified in Rule 1 the approval of the State Commissioner of Health must likewise be obtained. All such disinterred remains shall be enclosed in a hermetically sealed zinc, tin or copper lined coffin or box or hermetically sealed metal case. Bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally presented by a licensed embalmer of the State of New York as directed in Rules 1, 2 and 3 (according to the nature of the disease causing death), provided shipment takes place within thirty days from time of death. After thirty days all such bodies must be enclosed in a hermetically sealed casket or in a casket enclosed in a hermetically sealed (soldered) zinc, tin or copper lined box or hermetically sealed metal case, and permission must be obtained from the health authorities of the locality to which the corpse is consigned before the shipment is made. Bodies not so prepared and deposited in receiving vaults will be treated the same as buried bodies.

RULE 8. The term "approved embalming fluid" as used in these rules means an embalming fluid that has been submitted to a bacteriological test and approved by the Board of Embalming Examiners of the State of New York. A 5 per cent. solution of carbolic acid, a 1-500 solution of corrosive sublimate or 14 per cent. of a 40 per cent. solution of formaldehyde are approved as disinfectants for external washing of bodies when required by these rules. Other prepared disinfectants of equal germicidal action may also be used.

PASTER

SPECIAL INSTRUCTIONS.—A burial case containing a corpse must not be received for transportation unless the person in charge presents a permit from the local

board of health, and an undertaker's certificate that the body has been prepared for shipment in accordance with the laws of the State; nor will it be received even then if any fluids or offensive odors are escaping from the case.

TRANSIT PERMIT

TRANSPORTATION OF CORPSE

NEW YORK STATE DEPARTMENT OF HEALTH

Transit Permit No.

PERMIT OF LOCAL BOARD OF HEALTH

This permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent, before a body can be shipped.

.....Co. ofN. Y.,..... 190..

Permission is hereby given.....holder of Undertaker's License No.....to remove for burial at.....
 (When obtainable) Cemetery at.....State of.....
 the body of.....who died at.....N. Y., on
191.., at....M. Aged....years....months
days, the cause of death being.....which
 necessitates shipment under Rule No.....of the Rules
 of the New York State Department of Health for the

Transportation of the Dead, as printed on the back of this Permit.

Name of person in charge of transit,

.....

Signed.....

.....

(Official Title)

This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.

TRANSPORTATION OF DECEASED PERSONS.

To Transportation Agents Concerned:

You will in no case receive a corpse for transportation unless accompanied by a board of health certificate, also an undertaker's certificate that the body has been prepared for burial and shipment in accordance with the rules of the State Department of Health, *nor will you receive it even with such certificates if fluids are escaping from the case or it has become offensive in any degree.* One full first-class limited or unlimited ticket will be required for the transportation of a corpse without regard to the age of the deceased, and a corpse will not be taken for transportation except there is a passenger with it in charge. The word "Corpse" should be plainly written on the face of a local and each coupon of a coupon ticket. A record must be made of all bodies shipped and carried, on the back of your station and trip reports, giving name of deceased, and destination.

It will be the duty of agents and baggage agents to see that each burial case is properly marked on "Paster," giving date and at what station shipped, point of destination, "State," number and form of ticket, name of passenger in charge and place of residence, with name of agent. If the corpse is destined to a point beyond

the initial line, the initials of each road over which it passes must be written on the paster; also the terminal point of each road at which transfer is made with connecting line, as shown on the coupons of the ticket.

You will see that the "Certificate of Undertaker" is properly filled out by him, and the paster is properly filled out by yourself and is securely pasted to the coffin box before it is put into the car, and the permit remaining you will hand to the passenger in charge of the corpse.

All this information is necessary to insure the prompt and correct transportation of the corpse.

CIRCULARS ON COMMUNICABLE DISEASES

LARYNGEAL AND PULMONARY TUBERCULOSIS

All cases to be reported.—As tuberculosis is a dangerous communicable disease, the State Commissioner of Health requires that a registry of all cases be kept, either at the office of a local health department, as in cities where proper facilities exist for its maintenance, or at the office of the State Department. Cards and blanks for reporting such cases are provided by the Department, and such reports should be forwarded to the Department within twenty-four hours after the health officer has been notified of the discovery of cases. Notice of removal of a case should also be sent.

Energetic measures necessary.—While tuberculosis is known to be both preventable and curable, it is more widespread than any other disease, and the mortality records of the New York State Department of Health show that it causes 10 per cent. of all the deaths in the State and one-third of all deaths between the ages of fifteen and fifty years. Add to the fatality attending the disease, the enforced idleness over long periods of its victims who are for the most part in the productive period of life, and it is evident that the State suffers a tremendous economic loss owing to its prevalence. This, and the misery it occasions in so many households, demand the most determined efforts upon the part of the medical profession in general, and health officers in particular, in controlling the disease and preventing its spread.

A campaign of education.—The problem is essentially a simple one—no broadcast scattering of sputum, no tuberculosis; but its very simplicity adds to the difficulty. It is hard to control indefinitely the habits of

every day life, yet this is what must be done. Here if anywhere, education is necessary. We must make the people understand that consumption is a germ disease and that the germs are conveyed to others through the sputum.

Circular on consumption.—As an aid in this campaign of education, the State Health Department has issued a circular on Consumption, conveying this information in language as little technical as possible and giving a series of rules that consumptives should observe. A card folder for the pocket giving important facts about consumption in clear paragraphs is also issued. The health officer should see that this material, or instruction equally explicit, is placed in the hands of every consumptive in his jurisdiction. The State Department will gladly furnish them in any quantity a health office can use. It would be well to send a copy to every physician, clergyman, newspaper editor and public school teacher, asking for their assistance in disseminating the information it contains. Health officers ought to familiarize themselves with the matter contained in this circular and the rules to be observed.

Printed matter.—"Handbook of County Tuberculosis Hospital-Sanatoria; Suggestions as to Site and Construction;" "Directions for Living and Sleeping in the Open Air," are pamphlets published by the National Association for Study and Prevention of Tuberculosis and the State Department of Health, and are sent on application to health officers. "Tuberculosis," edited by Arnold C. Klebs, M.D., is a recently issued volume of nearly 1,000 pages by numerous authors. "An Illustrated Handbook for Tuberculosis Committees" is issued by the State Charities Aid Association, 105 East Twenty-second street, New York. Price 50 cents.

Examination of sputum.—While a skillful diagnostician can often determine the existence of tuberculosis in the lung before bacilli can be found in the sputum, and while the absence of tubercle bacilli in one or more specimens of sputum does not absolutely rule out tuberculosis, their presence is an absolute indication of the existence of the disease. Hence, physicians should be urged to have a bacteriological examination of sputum made whenever a patient exhibits such suspicious symptoms as loss of weight, impaired appetite, debility, increased evening temperature, etc. If neither the physician nor the health officer is prepared to make such examination, the State Hygienic Laboratory will do so free of charge. Special containers are furnished by the Department for the mailing of specimens. Reports of examinations are mailed to the health officer and to the attending physician, if the latter's address is given.

Expectoration and cuspidors.—Expectoration on sidewalks and in public buildings is dangerous and should be punishable by a reasonable fine, and the punishment should be enforced. The health officer should use his influence to procure the provision of an adequate supply of covered cuspidors in public buildings, factories, etc., and should see that those responsible for the cleaning of them do the work thoroughly. The contents of cuspidors should be thoroughly disinfected or better still, boiled, before being emptied into sewers, privies, etc.

Consumptives and the public milk supply.—A consumptive should not be permitted to work in a dairy or come in close proximity to the vessels in which milk is to be collected or stored; nor should he be allowed to expectorate in stables or pastures occupied by cattle or in places where chickens scratch and feed.

Public laundries.—Clothing or bed-linen used by a consumptive should not be permitted to go to a public laundry unless it has been kept moist with a disinfectant solution since it was set aside to be washed.

Disinfection of rooms.—Rooms occupied by a consumptive should be thoroughly disinfected twice a year at least and, on death or removal of the patient, be again thoroughly disinfected either by or under the instruction of the health officer. (See pamphlet on Disinfectants and Disinfection for suggestions.) Where advisable, the health officer should also require the owner of the premises to renovate the room or rooms by repapering, etc. If, in spite of thorough disinfection and renovation, new cases continually arise in a house that has been occupied by a consumptive, the premises should be condemned and destroyed.

Dust.—Dust particles containing germs being a recognized means of infection, sanitary authorities should require that care should be exercised in sweeping, etc., not only in the homes of consumptives, but in all public buildings and on the streets. Ordinances governing this should be enacted and enforced wherever possible. The beating of carpets and rugs should be strictly regulated, and forbidden in built-up communities. The vacuum system of cleaning should be encouraged. Hand vacuum cleaners should not be rented, but owned.

Coughing and sneezing.—Health officers should bear in mind that, as stated in the circular on Consumption issued for popular distribution, one of the commonest ways of spreading infection is the unconscious ejection of particles of spittle containing the germs during coughing and spitting, and should, either personally or through the attending physician, particularly caution consumptives about this.

Inspection of premises.—The health officer should, of course, avoid anything that savors of interference with an attending physician's care of a case, and if the proper co-operation exists between them, an inspection of the premises by the health officer should not be necessary. In the case of consumptives who are not in the regular care of a physician, however, an inspection of the premises should be made from time to time.

Hospital-Sanatoria.—Unless proper supervision can be given at home, cases of tuberculosis should be placed in a sanatorium. Chapter 341, Laws of 1909, authorized the establishment and maintenance of such by the board of supervisors of each county. A Handbook on County Tuberculosis Hospital-Sanatoria has been prepared by the Department containing suggestions as to their site, construction and management, with the full text of the law, and it will be sent to health officers on application.

School children and tuberculosis.—In the fight against tuberculosis health officers should secure the co-operation of school teachers by getting them to inculcate the observance of the following rules by their pupils:

Do not spit except in a spittoon or a piece of cloth or a handkerchief used for that purpose alone. On your return home have the cloth burned by your mother or the handkerchief put in water until ready for wash.

Never spit on a sidewalk, slate, floor, or playground.

Do not put your fingers into your mouth.

Do not pick your nose or wipe it on your hand or sleeve.

Do not wet your finger in your mouth when turning the leaves of books.

Do not put pencils in your mouth or wet them with your lips.

Do not hold money in your mouth.

Do not put pins in your mouth.

Do not put anything in your mouth except food and drink.

Do not swap apple cores, candy, chewing gum, half-eaten food, whistles, bean blowers, or anything that is put in the mouth.

Peel or wash your fruit before eating it.

Never sneeze or cough in a person's face. Turn your face to one side or hold a handkerchief before your mouth.

Keep your face and hands and finger-nails clean. Wash your hands with soap and water before each meal.

When you don't feel well, have cut yourself, or have been hurt by others, don't be afraid to report to the teacher.

Be just as careful and cleanly about your person at home as in school.

Clean your teeth with tooth-brush and water, if possible, after each meal; but at least on getting up in the morning and on going to bed at night.

Do not kiss any one on the mouth or allow anybody to do so to you.

Learn to love fresh air and learn to breathe deeply and do it often.

TYPHOID FEVER

All cases to be reported.—Typhoid fever is a communicable infectious disease, all cases of which must be reported at once by the attending physician to the local health officer or board of health, who in turn should notify the State Department of Health within twenty-four hours.

Blanks are provided by the Department for the making of these reports. There is no disease for which the department desires more complete returns of every individual case than this, and the health officer is urged not only to fill as fully as he can replies to the questions, but to add information which the formal cards may not call for.

Circular on typhoid.—The State Department of Health has issued a circular on Typhoid Fever for gratuitous distribution, especially in households where typhoid fever is existing or has existed. This circular gives some general information in plain language regarding the means of contracting and preventing typhoid fever. These can be obtained from the Department in any quantity, and every health officer should see to it that he is well supplied and that the same or explicit information and instruction of like character is given to the heads of families visited by this disease.

It is most desirable that the public shall be informed as to the nature of typhoid fever and the conditions on which it depends. In times of epidemic the circulars should be widely distributed. The health officer should thoroughly familiarize himself with its contents and enforce its rules.

The typhoid bacillus.—This specific agent of typhoid fever is the only cause of the disease, and no medium will develop it which does not contain this bacillus. It

finds exit from the body of the sick mostly in the feces and urine and gains entrance to the body only by way of the alimentary tract.

It is not disseminated through the air, nor taken by inhalation, either of the air of the sick room or of the sewers. It may be taken directly by contact with the sick or the sick room, but only by hands soiled from waiting on the patient, use of their food, or unwashed dishes, from soiled door knobs and other ways, which furnish a way by which living bacilli can be carried to the digestive tract.

These micro-organisms are disseminated in a variety of ways but the medium must be one which delivers them into the stomach in a living condition. Laboratory tests may with difficulty discover them in these media. They are resistant to cold, but not to heat and drying. They thrive variously in different media and environments.

Water-borne infection.—Water is the chief medium of infection. In it bacteria live for varying lengths of time according as it is free from other inimical bacteria, flowing or still water, exposure to light and aeration; the shortest existence being in flowing sewage. In stream wells and reservoirs of drinking water, they live from two to three months. Water becomes infected from drains carrying living bacilli or from the soil, in the latter case through surface drainage or underground drainage. Outbreaks in the country often follow violent rain storms in the late autumn by swelling these channels which carry the germs to wells and streams. How long they can live in soil is not known but under favorable conditions very likely from season to season.

Food infection.—Compared with water this is a minor means of infection. Any article of food taken up

sterilized by cooking after becoming infected may cause typhoid fever. Prominent is milk which is an ideal medium for the sustained vitality of these bacilli, and is mostly taken uncooked. So likewise butter in which the bacilli may live long. Milk epidemics have their special characteristics, which distinguish them. Milk becomes infected from the infected hands of the milk man, from bringing the milk or the milk utensils in proximity to the sick room, or through their being handled by attendants on the sick, or water used to dilute the milk or to wash milk utensils, and flies carrying typhoid excreta may light on the washed cans or bottles exposed to the open air. Other food such as oysters fattened in sewage streams, uncooked vegetables washed in infected water or otherwise poisoned may cause typhoid fever.

House fly infection.—If flies are allowed access to a typhoid fever sick room, to the dejecta, or soiled vessels, to unscreened privy vaults, in which discharges from a typhoid patient or a typhoid bacillus carrier are deposited, they may carry infected matter to any article of food within the range of their excursion, which, however, is not large. Cases of supposed aerial transmission are to be explained in this way. Well authenticated cases are reported where the fly carried typhoid infection for a distance of more than 100 feet. Should flies gain admission to a typhoid sick room they should be killed and not allowed to escape.

Bacilli carriers.—Living bacilli may continue in the feces and urine of an individual for indefinitely long periods after the fever has ceased. Such persons are a source of infection, either by means of their soiled hands coming in contact with food, such as might be the case

with a cook, milk man, grocer or other person handling food which might be eaten in an uncooked state.

A convalescing typhoid patient should be regarded as a possible source of danger to others, until by microscopic examinations he is found not to be a bacillus carrier.

Aid to diagnosis.—The Widal test is a valuable means for verifying the diagnosis of typhoid fever, and the outfit with directions will be sent to health officers on application to the department. It is to be noted that this reaction often does not occur before the second week of the disease, that it may occur from the serum of patients who are thought to have recovered from a previous attack of typhoid fever, and in some unquestioned cases it may fail to occur. It is frequently of decisive importance where the clinical symptoms are irregular.

Ehrlich's so-called diazo-reaction of the urine is of some early value, though its best results are obtained about the tenth day and often disappear after the second week. While it occurs in other febrile diseases, few of them, however, give rise to any doubt as to diagnosis.

Characteristics of outbreaks.—Every case of typhoid fever, as well as every epidemic, ought to be traced to its source. Epidemics have characteristics of their own, a detailed study of which should be made in investigating an outbreak.

An abrupt onset of an outbreak, the community having been previously free, must be due to a freshly imported infection. Milk-borne epidemics are usually fulminant, many cases occurring suddenly within a week and sometimes with spasmodic recurrences; the reasons for this are obvious. The cases will be found largely following a certain milk route.

A previously pure water supply may receive infection from a case of typhoid fever abruptly appearing on the effluents of its watershed or from an infected fertilizer carried from fields to the streams by heavy rains. An infected food, such as oysters, will also cause a fulminant outbreak, since the developing cause is only casual and all who are taken ill are taken at once.

On the other hand persistence of typhoid fever in a community indicates a persistent source, and this is usually an infected water supply. This may be true of a dwelling as well as of a community, but persistency in a dwelling should lead one to suspect the presence of a bacillus carrier.

The distribution of cases shows either that the source is general, if they occur in all parts of a community, or of limited application, if restricted in distribution. If infected milk causes an outbreak, the cases will not only develop abruptly but most of them will be along the milk route, and lacking these characteristics this suspected cause of the epidemic can be dismissed.

Investigation work.—The origin of the infection in a given case or in an epidemic is traced by recognizing its source as the typhoid bacillus. The conditions under which this is developed, lives and gains access to its subject and the phenomena which characterize the outbreak, should be carefully studied. It is suggested that it will materially help the study of an epidemic to outline a map of the locality and mark on it the location of each infected house with the date of onset, the water used, the milk or other suspected food, the age and occupation of patients, thus fixing the distribution, date and other facts of the outbreak. Note the history of the community and dwelling as to typhoid fever in previous years. There should be a record of

rain fall, or thaw, as a heavy precipitation may carry infection from the banks or soil into a stream or wells.

The water supply and conditions affecting it are to be investigated. This should include not only the usual water supply, but that used prior to the onset of the outbreak. Note absence from home about the period of time to ascertain nonresident infection, and report findings to the State Department of Health. If water is suspected of being infected, samples may be sent to the State Hygienic Laboratory for analysis. Such samples must be sent by the local health officer who must be governed by the rules and regulations issued by the Department in relation to the collection and analysis of samples of water. No test is liable to discover the presence of the typhoid bacillus itself in water, milk, or other media, but the presence of intestinal matter in water will show its possible presence along with it. In all cases where the water is suspected it should be boiled before using. Milk depots and dairy farms may have typhoid fever, because of a walking case or bacilli carrier among those employed in them. The work of flies or other subsidiary influences must also be borne in mind. While the proposition may appear plain on its surface, its solution is sometimes a difficult one. The State Department of Health is always ready to lend every possible assistance.

Management of outbreak.—The cause should be removed. Of especial importance is the exclusion of flies from the sick room or from whatever comes from the disposal of excreta from the patient, and guarding the attendants from contact infection.

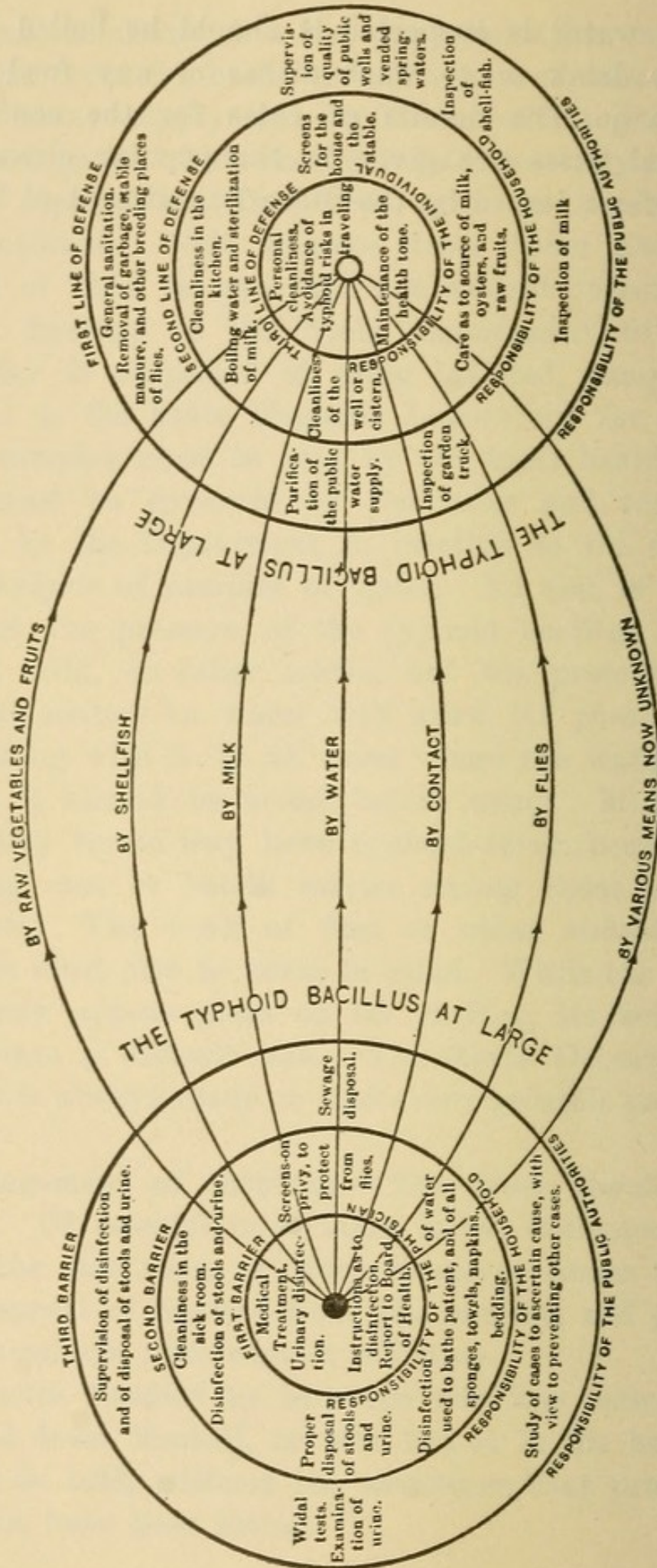
No milk handled by any one who has recently had typhoid fever himself, or who has it in his household, should be sold, without the assurance that proper precautions have been taken.

If the water is suspected it should be boiled before using to drink or to wash dishes or any food to be eaten raw. The details of rules for the control of individual cases are given in the popular circular on typhoid fever issued by the State Department of Health.

TRANSMISSION OF TYPHOID FEVER

TO THE VICTIM

FROM THE PATIENT



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"Typhoid Fever," By George C.
Whipple. John Wiley & Sons,

SMALLPOX

All cases to be reported.—All cases of smallpox must be reported as soon as discovered by the attending physician to the local health officer or board of health, who, in turn, should notify the State Department of Health within twenty-four hours. Blanks are provided by the Department for the making of these reports.

Characteristics of smallpox.—It is *highly contagious*. Very few escape taking it on exposure unless they have had either smallpox or vaccina. While it is early contagious, it is most contagious after the eruption appears and continues contagious until the skin is clear.

It is contracted only by exposure to emanations from the bodies of persons sick with the disease, or to articles which have become infected from them. Bad sanitation alone never can cause it.

The *vitality of its virus* is great. Infected articles if kept from dampness and high temperature may spread the disease long after the original outbreak. *Its incubative period* is generally from twelve to fourteen days. It is rarely shorter and rarely it may be twenty days.

Intensity.—It may be the mildest of the infectious diseases, so that after the initial fever there are only a few ill-defined lesions on the skin and no subsequent malaise. Again it may be the gravest and most repulsive confluent or fatal hemorrhagic smallpox. It is seen in all grades of intensity. The severe may be contracted from the mild or the mild from the severe. The mild form is now mostly seen throughout the State.

Course.—It has an initial fever generally well marked, resembling an attack of the grip, which lasts three days, subsides as the eruption appears so that the patient may declare himself getting well (seen in no other

eruptive fever). If the case is mild no subsequent fever nor malaise may occur.

Eruption.—An eruption of red papules appears at the end of the third day, first and always most abundantly on the face, on the hands and wrists. The papules become vesicular, and the clear fluid may dry leaving an induration which may continue, or in mild cases it may abort at this stage. In any case there is an appreciable lesion from ten to twenty-one days, the amount of the lesion varying from very few to confluence.

Diagnosis.—The diagnosis is based on the almost invariably present initial fever which will at least show itself as a malaise and falls after three days when the eruption appears; on the characteristic location of the eruption, the chest being free as compared with the face; on the papular quality of the lesion and its prolonged persistence; on the appearance of all lesions within forty-eight hours, and the absence of recent lesions alongside of older ones, as seen in chickenpox.

If there is doubt in the diagnosis of a case, the State Department of Health will furnish counsel, on notification by telegraph or otherwise, from the medical officers, a list of whom will be found published in this Manual. In the meantime the patient should be kept in isolation, and considered a menace to public health until otherwise shown. It should not be forgotten that many mild cases after the initial fever are so slightly indisposed as to be able to go about their work, carrying infection to those with whom they may come in contact. These mild cases are the most prolific ones in spreading the disease, and the most violent form may come from one ever so mild.

With smallpox, *as with all communicable diseases*, treat suspicious cases as dangerous and give the public the benefit of the doubt.

Vaccination the only safeguard.—Smallpox is one of the few infectious diseases that is strictly preventable. If every one is *properly* vaccinated there will be no smallpox. This fact is established by its history in the past and the practical experience of men whose regular business it is to protect the public health from epidemic invasions of all kinds. In Germany, where vaccination is compulsory upon all, the disease is practically unknown, and smallpox hospitals are not maintained. While everything except vaccination is of minor importance, either to protect people from smallpox or to control an outbreak, patients should be rigidly quarantined throughout entire disease, and thorough disinfection of patients and premises done after recovery.

The school vaccination law.—The only compulsory law in this State is section 200 of article XII of the Public Health Law, which provides that no person, not vaccinated, shall be admitted to the public schools, and directs the school trustees or other officers having charge of such schools to enforce this. The constitutionality of the law has been fully established, and in its enforcement it has the co-operation of the State Education Department.

Duties of health boards.—Boards of health are required by section 24 of article I of the Public Health Law to guard against the introduction of contagious diseases in their municipalities. The health officer, as the executive officer of the board of health, should see that the law requiring the vaccination of school children is enforced. He should also endeavor to secure from the officers of all other schools, the proprietors of factories and those having charge of gatherings of like sort, the vaccination of people under their charge.

If an outbreak of smallpox occur a public vaccination station should be established where at stated hours all who apply can be vaccinated free.

Vaccine virus.—The Public Health Law requires that a suitable supply of vaccine virus shall be provided at stated intervals by the board of health of a quality and from a source approved by the State Department of Health, and that during an actual epidemic of smallpox it shall obtain fresh supplies of such virus at intervals not exceeding one week, and at all times provide safe and thorough vaccination for all persons in need of the same. The virus, if from a bovine source, should be glycerinated, fresh, kept in a dry cool place and distributed freely.

Care of vaccination.—If good virus is properly introduced and the abrasion and sore protected from infection, vaccination will be robbed of all reasonable disfavor. The person should be clean and clad in clean clothes. The process should be regarded as a minor surgical operation, in the performance of which the same scrupulous care should be taken and proper after treatment administered. The responsibility rightly rests on the operator, whose hands, instruments and methods must be surgically clean.

After the little wound has dried it should be covered with a sterilized dressing and a fresh one applied after two or three days. Children should be kept from handling it and from playing in dusty streets or in the soil, and their bodies should be kept clean. No ointment should be allowed, and nothing except clean boiled water applied to the sore. People should know that practically every "bad arm" is due to dirt entering the lesion *after* the vaccination. The use of shields to cover the vaccination is objectionable, at least after the first day or two.

As to *technique* the skin should be made surgically clean, the abrasion should be made with as little trauma as possible at the insertion of the deltoid

muscle or an inch or more above it on the outer edge of the muscle; not over a muscle, unless in infants, where for cosmetic purposes it may be done higher on the arm. It is best made by parallel linear scratches.

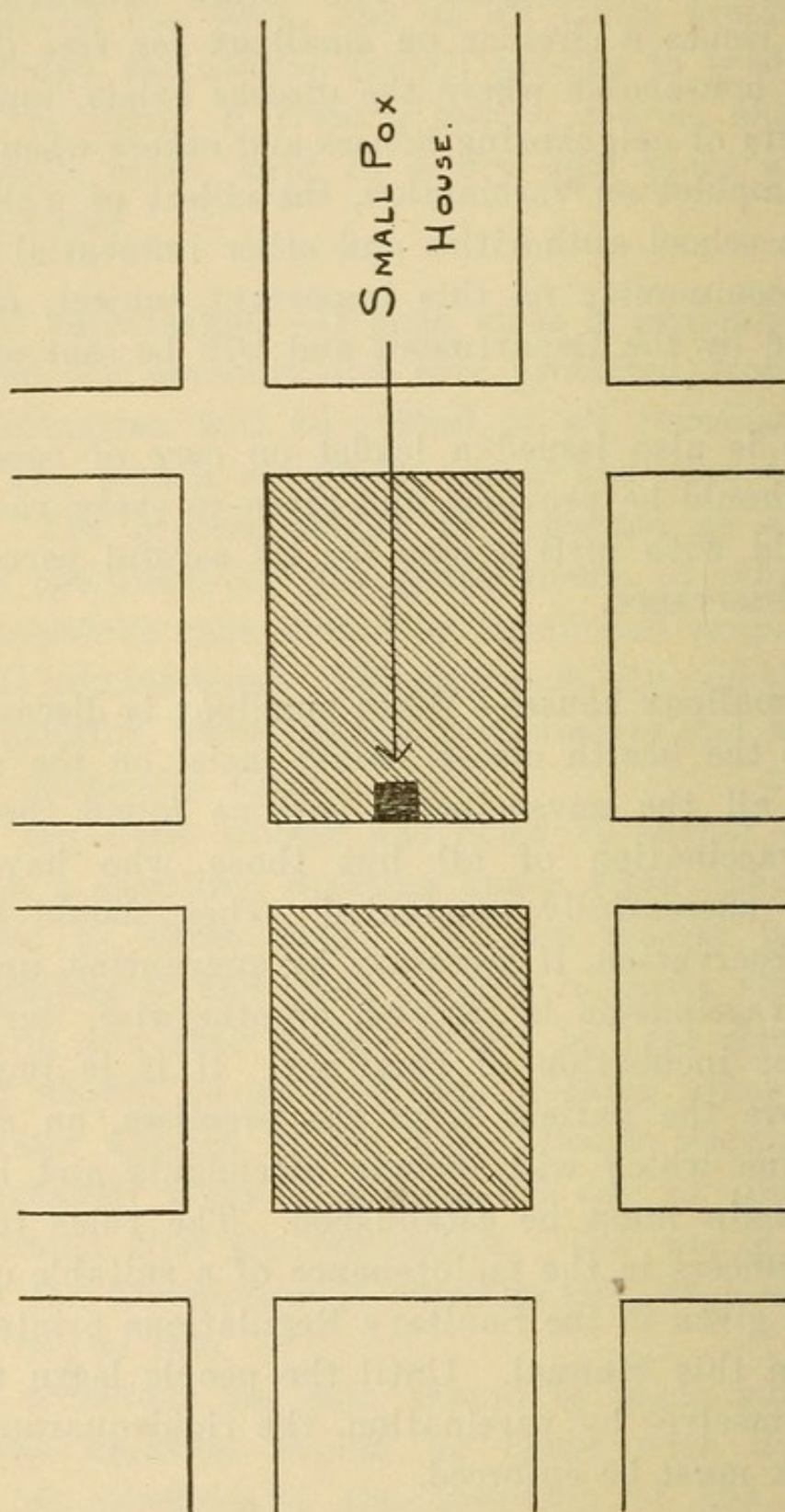
Circular on smallpox.—The State Department of Health issues a circular on smallpox for free distribution in households where the disease exists, among the occupants of neighboring houses and others when needed.

A pamphlet on vaccination, the object of which is to instruct school authorities and other influential persons in the community on this important subject, has been prepared by the Department, and will be sent on application.

There is also issued a leaflet on *care of vaccination* which should be provided and given to every vaccinated household with instructions for its careful perusal and strict observance.

The smallpox house.—When smallpox is discovered in a house the health officer should insist on the vaccination of all the unvaccinated persons found there, and the revaccination of all but those who have been recently successfully vaccinated. They should be kept under observation, if necessary by quarantine, until successful vaccination is assured, or otherwise, during the period of incubation of smallpox. If it is impossible to remove the patient from the premises, an absolute quarantine which will include attendants and inmates who remain must be established. The rules to guide health officers in the maintenance of a suitable quarantine are given in the Sanitary Regulations printed elsewhere in this Manual. Until the people learn to protect themselves by vaccination, the rigid quarantine of smallpox must be enforced.

Neighborhood vaccination.—The health officer should urge the occupants of the houses in the two blocks in the vicinity of the smallpox house to be vaccinated or revaccinated, as shown in the accompanying diagram:



In many cases a general house to house vaccination is desirable, and has been found very effective.

If the smallpox patient has recently been employed in a store or factory or with any assembly of people, the health officer should endeavor to secure the vaccination of all such persons exposed.

Isolation hospital.—Smallpox is best handled by removal of the sick to an isolation hospital, especially when many cases exist. The removal would not be necessary *if everyone would be vaccinated*.

Should there be no regular isolation hospital, any isolated building, if suitable for occupancy, could be made to answer the purpose for a few cases, or a temporary structure which will answer every purpose can be quickly erected, or in warm weather a tent could be used to an excellent advantage.

Duration of quarantine.—This should be maintained for three weeks or until the skin is clear. As soon as desquamation has been completed the patient should be given a warm bath, special attention being given to the hair and soles of feet. He should then be given a complete change of uninfected clothing. If there are no other cases of smallpox in the house it may be disinfected at once, according to the rules given in the circular on disinfection of the State Department of Health.

Support and aid for persons in quarantine.—When a family is quarantined for smallpox or other contagious disease the board of health is bound to secure for them all the necessities of life, including medical aid and nurses when needed. The expenses thus incurred are to be paid by the family when able to do so; when not, by the municipality.

The same rule applies, legally, at least, when property is destroyed, as in burning infected bedding or clothing, which, save for comparatively worthless things, is needless. It should always be considered, however, that such destruction of property is for the protection of the public and not for the benefit of the family. Boards of health may furnish to quarantined families everything needed without delay, allowing the question as to who is to pay to be settled afterwards.

In case of death.—The attention of sanitary authorities is called to the last rule in the circular on small-pox issued by the State Department of Health for household distribution. This relates to the precautions to be taken, if a case terminates fatally, and health authorities should see that the rule is strictly carried out, and, if necessary, take charge of the funeral arrangements, to make certain that it is private.

DIPHTHERIA

All cases to be reported.—Diphtheria is a dangerous communicable disease, cases of which must be reported at once by attending physicians to health officers and local boards of health, who should immediately notify the State Department of Health of the cases. Special blanks for this purpose are supplied by the Department. Too much stress cannot be laid on the importance of properly handling the first case of diphtheria. When this is done an outbreak of the disease can generally be averted. The prompt suppression of the first case should be the aim of the health officer.

Circular on diphtheria.—The State Department of Health has issued a circular on diphtheria for free distribution in households where the disease occurs. The circular gives some general information about the disease, suggests precautions against its spread, and lays down a number of rules to be observed by parents and nurses. The health officer should familiarize himself with the contents of this circular, and should see that a copy, or explicit information and instruction of like character, reaches every household from which a case of diphtheria is reported. School teachers should also be supplied with them so that they may aid in controlling the disease by exclusion of suspected cases.

Diagnosis from cultures.—The State Hygienic Laboratory is prepared to aid in the diagnosis of doubtful cases by the bacteriological examination of cultures taken from the throat.

The Klebs-Loeffler or diphtheria bacillus is present in the membranes and secretions of the mouth, nose and throat of cases of diphtheria. The only certain sign of

the existence of the disease is the determination of the presence of the bacilli in a culture from these secretions.

Culture tubes are supplied by the State Department of Health for this purpose on request. They should be kept on hand for use in every case of suspected diphtheria, for determining the release of the patient from quarantine, and for the detection of bacilli carriers, and in possible secondary cases; or where a new case of diphtheria is suspected in a community. It should be remembered, however, that these tubes remain in good condition for a month or two only without drying up.

Diphtheria bacilli in healthy throats.—In families or institutions where diphtheria exists or has existed, some healthy persons often harbor the specific bacilli in the throats. Some of these develop the disease later; some may transmit the disease to others; but most do neither. All throats or nasal passages harboring the germs of diphtheria are a menace to the health of others, especially children, and those who harbor the germs should be carefully isolated and treated until they disappear.

Diphtheria and tonsilitis.—During epidemics of diphtheria exudative inflammations simulating benign tonsilitis are often seen, which would not be regarded as diphtheria were it not for a history of contact with the disease. Such cases should be isolated and the usual precautions enforced, and a bacteriological test should be made.

Virulence of bacilli in convalescence.—Long persistence in the throat does not lessen the virulence of diphtheria bacilli; yet an acute case of diphtheria is more dangerous than a convalescent case in which the bacilli exist because the secretions are more abundant, there are more diphtheria bacilli, and, in malignant cases,

other pathogenic bacteria (streptococci, etc.) aid them in gaining a foothold. Investigations have shown that in about 25 per cent. of all cases the diphtheria bacillus persists in the throat for three weeks or longer after the beginning of the disease; in 15 per cent. for four weeks or longer; in 5 per cent. for five weeks or longer, and occasionally for months. All persons convalescent from diphtheria must remain separate from others, until cultures from the throat taken on two successive days show the absence of diphtheria bacilli. They should be required to take proper precautions with regard to their secretions, and particularly to avoid intimacy with children.

Isolation and quarantine.—The patient must be isolated from the rest of the family and quarantine should be enforced. Children and school teachers in the same house should not be permitted to attend school until the case is terminated and all possible danger removed. Such children should not be allowed to play with the members of other households. The attention of the health officer is drawn to rule 11 in the circular on diphtheria issued by the State Department of Health for household distribution, which reads:

“Unless it is absolutely certain that such precautions are taken as will prevent the spread of the disease, the health officer or board of health may order that during the illness no occupation of any kind, as tailoring, laundering, manufacturing of cigars or other merchandise can be permitted in the apartment or house occupied by the family, and that cases in a room connected with a store or in a farmhouse where dairy produce is sold, must either be removed to a hospital or the store must be closed or the sale of dairy produce be stopped until after the final disinfection has been performed.”

The object of this rule is to prevent any possible contact between bacilli-carrying attendants or members of the household and outsiders or the carrying out of the house of infected material of any kind.

Immunization.—As it has been proved that antitoxin will protect persons who have been exposed to diphtheria from contracting the disease, the State Department of Health strongly recommends the use of immunizing doses, 1,000 units, of antitoxin when there has been exposure to diphtheria, and to all children in families in which the disease occurs.

Curative doses of antitoxin.—The State Department of Health emphatically recommends the *early* use of antitoxin in every case of diphtheria. When freely given during the first twenty-four hours of the disease, antitoxin saves 96.4 per cent of all cases. Full instructions for administration accompany each package sent out by the Department and should be carefully followed.

Disinfection.—Disinfection of the discharges and of the bedding and clothing is very important. Suggestions regarding the methods to be used will be found in the circular on diphtheria issued by the State Department for household distribution and in the special circular on disinfectants and disinfection.

Free antitoxin.—The State Hygienic Laboratory furnishes antitoxin free for use in families where it could not otherwise be obtained. The policy of the State Department of Health favors the liberal employment of antitoxin. In all emergency cases, or where there may be a question as to the family obtaining the remedy, *never hesitate, but use it freely*. Our one aim is to save the patient and prevent the spread of the disease. The

physician or health officer who uses State antitoxin must make a report of the case on blanks issued by the Department.

Release from quarantine.—As already stated, no case of diphtheria should be discharged from quarantine until twenty-one days have elapsed since the beginning of the disease, and only then if two successive cultures made three days apart show no diphtheria bacilli. Where the diphtheria germ persists in its prevalence in the throat of a patient, giving no clinical symptoms, the State Department of Health must be informed and the case be made one for *special investigation* by the Department.

In case of death.—The attention of sanitary authorities is drawn to the last rule in the circular on diphtheria issued by the State Department of Health for household distribution. This relates to the precautions to be taken if a case terminates fatally, and health authorities should see that the rule is carried out, and if necessary, take charge of the funeral arrangements.

CEREBROSPINAL MENINGITIS

All cases to be reported.—Cerebrospinal meningitis is a very fatal infectious disease, all cases of which must be reported by the attending physicians to the local health officer or board of health, who, in turn, should notify the State Department of Health within twenty-four hours. Blanks are provided by the Department for the making of these reports.

Circulars on cerebrospinal meningitis.—The State Department of Health has issued a circular on cerebrospinal meningitis for gratuitous distribution, especially in households where cases of cerebrospinal meningitis exist. This circular gives some general information expressed in language as little technical as possible as to the cause of the disease and the chief sources of infection, and enumerates the duties of parents and nurses having charge of patients sick with the disease. These can be obtained from the Department in any quantity, and health officers should seek the co-operation of the attending physician in seeing that this circular, or explicit information and instruction of like character, is put in the hands of the heads of families visited by the disease. The health officer should also familiarize himself with its contents, and, as far as practicable, enforce the rules laid down in it. In times of epidemic, the circular should be widely distributed.

Germs in healthy throats.—The specific germ of epidemic cerebrospinal meningitis is sometimes found in the throats and noses of healthy persons who have come in contact with persons suffering from the disease, or who have used handkerchiefs or towels soiled by such. These people may transmit the disease to others, even though they remain well themselves. Hence the import-

ance of isolation and the exercise of great care in the management of the disease.

Spinal fluid examination.—An absolute proof that a suspected case is one of epidemic cerebrospinal meningitis is furnished by the finding of the special germ in the spinal fluid withdrawn from the spinal column by a hypodermic needle. This is a simple procedure, and when carried out under proper aseptic precautions, is devoid of danger. The withdrawal of some of the spinal fluid is often of great benefit, relieving some of the pressure symptoms. Health officers should therefore urge this measure upon attending physicians.

Diagnosis.—The course of the disease is usually acute, often starting with repeated chills, not rarely preceded by coryza and followed by fever and disturbances calling attention to implication of the brain and spinal cord, such as vertigo, intense headache, rigidity of the back of the neck and opisthotonos, and in grave cases coma; herpes is common. Kernig's symptoms aid diagnosis, and as noted the diagnosis is assured by finding the meningococcus in the spinal fluid. Its severity varies much in epidemics. Its course is more fulminant than that of tubercular meningitis and it attacks robust subjects. It is a disease of childhood and early life, occurring in winter and spring, and epidemics are limited to small districts. Infantile paralysis is likewise a disease of childhood but occurs in midsummer and early fall, and is a rather abrupt fever with paralysis of the lower limbs soon or after several days.

Isolation and quarantine.—The patient must be isolated from the rest of the family and quarantine should be enforced for at least the first two weeks of the illness. Children and school teachers in the same house should

not be permitted to attend school until the case is terminated. Such children should not be allowed to play with members of other households. The attention of the health officer is drawn to rule 11 in the circular on cerebrospinal meningitis issued by the State Department of Health for household distribution, which reads:

“Unless it is absolutely certain that such precautions are taken as will prevent the spread of the disease, the health officer or board of health may order that during the illness no occupation of any kind, as tailoring, laundering, manufacturing of cigars or other merchandise can be permitted in the apartment or house occupied by the family, and that cases in a room connected with a store or in a farmhouse where dairy produce is sold, must either be removed to a hospital or the store must be closed or the sale of dairy produce be stopped until after the final disinfection has been performed.”

The object of this rule is to prevent any possible contact between bacilli-carrying attendants or members of the household and outsiders or the carrying out of the house of infected material of any kind.

In the district where an epidemic of cerebrospinal meningitis is present gatherings of people in assembly should be prevented.

Disinfection.—Disinfection of the discharges and of the bedding and clothing is very important, and especial care must be taken with secretion from the nose, bronchial tubes and possible discharges from the ears. Suggestions regarding the methods to be used will be found in the circular on cerebrospinal meningitis issued by the State Department for household distribution and in the special circular on disinfectants and disinfection.

In case of death.—The attention of sanitary authorities is drawn to the last rule in the circular on cere-

brospinal meningitis issued by the State Department of Health for household distribution. This relates to the precautions to be taken if a case terminates fatally, and Health authorities should see that the rule is strictly carried out, and if necessary, take charge of the funeral arrangements.

EPIDEMIC POLIOMYELITIS

(Infantile Paralysis)

All cases to be reported.—The evidence that this disease is communicable has accumulated to such degree, with the probability that continued observation will add proof to this, that it is therefore placed among those diseases which must be reported to health officers and to the State Department of Health. Its subjects must likewise be isolated from the public and exposure to it must be guarded against.

Its epidemic prevalence.—Acute Anterior Poliomyelitis is not a new disease, for it has for many years been recognized as a distinct affection. Its cases have, however, been comparatively few and sporadic, and it is only in recent time that epidemic tendencies have attracted attention and that conviction of its having a quality of infection has taken form.

Its records show three significant characteristics: that while infrequent its prevalence has been for years increasing; that it has been having a wider distribution throughout the world; and especially, that it has been occurring epidemically.

In a compilation for the Massachusetts State Board of Health, Lovett finds a record of an increasing number of epidemics and of cases in each succeeding five-year period since 1880, and to some extent an increase in the number of cases to the epidemic. In the last twenty years there were in the literature of the world 61 outbreaks with 8,900 cases; and in the last quinquennium there were more than 8,000 cases in 25 epidemics, the average number of cases to the outbreak being much greater than had been previously recorded.

In 1905 the disease became very prevalent in Scandinavia, with numerous outbreaks in scattered localities; there appears to have spread thence a wave of infection and it has developed into a general pandemic. Prior to 1907 this disease was rare in this country; in 1907 epidemics of remarkable proportion developed at Boston and about New York, places where immigrants are most concentrated, and the following year in Minnesota, Kansas and States sought by immigrants from Sweden and northern Europe. Of the 8,000 cases for the years 1905-9 on record, 5,000 occurred in this country, all practically within the last three years of the period.

In 1910 the disease spread over the country, having been reported to the Surgeon-general of the Marine Hospital Service from 23 States, and it has been estimated that not less than 3,000 cases have occurred. In this State no outbreak has occurred in recent time outside that of New York in 1908 and one in St. Lawrence county in 1909; during 1910 there have been 227 cases from 47 counties reported to the State Department of Health. Its history shows a progressive increase in the prevalence and epidemic character of the disease.

An infectious disease.—That it is due to living germs is evident from its pandemic spread; this fact has been further established by Flexner, who, although he has not found visually the special organism because of its minuteness, has transmitted the disease to the monkey in such a way as to demonstrate the fact of its existence. There are other infectious diseases whose disease-germ has also as yet evaded ocular detection. Immunity appears to be secured by one attack. The virus has been demonstrated in the spinal cord and brain, in the glands and nasal mucous membrane.

How it is contracted.—Epidemiological studies have been to some extent convincing that the disease is spread by direct contact with the sick, and also that it may be conveyed by healthy persons who have been in contact with the sick. The human body is the breeding-place for its micro-organism, and it is quite safe to say that it is communicable, absence of evidence of this, reported by some observers, being doubtless due in part to a varying degree of infectivity in different epidemics; there is too a varying and indeed low degree of susceptibility to it even among the young children who are its chief subjects.

How its virus finds exit from the body is so far known that its existence in the discharges from the nose, mouth and throat has been detected, and it is suspected to exist in the other excreted matter of the body. Material soiled with any of these discharges will probably be infective for a time. Holt instances the taking of the disease by a child brought from a healthy neighborhood which was put to sleep in the crib of an affected child.

The virus finds entrance to the body as would seem probable through the respiratory tract, by inhalation of infected air, contaminated dust or particles of infected matter given off from the patient. It is not conveyed through food or water. The incubation period is generally within ten days.

Nature of the disease.—Its outbreaks affect a limited area. It extends peripherially from a central focus over the infected district. It is not a disease of institutions or asylums, nor especially of tenement-house districts; rather of the open country and among healthy subjects. It prevails mostly in temperate and cold regions. Epidemics occur from July to October. Epidemics are not followed in succeeding seasons by spo

radic cases, so it does not appear to become implanted in a locality by persisting virus.

Clinically, it is nearly always ushered in with fever (100-104), lasting from three to seven days, accompanied by malaise and nervous irritability, which latter may precede fever by several days. Pain in the head, neck and down the legs, muscular twitching, and sensitiveness when handled are among the nervous symptoms; while in severe cases there may be rigidity of the neck, with sweating, prostration and vomiting. Gastro-intestinal disturbance is commonly present, either diarrhea or constipation. Following these onset symptoms a flaccid motor paralysis of the extremities occurs, involving a group of muscles; this reaches its maximum in three or four days, and in a week or ten days improvement begins and continues till but a small amount remains, of the leg muscles generally, which is usually permanent. On the other hand the greater part of the muscles originally affected may remain paralyzed.

The disease is however protean in its manifestations and the classical symptoms are not always followed. The paralysis may, though rarely, be the first symptom noticed, a healthy child being suddenly found to have lost the use of one or more extremities. Abortive cases occur in which there is no paralysis. The nervous phenomena vary according to the region of the nerve centers attacked.

The disease is an infectious fever with inflammation of the anterior horns of the spinal cord; of the meninges, the medulla, and even the brain itself in severe cases, the type varying as parts in individual cases are affected.

Mortality is not great; it has been put at an average of five per cent, though in some epidemics it has been higher. But a large proportion of those who escape with their lives are left with a permanent disability

which often results in a lifetime of dependence, an epidemic leaving in its wake cripples to the next generation.

Its diagnosis.—Cases showing symptoms referable to the central nervous system are distinctive enough to make a clinical diagnosis possible. Others with symptoms mainly of general infection, unless having relation to typical cases, are likely to be overlooked. Many fail to show a sharp clinical picture. There may be abortive cases which are so slight as not to be brought to the attention of a physician, or those which receive the diagnosis of influenza, muscular rheumatism, or diarrhea. The differentiation must be generally from cerebrospinal meningitis. In this the symptoms are more pronounced, the retraction of the head and rigidity of the neck more marked, and there is absence of the paralysis which is characteristic of poliomyelitis. The subjects of the latter are for the most part under five years of age; it is a disease of the warm months instead of the cold. Examination of the cerebrospinal fluid will help the differentiation, being negative in poliomyelitis. In sporadic cases the nervous phenomena if present will attract attention to this disease. During an epidemic disturbances along the general line of its common symptoms will be heeded.

Its control.—Recognizing it as communicable, the patient should be isolated. As the infection can be in the things about the patient, these must be suitably controlled. Regard must be had by the attendants to the fact that they may carry infection. All discharges, especially those from the mouth and nose, must be disinfected and suitably disposed of. The care of the room and the house should be such that dust may not be permitted to escape, by sprinkling before sweeping and

the use of damp cloths. The good of the patient demands quiet, rest and seclusion. Every care must be taken that no one from outside, especially young children, come in contact with the sick or their surroundings. The rules for quarantine of communicable diseases should in all respects be followed throughout the active period of its acute stage, probably for a period of three or four weeks, both in mild and well-marked cases.

Infantile Paralysis is likely to become a permanent feature of medical work. There is a good deal to learn yet about it, of a sort that can only be gained in the infected area and at the bedside. Health officers can contribute to this by investigation. Plotting the cases on a map, locating the cases and the date of onset, the number of cases in the house, the evidences of contagion, the environment of the case, the clinical characteristics in which the attending physician will assist, tracing sources of infection, and the record and report of all the phenomena of an outbreak will furnish material of permanent value toward the study of this serious disease. Forms for the report of individual cases have been sent out by the State Department of Health. By means of these and such original investigation and field work as may be done by health officers and the medical profession working with them, the characteristics and control of epidemic poliomyelitis will be determined more completely.

MEASLES AND SCARLET FEVER

All cases to be reported.—Measles and scarlet fever are communicable infectious diseases, all cases of which must be promptly reported by the attending physicians to the local health officer or board of health, who in turn should notify the State Department of Health within twenty-four hours. Blanks are provided by the Department on which to make these reports. In the case of measles, if it becomes extensively prevalent, the individual report of cases to the Department is not necessary, but health officers should report the number of cases and keep the Department well informed of the progress of the epidemic.

Circulars on measles and scarlet fever.—The State Department of Health has issued circulars on measles and scarlet fever, respectively, for gratuitous distribution, especially in households where either of these diseases may exist. They contain general information, expressed in language as little technical as possible, as to the sources of infection, precautions against the spread of these diseases, and the duties of parents and nurses who have charge of such cases.

Every health officer should keep himself well supplied with this literature for liberal distribution in every outbreak of either measles or scarlet fever. He should seek the co-operation of the attending physician, the local physicians, educational, religious, municipal and other agencies to insure such a campaign of education in preventive measures that these diseases may receive the energetic suppressive measures which their gravity should demand.

The health officer should familiarize himself with the contents of these circulars and enforce the rules and regulations therein laid down.

Measles a dangerous disease.—Health officers should take every occasion to combat the popular and fallacious idea that measles is a trifling disease which every child must pass through.

As stated in the circular on measles, above mentioned, mortality records show that more children under two years of age die from measles than from any other contagious disease. It is also the frequent forerunner of other serious diseases, such as pneumonia, pleurisy, tuberculosis, paralysis, meningitis, and many others, which emphasizes the importance of so caring for every case that if possible other children will not be exposed.

Young children should always be protected from exposure to measles, and persons in feeble health, especially those having pulmonary disease, nephritis, anemia, or malnutrition.

Scarlet fever is accepted by the people as a disease to be feared. It is especially important that children should be protected from it, since less than 5 per cent. of the cases occur after the age of fifteen and two-thirds of the deaths from it are of children under five years of age.

Diagnosis.—*Measles* is readily recognizable after the eruption has appeared, but it is important to guard against it early, because it is contagious, to some degree from the beginning of the initial fever. The onset of this fever is gradual, following an incubation period of about eleven days, with coryza, photophobia, and sometimes cough. Koplik's spots, which are pathognomonic, can be found in 90 per cent. of cases as small bluish red spots, on the mucous surfaces of the cheeks and other parts of the mouth, from one to three days before the skin eruption. When measles is prevalent every case of acute coryza ought to be regarded as

suspicious. The eruption on the skin appears on the fourth day, as slightly raised macules, on the neck and face, increasing in amount and gradually extending over the body, fever increasing as the eruption appears.

Rubella, German measles, is sometimes confused with measles. In ordinary outbreaks it has a short initial fever, with moderate or no coryza, commonly sore throat. The eruption spreads from above down rapidly, and fades as it spreads. The post cervical glands are enlarged. It occurs as an epidemic and affects children and adults and those who have had measles.

Scarlet fever is most difficult of diagnosis in mild cases. Typical cases are readily recognizable, but no symptom is pathognomonic and simple eruptive affections may closely reproduce its symptom-complex, by which it has to be judged, though often indefinitely expressed.

An abrupt onset, with vomiting; disproportionately rapid pulse; redness of the uvula, soft palate and tonsils from the first; some degree of rash after twelve or twenty-four hours, appearing on the neck and spreading rapidly to the face and chest, will generally justify a diagnosis of scarlet fever. The lymph glands, especially the cervical, inguinal and axillary, enlarge early. Desquamation commences where the eruption first appeared as pin-head sized scale, which enlarges in rings; the most typical being a break in the epidermis which begins under the free border of the nail.

Mode of reception.—Both diseases ordinarily find access to the system through the upper air passages. With scarlet fever an infection may be communicated through cutaneous wounds, or through the genital tract in puerperal women, which should be borne in mind by those who have to deal with this disease.

Measles is contagious from the beginning of its initial fever; scarlet fever is little contagious at its onset. The discharges from the nose and throat are the chief carriers of infection in both; those from the ear, from scarlatinal otitis media, may communicate the disease for a long time.

Measles is usually contracted by direct exposure to the sick, and its contagium is short lived, so that it is rarely carried away by fomites or well persons. That of scarlet fever is long lived, and the disease is not only communicated by contact with the sick but may be long after by infected articles. It may also be conveyed by milk infected through proximity to the disease.

Isolation and quarantine.—With both measles and scarlet fever, as with any communicable disease, much of the success of suppressing a threatened outbreak will depend on the manner in which the first case is handled. With *measles* the sick should be isolated from the beginning of the fever of onset until the skin and mucous surface are clear, generally for three weeks. Well members of the family need not be quarantined, save with certain precautions to change and ventilate their clothing before mingling with other people, especially children. Children of the family or any who have been exposed must be excluded from school, unless they have previously had the disease. A quarantine card warning the public against the dangers of contagion should be placed conspicuously on the house.

With *scarlet fever* there must be an *absolute quarantine*, with complete isolation of the sick and the nurse or attendant, as far as possible, from other members of the house. When possible it is always preferable to remove scarlet fever patients at once to an isolation hospital, which will insure far greater protec-

tion to other people. Quarantine should include those who in any way come in contact with the sick, as they can carry the infection in their clothing, or on articles which they might take away from the sick room or house. The details of quarantine care may be found in the popular circular on scarlet fever. Especial attention should be given to rule 13, which prohibits the occupation of laundering, tailoring or manufacturing, or the handling of dairy products, exposure of milk and milk utensils in the apartments or house occupied by a family in which scarlet fever exists. Neither should the milking be done nor the utensils cared for by those who in any way came in contact with the sick or infected articles.

The duration of the quarantine cannot be given, as it is impossible to say positively when the infectivity of all cases ceases. While the desquamating scales are not necessarily contagious, it is a good rule to isolate the patient until the skin is clear. It is most important to isolate until the mucous surfaces are clear.

Disinfection.—In case of scarlet fever, the destruction of the infection on every article about the sick room or premises has to be very thorough. It should be done or superintended by the health authorities, who should follow the instructions given for this purpose on the circular issued by the Department on disinfection and disinfectants.

As for measles, the contagion outside the body of the sick is short lived, and beyond the destruction of it on articles soiled with discharges from the mucous passages, there is need mostly of ventilation with fresh air and of cleaning. In case of death, the attention of sanitary authorities is called to the last rule in the circulars for household distribution.

Schools.— Teachers can be of much service in the control of communicable diseases. This is especially true of measles, with its early contagiousness. When there is an epidemic of these diseases the teachers should be well informed as to the early symptoms attending them, and by a daily inspection all of these early cases ought to be discovered and sent from school. This system, energetically pursued, should serve nearly as well as a medical school inspector, and by keeping the health officer fully informed would do much to check many an outbreak in its incipiency.

This is one of the most important measures for controlling an outbreak of measles, the difficulty of which is enhanced by the exposure of many to pre-eruptive cases. Likewise the overlooked cases of scarlet fever may be detected by the existence of sore throat, or even by commencing desquamation.

The discovery of the mild or ambulant cases may do much in checking a threatened outbreak. Closing the schools should generally be a last resort in the management of infectious diseases, as children under proper vigilance at school can be better controlled than at home, and mild cases are often more quickly discovered at school than at home or on the streets. Should a case of infectious disease break out in the schoolroom, disinfection of the room should be done under the direction of the health officer or the board of health.

WHOOPING COUGH

Whooping cough is a serious disease.—No age is exempt from it, but its gravity is for the young. The records of this Department for twenty-five years show that in this State there has been an average yearly mortality of 950, that of measles having been 1,100 and of scarlet fever 1,300. Its greatest mortality has always come in July and August. Epidemics vary in severity. Its fatality always depends on secondary complications.

Young children are most likely to take whooping cough, and it is more likely to be fatal with them. Almost all of the deaths from it occur under the age of five years, and of these one-half are of those under one year of age. The average age at death, by the United States census reports, is one and one-half years. It is a dangerous disease for young subjects. For all it is a distressing disease; when severe, lasts for weeks and leaves not a few who recover in a state of chronic invalidism from the exhaustion it entails, and with heart and lung changes which may be permanent. It is a disease which by all means should be avoided.

It begins to develop from four to fourteen days after exposure. For the first few days the symptoms are those of the ordinary cold or simple catarrh, but with less fever than measles. The cough which attends is out of proportion to any lung changes, grows harsher and after a week or ten days the whoop which gives it its name and by which it is recognized, develops. This continues, with varying degrees of severity, for a month or six weeks until its paroxysms cease and simple catarrhal cough ensues, which may last longer.

Whooping cough is an infectious communicable disease.—It is moderately contagious from the onset and

materially so during the period of whoop. It is taken by inhaling the breath from one sick with it, but more particularly by the particles of spray thrown off by them in coughing. One is exposed to it who is in such proximity as to be within range of this ejected air or matter. It is not spread readily otherwise in the open air. While there is some reason to believe that its virus may be harbored in rooms and clothing, it is not probably transported thus, nor by persons who do not themselves have the disease. Those who are in the house with the patient are most likely to take it. As with other like diseases, one attack confers immunity and adults are less likely to contract it than children, though with them it is no less distressing, nor less apt to be followed by secondary complications.

How Whooping Cough may be Prevented

This can only be done by isolating those who have it. This is often regarded as impossible, for the course of the disease is long and the subjects for the most part are able to be about. But the necessary measures are not difficult. The child need not be shut away in a room or house, which will indeed be a hardship for so long lasting a disease and would be detrimental to its interests, since uncomplicated cases do better generally by being much in the open air. The child must be kept from school, from all assemblages of people and from coming in contact with any person so as to expose him to infection. This necessary avoidance of all outside the family can be taught to the child, and by compliance with it he may be allowed in open yards and retired streets. It would be very well to warn the public against entrance into the house where there is a case of whooping cough, by a notice posted on the door. A more practical procedure is to placard the child himself by a designating mark, such as a

sufficiently distinctive ribbon or badge, which will warn the public and also be a reminder to the child not to mingle at close range with others. Observing proper precautions, a subject of whooping cough can be allowed at large with a very considerable liberty; otherwise he should be compelled to submit to isolation at home.

Parents should never voluntarily expose a child to whooping cough. Besides there is a fair probability that if one escapes the disease in childhood he may not take it in later life. School teachers should exclude children with whooping cough from schools of all kinds. The control of the disease lies largely with the parent and school officers. Boards of health can and should enforce the preventive measures.

OPHTHALMIA NEONATORUM

(Sore Eyes of New-Born Babies)

The disease.—This disease is always due to an infection caused by the entrance of certain germs into the eyes of the baby at the time of or shortly after birth.

Its prevention.—The disease can almost surely be prevented by the exercise of proper care at the time of birth of the child and during the first few days of its life. If the proper precautions are not taken, and the disease develops and runs its course unchecked, the sight is totally destroyed often within a fortnight.

Its extent.—More than six hundred (600) of the six thousand (6,000) blind persons in the State of New York are in this deplorable condition because of this disease.

Through negligence it has caused the blindness of one-quarter of the children in the schools for the blind.

A birth infection of the eyes, is almost always preventable and curable.

Keep the infected material out of the baby's eyes and then use the preventive solution.

Distribution of Preventive Solution

The State Department of Health furnishes the prophylactic solution recognized as an almost certain preventive agent for this disease under the following conditions:

Outfits.—Outfits have been prepared containing the following: A small vial holding an amount of a one per cent. solution of nitrate of silver sufficient for use on one new-born child; a sterilized dropper and bulb especially adapted for making the application of this

solution; and the necessary directions for the use of the preventive agent. •

General distribution.—These outfits will be sent to the health officers of the cities, villages and towns throughout the State, and can be obtained by any physician from these officials without charge.

Local distributions.—Health officers should make requisition upon the State Department of Health for a sufficient number of outfits to supply, for several months, the medical profession and midwives located within their jurisdiction. It is intended that every physician and midwife should have at all times at least one of these outfits in their obstetric bags.

Directions for mothers, midwives and nurses.—Leaflets of instructions are supplied by the Department for those having immediate care of the new-born, which contain the following instructions and advice:

Preventive Measures for All Mothers

All women during pregnancy should be instructed as follows: Daily external cleansing should be thoroughly performed with soap and water and a clean wash cloth. Should the pregnant woman have any irritating discharges, or even profuse white discharge, she should be instructed to immediately consult her physician or the nearest dispensary.

Preventive Measures for All Children at Birth

Immediately after the delivery of the head, before the delivery of the body, the eyelids should be carefully cleaned by means of absorbent cotton or a soft linen cloth dipped into warm water that has been boiled or

into boric acid (saturated) solution. A separate cloth should be used for each eye, and the lids washed, from the nose outward, free from all mucus, blood or meconium. These cloths should be burned after using. No opening of the lids should be attempted at this time. Also the lips and nose should be in like manner wiped free of mucus, and the little finger, wrapped with a piece of moist linen, should be passed into the child's mouth and any accumulated mucus removed by an outward sweep of the finger.

Use of Prophylactic Solution

(Supplied Free by the State Department of Health)

As soon after birth as possible the eyelids should be again wiped clean of mucus, and two drops of the one per cent. solution of nitrate of silver should be dropped into each eye. *One application only of the silver solution should be made*, and ordinarily no further attention should be given the eyes for several hours.

Each time that the child is bathed, the eyes should be first wiped clean, as above described, with the boric acid solution.* The hands of the person charged with the care of the child must be washed with soap and dried with a clean towel before the eyes of the child are touched. Everything that is brought near the eyes of the child must be, in every instance, absolutely clean.

The cotton that is used on the eyes of the child must, in every instance, be immediately burned after it is used. The water, towels, old linen and the cotton that have been used on the mother must, under no circumstances, be applied to the child.

*Boric acid costs little and may be bought of any druggist without a doctor's prescription.

What Must be Done When Inflammation of the Eyes Appears

When the lids become red and swollen, and are gummed along their borders, and when mattery discharge is mixed with the tears as the child sleeps or cries, a physician should be called immediately, or the child taken to the nearest dispensary.† Each hour of the delay adds to the danger. While waiting bathe the eyes of the child every half hour with pledgets of cotton dipped in a solution of boric acid. Open the lids wide and allow the solution, which should be warm, to flood the eyes and wash out any matter which may have gathered there.

The child should not be fondled and nothing which has been used about the eyes or face should be used for any other purpose. All of those in the home should be warned of the danger of catching the disease by getting the matter into their own eyes. Do not listen to those who say it will amount to nothing, or to those who say to bathe the eyes of the child with the mother's milk (the milk is a means of spreading the germs of this disease). Such advice is bad; the delay may result in blindness.

† Physicians and others having knowledge of cases of ophthalmia neonatorum are required, under the provisions of chapter 396 of the Laws of 1908 to report the same to the health officer of city, village or town in which the case occurs.

WATER ANALYSIS

Conditions Under Which Examinations Are Made

It will be the policy of the Department to make examinations of samples of water only when the results of such examinations are directly applicable to the prevention of disease and the protection of public health.

For the present all public water supplies will be considered as eligible for the Department's examinations.

The examination of individual and private sources of water supply cannot be undertaken unless some public health problem is involved. It will not be considered necessary to make examinations of samples of well waters and other individual sources of water supply merely because of the existence of a case, or cases, of typhoid fever among those who have used such waters. If after all other more likely sources of infection have been carefully considered and eliminated and a well-founded conclusion that the disease is water-borne is arrived at, an examination of the well or spring water will be undertaken. (See diagram on page 205.)

No examination can be made of water samples unless the same are sent by a local health officer, or by his permission or order, in the Department container.

The carefully prepared directions concerning the inspection of the source of water, the method of collecting samples and the details of packing them, which are enclosed in each outfit, must be strictly carried out by the local health officer.

In all cases the entire outfit must be returned to the laboratory by express. Parts of the same should not be sent in through the mails.

All express charges on the outfits must be paid by the local authorities.

Applications for outfits should expressly state the character and source of the supply to be examined and the reason for the request for such examination. They should be addressed to the State Department of Health.

WATER EXAMINATIONS

Their Scope in the Investigation of Typhoid Infections

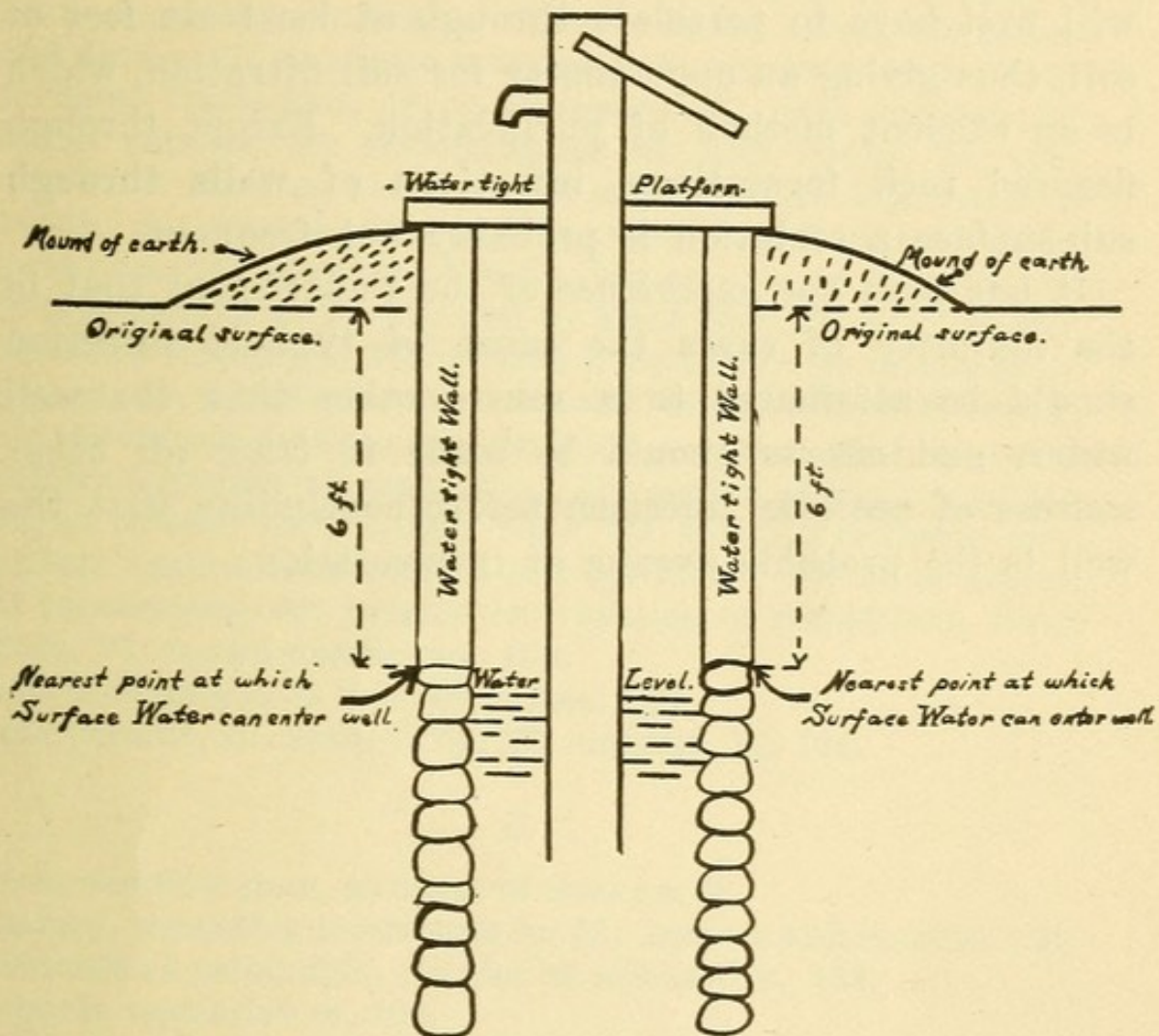
Because of the technical difficulties, it is impossible to isolate the typhoid bacillus from samples of water as a routine procedure. For this reason the aid that a water analysis can give in the determination of the source of infection in typhoid fever is limited.

The regular bacteriological examination of a sample of water consists in the estimation of the number of bacteria present in a cubic centimeter of the sample, commonly known as the "bacterial count," and the determination of the presence or absence and the relative prevalence of bacteria of the *bacillus coli communis* type.

The "bacterial count" gives some indication of the amount of pollution. The presence of large numbers of bacteria shows at least the presence of plenty of organic food for them. Organic pollution and high bacterial content go hand in hand.

The presence of the *bacillus coli communis* type of bacteria in a sample is indicative of the character of the pollution. These organisms have as their natural habitat the intestinal tracts of man and of warm-blooded animals. It is impossible to differentiate between *B. coli* of animal and human origin, and the positive results should not be interpreted as necessarily indicating pollution from human sources.

The laboratory evidences, derived from the results of our examination, merely indicate the presence or absence of pollution. They are only of an indirect value in the investigation of typhoid infections and should not be relied upon as the only method of investigation of the causation of cases of this disease. This is particularly true of cases in which well waters are frequently suspected of having a causative relation to the disease.



There is but little evidence that well waters are commonly responsible for typhoid outbreaks. The common sources of pollution reaching wells, are from surface wash and percolation through the soil.

The possibilities of such pollution from surface wash can be ascertained by inspection. Many excavated wells

are subject to pollution from surface wash through leaky walls and platforms, and much of this pollution is usually from animal sources. This pollution can be prevented by making the walls of water-tight material such as concrete, for about six feet below the surface of the ground, and extending the wall about a foot and a half above the general surface. Filling around this wall with earth will form a mound to divert surface water, and what surface water does reach the well will first have to percolate through at least six feet of soil, thus giving an opportunity for soil filtration, which is an efficient method of purification. Except through fissured rock formations, infections of wells through sub-surface percolation is probably not frequent.

It has been the experience of the Department that in the majority of cases the cause of typhoid infection should be attributed to a source other than the well water, and efforts should be made to trace all other sources of possible infection before concluding that the well is the probable avenue of transmission.

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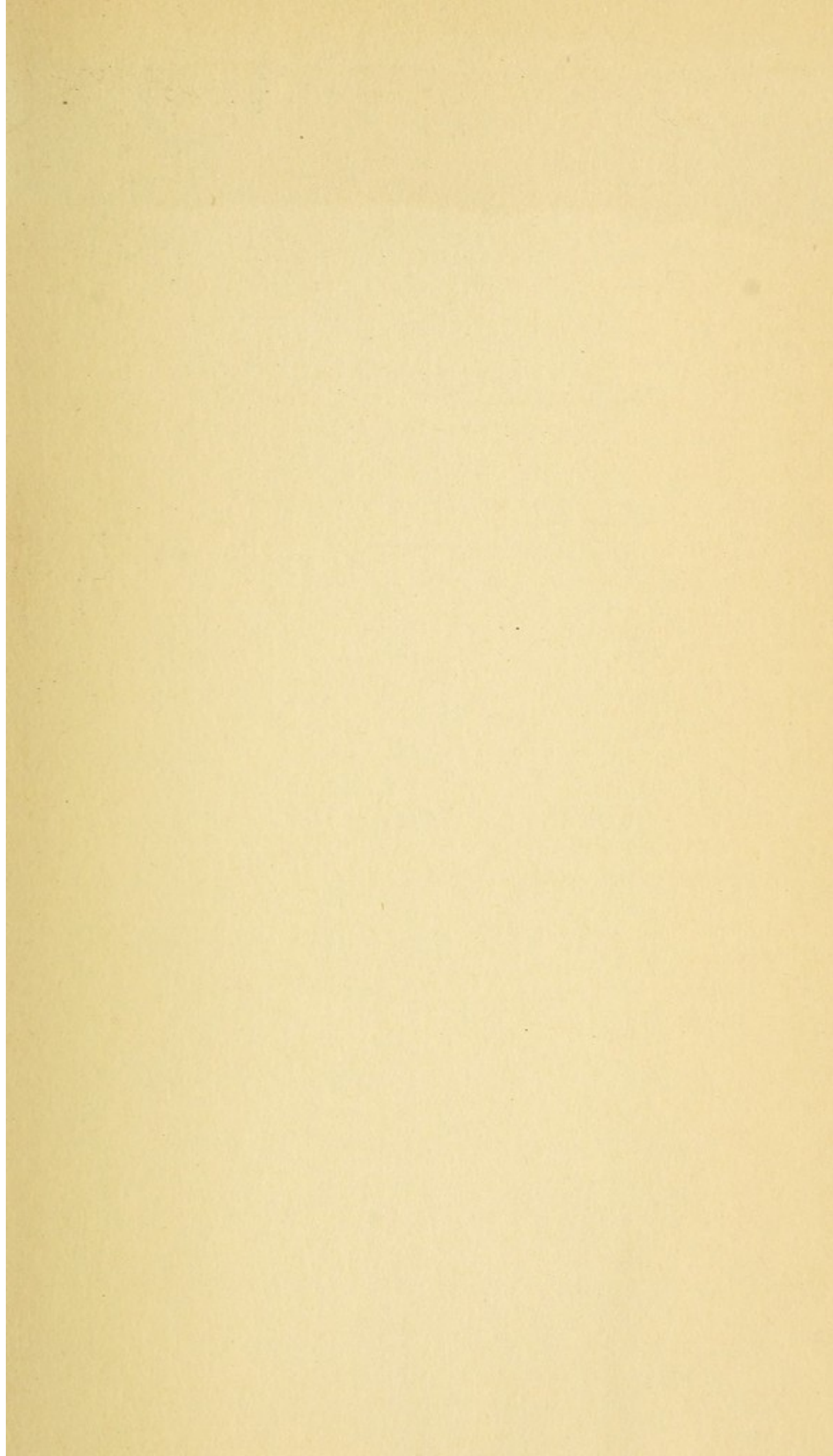
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