

**A code of rules for the prevention of infectious & contagious diseases in schools / the Medical Officers of Schools Association.**

**Contributors**

Medical Officers of Schools Association.  
London School of Hygiene and Tropical Medicine

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# A CODE OF RULES

FOR THE PREVENTION OF

## INFECTIOUS & CONTAGIOUS DISEASES IN SCHOOLS.

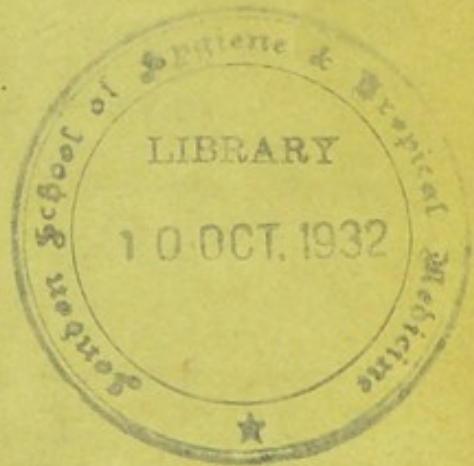
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A SERIES OF RESOLUTIONS

PASSED BY

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*JANUARY 7th, 1885.*

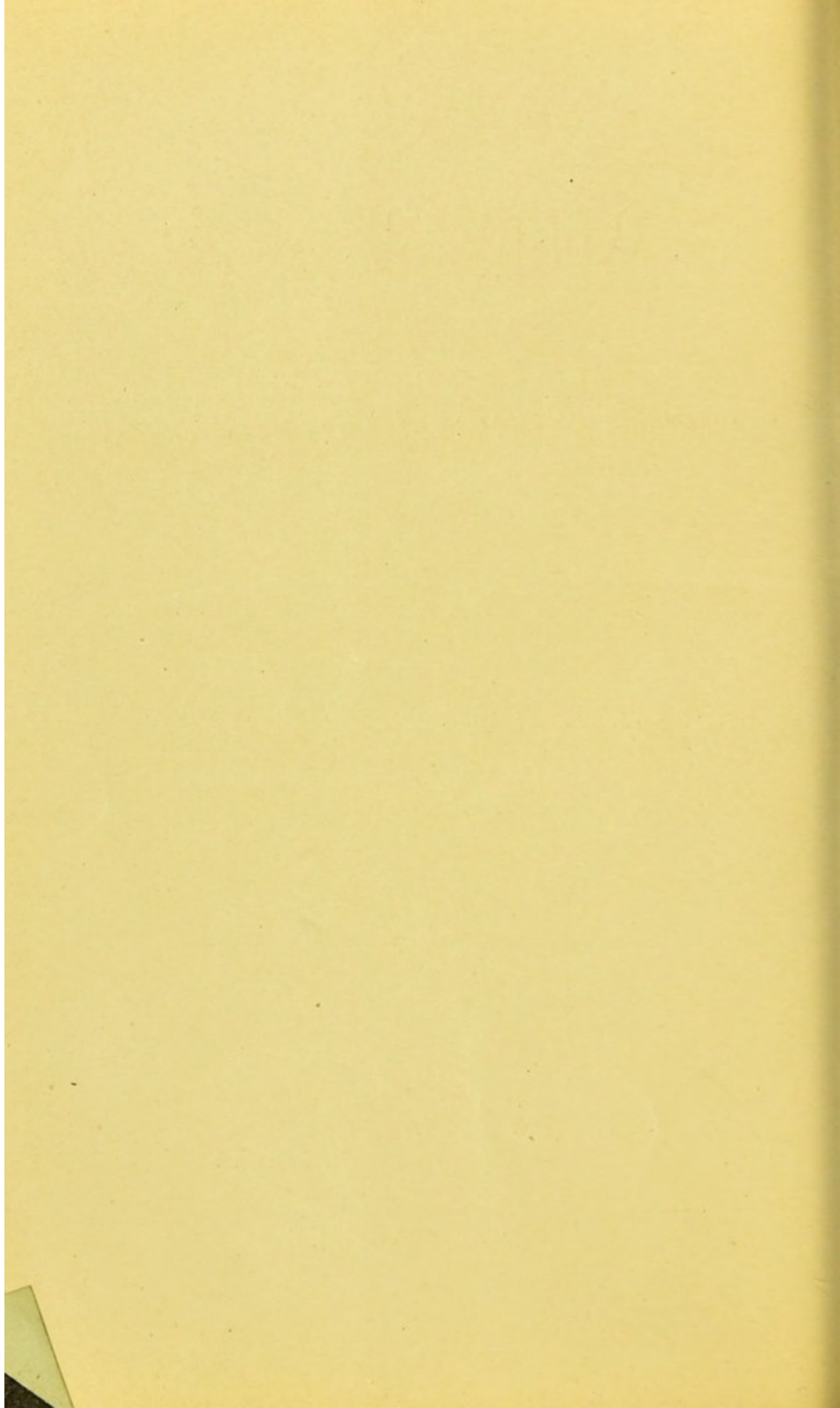


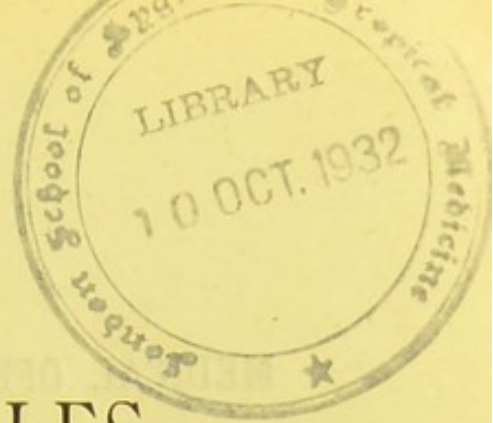
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1885.

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# MEDICAL OFFICERS OF SCHOOLS ASSOCIATION.

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## P R E F A C E.

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IN bringing this Code of Rules before the general public, and the Medical and Scholastic professions in particular, the Medical Officers of Schools Association desire to say a few words as to its compilation.

On the formation of the Association in 1884, one of the most urgent matters which forced itself to the front, as claiming immediate attention, was the need for the general adoption of more definite rules for guarding our great educational establishments from the outbreak and spread of preventible infectious disease.

With this object an attempt was made to ascertain the rules and customs which are at present enforced in such cases, by circulating to every school of any importance in the country an elaborate series of questions covering the ground of this enquiry.

The replies thus obtained proved very interesting, and contained much valuable material; at the same time they revealed wide differences of procedure in different institutions when dealing with the same conditions of disease, and, in some instances, a considerable laxity of precaution. Nothing could more clearly demonstrate the necessity for some definite and generally recognized standard of School Hygiene than the curiously divergent character of many of the answers furnished in response to our paper of questions on the commoner epidemic diseases.

In the course of their deliberations on the information thus collected, the Association have embodied opinions and suggestions from many special authorities

on the several questions dealt with. It is hoped that the result of these labours may prove not less useful to parents and guardians, who deal with the home life of the children, than to school authorities, since without the sympathy and intelligent co-operation of the former no real progress can be made in this great department of preventive medicine, which is fraught with so much benefit to the community at large.

The Medical Officers of Schools Association cannot allow this Code to go forth to the public without placing on record the great debt of gratitude which they owe to their indefatigable Secretary, Dr. ALDER SMITH, the Medical Officer of Christ's Hospital. This Code is to a very large extent based on the valuable paper on "*The Preventive Treatment of Infectious Diseases in Public and High Schools*," read by him at the *Conference on School Hygiene, at the International Health Exhibition*. The extensive correspondence involved in communicating with a very large number of schools and of individuals in all parts of the kingdom, has been entirely in his hands; upon him devolved the heavy labour of comparing and collating the replies received from the various authorities consulted; and upon him too has fallen the duty of preparing this work for the press.

G. J. H. EVATT, M.D.,  
*Surgeon-Major Army Medical Staff,*  
*President M.O.S.A.*

WOOLWICH,  
 January, 1885.

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THE MEDICAL OFFICERS OF SCHOOLS ASSOCIATION.

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RECOMMENDATIONS  
FOR  
THE PREVENTION OF INFECTIOUS & CONTAGIOUS  
DISEASES IN SCHOOLS.

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SECTION I.

GENERAL HYGIENE.

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I.—The general sanitary arrangements of the school—if not certainly known to be in accord with modern sanitary science—should be thoroughly inspected by a competent person, and all defects at once remedied.

Amongst other essentials, the following points require special Drainage. attention, viz. :—

2. That house drains are well ventilated, and cut off from the main sewer by a series of well-ventilated traps. The main sewer itself should also be effectually trapped and ventilated at its junction with the drainage system of the town.

3. That all soil pipes are efficiently ventilated by carrying them (full size) above the top of the buildings, and not near to any windows or chimnies.

4. That all soil pipes pass outside the walls.

5. That pan-closets are replaced by closets of improved construction, which do not allow of the accumulation of sediment or of sewer gas. It is also desirable that closets should not be placed in the *basement* of the school, but should be in detached buildings.

6. That no drains pass under the basement of the school buildings.

Earth closets. 7. That, in localities where there is no efficient drainage, earth-closets should be adopted instead of cesspools.

Cesspools. 8. That if a cesspool must exist, it be placed no nearer to a dwelling house than fifty yards; that its ventilation be effected by pipes of sufficient height, not less than four inches in diameter, and opening in a safe situation; that it be cemented inside, and clay-puddled outside; and that it be so large as to require emptying during the vacations only.

Overflow and waste pipes. 9. That all overflow, rain-water, and waste pipes discharge in the open near properly trapped gratings.

Repairs. 10. That if any sanitary repairs or alterations are necessary, they should, whenever possible, be done during vacation time.

Dust-bins. 11. That no fixed dust-bins should be permitted, but the daily dust and refuse should be removed to a distance in properly-covered boxes; unless all house refuse be effectually burnt.

Drains to be flushed. 12. That all gratings over trapped drains should be regularly flushed; as the water in the traps may dry up, and sewer-gas thus escape.

Separate establishments for younger and for older pupils. II.—In schools where there is a large number of children, greatly varying in age, it is a good plan to have two establishments, one for children under eleven, and another for pupils above that

age. By this arrangement epidemics (especially of measles) may generally be restricted to the junior school ; and thus the more important work of the senior school does not suffer.

III.—A most important precaution towards the prevention of and the dealing with infectious diseases in schools, is *undivided medical responsibility*. Medical Officer should possess undivided medical responsibility.

2. Therefore one Medical Man, and one only, should have the entire school under his daily care and medical supervision. He should have full control regarding the entrance into the school of all boys who are known to have recently had any illness, or to have been exposed to infection, as also over the whole arrangements for quarantine and disinfection ; being responsible only to the Governing Body.\* He should also have power to act immediately, if any sanitary measures are urgently needed. His powers.

3. The Medical Officer of the school should inspect the entire school premises at least once a month, and, in the case of public schools, should send in a report to the Governing Body, pointing out any changes desirable from a sanitary point of view. Medical inspection of premises.

4. An annual return of school sicknesses from the Medical Officer to the Governing Body of the school is very desirable. Annual return of sickness.

IV.—Whatever its source may be, the water supply must certainly be above all suspicion. Where there is any well-water used, it is advisable to have it analysed periodically, and not

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\* Whatever its actual composition in different cases, the Governing Body is here taken to include the Head Master of the school.

always at the same season of the year ; and great care should be taken that no pollution occur from neighbouring cesspools or drains.

2. In all instances the drinking water should be obtained from a constant service, or from cisterns distinct from those used for water closets, &c.

Cisterns.

3. All cisterns and filters should be frequently inspected and cleansed.

Milk.

V.—The milk should be obtained from a trustworthy source, preferably from a dairy belonging to the school.

2. The milk, together with the food supplies generally, should be inspected at intervals by the Medical Officer of the school, who should also occasionally visit the dining-halls and kitchen, so as to satisfy himself that the food is properly cooked and served.

Laundry.

VI.—Every large school should have its own laundry ; if this be not possible, then precautions should be taken to prevent infected linen from other sources being washed with the school linen.

## SECTION II.

## THE INFIRMARY, &amp;c.

VII.—A large school should possess a good <sup>Infirmary.</sup> detached Infirmary, to which *all* cases of illness should be sent—no matter in whose house they may occur—and where infectious cases can be thoroughly isolated. There should be ample accommodation, with sufficient cubic space,\* and good ventilation; and, whatever the construction and arrangements may be, it is of the utmost importance that the infectious wards (with nurses' apartments, bath, lavatory, and small kitchen) be *completely* isolated from the rest of the building.

2. If practicable, there should be a separate building for <sup>Separate building for infectious diseases.</sup> infectious diseases.

3. If there be not two separate buildings, then the infectious wards should be at the *top* of the infirmary, and approached by a distinct well-ventilated staircase (in which disinfectants can be used when there is a case of fever), with doors at the top and the bottom.

4. It is desirable that one of the infectious wards should <sup>Infectious wards.</sup> always be in readiness; and during the winter months it is necessary to keep it warmed. This can be managed by open fires, but the best plan is to have hot-water pipes in addition,

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\* At least 2,000 cubic feet is desirable for each fever case.

which can be arranged to keep the wards at a given temperature, and also the mattresses aired and ready for use.

5. It is necessary to keep a separate set of books and games for use in the scarlet fever wards.

Sick Room. VIII.—In small schools there should always be a “sick-room” *situated at the top of the house* and isolated as completely as possible.

Slight ailments to be reported. 2. Any child suffering from headache, sickness, or sore throat, should be sent to the Infirmary without delay; and it ought to be a well-known rule, that pupils are to report the slightest ailment *at once* to the Matron or the Medical Officer.

## SECTION III.

## MEDICAL EXAMINATION OF SCHOLARS ON ADMISSION, &c.

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IX.—Certificates\* should be required on the entry of pupils, signed by the parents or guardians not earlier than the day before the admission; stating that, “to the best of their knowledge and belief, the pupil has not, for at least three weeks, been exposed to any infectious disease, or entered any house where such disease has existed (and then should follow a list of these diseases, viz., scarlatina, measles, &c., as per Rule XII., so that no mistake can be made). If this certificate cannot be signed, the child should be sent away to some house free from infection for quarantine, and the clothes should be disinfected at the end of the time.

Certificates  
required on  
admission.

2. The infectious diseases which the child has already had can be recorded on this primary certificate, and the papers kept for future reference; so that, in the case of an outbreak of illness, the Medical Officer can see how many children are liable to take the complaint.

Primary  
certificate.

3. In all schools it is advisable to examine each child on admission, when special examination of the head should be made for ringworm; and inspection should also be made of

Examination  
on admission.

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\* *Vide* Appendix A.



the vaccination marks, and re-vaccination should be insisted upon unless the marks are good or the child has had small-pox.

And at the beginning of each term

X.—When pupils go home for their holidays, a certificate-form, like the one before-mentioned, should be sent to the parents or guardians of each child; and should be accompanied by a notice stating that the certificate must be presented by the pupil *signed* on his or her return to school; and that if the pupil happen to be exposed to any infection during the vacation, then *immediate* notice of the facts are to be sent to the School Authorities, and on no account is the pupil to return to school until permission has first been obtained from them. Those who return without their certificates should be interrogated by the school Medical Officer; who should have the power to take whatever steps he considers desirable.

Exeats.

2. During term-time, boys are very liable to take infectious diseases when on an "exeat." Therefore parents should be warned not to have their children home nor to allow them to enter any house where there is even a suspicion of any infectious disease. If a pupil has been exposed to any infection, then the necessary quarantine should be rigidly insisted upon.

Quarantine after exposure to infection.

XI.—With regard to the length of quarantine that should be required, if a pupil has been exposed to an infectious disease, this depends chiefly upon whether the school has or has not

(that very valuable safeguard) a disinfecting apparatus; which apparatus should be large enough to hold a full-sized mattress.

2. If the school possess such an apparatus, then the quarantine should be a day or two more than the longest known period of incubation of the disease in question; if not, the period should be longer still, as there is no definite time when the clothing is certain to be free from infection.

XII.—The following quarantine times, after exposure to infection, may be considered safe *if thorough disinfection be carried out on the pupil's return to school*:—

Diphtheria	....	...	12 days' quarantine.
Scarlet fever	...	...	14 ,, ,,
Measles	...	...	16 ,, ,,
German Measles (Rötheln, or Epidemic Roseola)	...	...	16 ,, ,,
Chicken-pox	...	...	18 ,, ,,
Small-pox	...	...	18 ,, ,,
Mumps	...	...	24 ,, ,,
Whooping-cough	...	...	21 ,, ,,

2. Disinfection at home should not be relied on, but, immediately on his return to school, the pupil should be washed with carbolic acid soap (10 per cent.), from head to foot, in a hot bath; and clothes, books, and *everything* brought back by him should be completely disinfected.

Length of quarantine.

Home disinfection.

## SECTION IV.

GENERAL PRECAUTIONS AGAINST THE  
INTRODUCTION & SPREAD OF DISEASE.Neighbouring  
towns.

XIV.—Epidemic disease existing in a neighbouring town is often introduced into a school by direct contact with the towns-people ; and, if epidemic disease be prevalent, it may be advisable to consider the town “ out of bounds.”

Day Pupils.

2. Day scholars often bring infection into a boarding-school : therefore parents should be specially warned not to send them to school if there be the slightest apprehension of any infectious disease existing in their homes, because any infectious complaint may be communicated by the clothes of those who come into contact with infected persons.

Infectious  
disease in  
masters'  
houses.

3. A case of infectious disease occurring in the family of a master, or of an official connected with the school, should be rigidly isolated, and, if possible, at once removed from the house, and immediately reported to the School Authorities. The master or officer should be advised to undergo thorough personal disinfection before resuming work in the school, and should live away from his house as long as infection continues ; especially if the case be one of scarlet fever, diphtheria, or small pox.

Notice of ill-  
ness to be  
given at once  
to the Medical  
Officer.

4. All servants, tradesmen, or other persons, having access to the school premises should be bound to give immediate notice to the Medical Officer of the outbreak of infectious disease in their houses, and to abide by his instructions.

## SECTION V.

## MEASURES TO BE ADOPTED WHEN AN INFECTIOUS DISEASE HAS APPEARED IN A SCHOOL.

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XV.—When the first case of infectious disease is diagnosed it should be immediately isolated in the infectious ward, and the latter should therefore always be in readiness. (*Vide* Rule VII. 4). Removal and prompt isolation of a first case.

2. One of the ordinary nurses can take sole charge, or a fever-nurse may be obtained.

3. The nurses in the infectious ward must be kept completely isolated from the nurses and servants in the ordinary infirmary; and the food, if not cooked in the infectious ward kitchen, should be placed at the bottom of the staircase (which should have volatile disinfectants in it) by the servants, and afterwards fetched by the nurse. Isolation of nurses in infectious ward.

4. Scraps of food, &c., should not be sent away from these wards, but they should be burnt, and the crockery should be washed in disinfectants. In short, great care must be taken that infection be not spread by the neglect of apparently trivial matters. Scraps from ward.

5. Those in charge of the infectious wards should take care that boys do not throw paper balls or letters out of the windows, as a means of communicating with their school-fellows.

6. Letters, if allowed at all, coming out of the infectious wards should be thoroughly disinfected before they are posted. Letters, &c

Oiling skin.

7. Oiling the skin with carbolic oil (1 in 60) is a useful measure, and should be regularly done during peeling after scarlet fever.

Removal of bedding and clothes for disinfection.

XVI.—The next step is to remove the bedding, books, and everything that could possibly be infected, from the dormitory to the disinfecting chamber. Too much importance cannot be attached to this being done immediately.

Notice to Matron.

2. Notice should at once be *privately* given to the matrons or others in charge of the pupils to carefully watch for any symptoms of fever, and to send any child looking ill to the infirmary or the "sick room," and to report the matter at once to the Medical Officer.

Disinfection of dormitory.

3. It is essential to disinfect the room or dormitory itself.

Disinfection of sick room.

XVII.—After the case has been isolated, the "sick-room," or the room where the child was first placed in the infirmary, must be shut up and thoroughly disinfected before any other pupil is allowed to enter it; the bedding also should be disinfected; and, if any more cases occur, the same precautions should be adopted in each instance.

2. It is a good plan to keep a mackintosh outside the entrance to the infectious ward, near some volatile disinfectant, and for the Medical Officer to put it on before he enters. He should also take precautions against the infection of his person.

Of bedding and linen in the infectious wards.

XVIII.—The bedding, &c., in the infectious ward should be disinfected after each case; and all soiled linen should be treated with some

efficient disinfectant before it goes to the laundry. Even then such articles ought to be boiled apart from the other linen washed there.

2. After even a single infectious case has been treated and removed, the ward should be thoroughly disinfected.

3. Schools having different boarding-houses ought to have an ambulance, and it should be disinfected immediately after removing any infectious patient.

XIX.—All patients ought to be retained in the infirmary, or in some other isolated building, until free from infection; and, before leaving, they should be washed with carbolic soap (especial care being taken to cleanse the hair from scurt), and their clothes thoroughly disinfected.

Cases to be isolated till free from infection.

XX.—One of the most anxious and difficult duties falling to the lot of the school Medical Officer is the diagnosis and treatment of doubtful cases of scarlet fever. Only those who have experienced it can adequately realise the frequency of such cases, and the great difficulty of dealing with them. The proper treatment is, doubtless, to isolate each suspicious case in a separate room and watch it. But often this is impossible, especially with large numbers. Under these circumstances all such cases may be placed in a large, well ventilated ward (in which a steam carbolic acid spray may be employed), and any very suspicious

Management of doubtful cases of scarlet fever.

case removed to a separate room, and, if necessary, isolated for a time, to see whether peeling occurs.

2. No doubtful cases should be sent back to the dormitories; and the clothing and bedding of such should be disinfected.

How soon a patient may return home or to school, after having had an infectious disease.

XXI.—With regard to that most important question, “When may a pupil who has had an infectious disease go home, or rejoin the school?”—the following are safe rules to adopt, provided patient and clothes are *thoroughly* disinfected.

A pupil may go home, or rejoin the school, after:—

Scarlet fever.

Scarlet fever—in not than less six weeks from the date of the rash, *if* desquamation have completely ceased, and there be no appearance of sore throat.

Measles.

Measles—in not less than three weeks from the date of the rash, *if* all desquamation and cough have ceased.

German measles.

German Measles (Röthlen, or Epidemic Roseola)—in two to three weeks, the exact time depending upon the nature of the attack.

Small-pox and Chicken-pox.

Small-pox and Chicken-pox—when every scab has fallen off.

Mumps.

Mumps—in four weeks from the commencement, *if* all swelling have subsided.

Whooping-cough—after six weeks from the commencement of the whooping, provided the characteristic spasmodic cough and the whooping have ceased; or earlier, *if* all cough have completely passed away. Whooping cough.

Diphtheria—In not less than three weeks, when convalescence is completed—there being no longer any form of sore throat, or any kind of discharge from the throat, nose, eyes, ears, &c., and no albuminuria. Diphtheria.

Ringworm—when—the *whole* scalp having been examined in a good light, and any suspicious spot scrutinised with a lens—no broken-off stumpy hairs (which give evidence of the ringworm fungus when carefully examined under the microscope) are to be detected. Ringworm.

2. It is sometimes considered that ringworm is cured when the hair commences to grow on the diseased places, but this is a mistake, for it frequently happens that diseased broken-off hairs remain; and the disease may thus exist for months or years. It is often very difficult to detect the short stumps which protrude only a sixteenth or an eighth of an inch; and it is quite useless to examine short cut-off *healthy* hairs from a suspicious spot, under the microscope, for the ringworm fungus.

Ophthalmia—Any case of purulent or contagious ophthalmia should be at once isolated, and the child should not be allowed to rejoin the school, until there has been a complete absence of dis- Purulent ophthalmia.



charge for at least one month, or until the inner surfaces of the eyelids are found on inspection to be quite free from granulations.

2. When purulent ophthalmia appears in a school, the under surface of the upper eyelids of every pupil should be turned up and examined, and all those that have any granulations visible should at once be properly isolated.

Breaking up a boarding school is only rarely advisable.

XXII.—With regard to the dispersion of a school on account of an outbreak of zymotic disease, it is always a serious step to take, and should *very rarely be carried into effect*. It often leads to a wide-spread distribution of the disease, causing, perhaps, death in many families. If a large outbreak of scarlet fever were to occur, or two malignant cases in quick succession; a malignant type of measles; an outbreak of typhoid fever; or of diphtheria; then the first step to be taken is to give notice to the parents of the facts, and thus to give them the opportunity of removing their children, if they wish to do so.

2. The onus of removing the pupils should rest with the parents, and not with the School Authorities. The latter should rarely go beyond *advising* parents to take away their children.

3. To *order* a school to be dispersed is a very responsible proceeding, and should only be done when the mischief is kept up by some local sanitary defect, *which can only be remedied when the children are away*. Thus, if an outbreak of typhoid fever occur, and it is certain that the cause is known and can at once be removed, then it will not be necessary to break up the school;

but if, on the other hand, doubt exists as to its origin, or the sanitary defect cannot be immediately remedied, then the school should be dismissed at once.

4. Similar objections apply, with some reservations, to the breaking up of day schools. If dispersion be carried out at all, it is probably best undertaken at the very earliest period of the outbreak of an epidemic ; after consultation with the Medical Officer of Health, whose knowledge of local conditions will materially aid in arriving at a decision.\*

5. If the pupils be sent home, it is necessary to give the parents sufficient time to make the needful arrangements for isolating them ; they should also be informed by the School Authorities of the period of incubation of the illness ; and, if possible, the clothes should be disinfected before the pupils leave the school.

XXIII.—As it is incumbent on parents and guardians to do all in their power to prevent infectious diseases from entering schools, so it is the duty of School Authorities to take every possible precaution that infectious diseases are not taken by the pupils from the school to their homes. Therefore, if there exist any infectious disease in a school at the end of a term, notices to that effect should be sent to all the parents

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\* The power of a sanitary authority to enforce the closure of a school is contained in the Code of Regulations of the Education Department, Article 98, which prescribes as one of the general conditions requiring to be fulfilled by a public elementary school in order to obtain an annual Parliamentary grant, that "the managers must comply with any notice of the sanitary authority of the district in which the school is situated, requiring them for a specified time, with a view to preventing the spread of disease, either to close the school or to exclude the scholar from attendance, subject to an appeal to the [Education] Department, if the managers consider the notice to be unreasonable."

stating the nature of the disease, and its period of incubation, in order that they may isolate their children on their return home.

2. Through the neglect of the simple precaution here suggested, children are sometimes taken direct to the sea-side at the end of term, after having been exposed to infection at school, and the parents, being unaware of this exposure, are put to the trouble and expense of having their children taken ill away from home ; and, moreover, the disease may thus spread to others.

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*Published in accordance with a resolution passed at a General Meeting of the Medical Officers of Schools Association, on January 7th, 1885.*

ALDER SMITH,  
*Honorary Secretary.*



- 4. Has the child ever had fits? ..... If so, when?.....  
or been ruptured? ..... If so, when?.....  
or had any discharge from  
the ear? ..... If so, when?.....
- 5. Is the child subject to any special form of illness, including  
incontinence of urine? .....
- .....
- 6. Does the child suffer from any other ailment, or constitu-  
tional peculiarity, affecting the general health, sight, or  
hearing, &c., &c.?.....
- .....

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I hereby certify that, to the best of my knowledge and belief,  
the above-named ..... has not, for at least three weeks,  
been exposed to any infectious disease (including *Scarlet Fever*,  
*Measles*, *German Measles*, *Small-pox*, *Chicken-pox*, *Mumps*,  
*Whooping-cough*, *Diphtheria*), or entered any house where such  
disease has existed.

.....  
*Parent (or Guardian).*

*Date*.....

## HEALTH CERTIFICATE. FORM NO. II.

[To be presented by the pupil on returning to the school after the holidays.]

*This Certificate must be filled in and signed by the Parent or Guardian, not earlier than the day before that on which the pupil returns to school. Any suppression or wilful mis-statement of important facts will be regarded as a violation of the terms on which the pupil remains at the school, and will render the pupil liable to immediate dismissal.*

I hereby certify that, to the best of my knowledge and belief, ..... has not, for at least three weeks [or,\* during the holidays now ending], been exposed to any infectious disease (such as *Scarlet Fever, Measles, German Measles, Small-pox, Chicken-pox, Mumps, Whooping-cough, or Diphtheria*), or entered any house where such disease has existed.

Date.....

.....  
Parent (or Guardian).

N.B.—If the pupil be exposed to any infection during the vacation, *immediate* notice of the facts are to be sent to the School Authorities; and the pupil is on no account to return to school without permission having first been obtained from them.

\* If the holidays have been of less than three weeks' duration.

CERTIFICATES FOR USE IN CASE OF ILLNESS AND  
AFTER EXPOSURE TO INFECTION.

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FORM No. III.

*[To be filled in and signed by the Parent or Guardian after the pupil has recovered from infectious illness at home, and when the rules required by the school to be observed in such cases have been complied with.]*

I hereby certify that ....., who was taken ill with ..... on ....., is now considered convalescent by h... Medical Attendant, and that the period, after which you stated (in your letter dated.....) that he might return to the School will expire on ..... To the best of my knowledge and belief he has not, since the beginning of h... illness, been exposed to any other infection.

Date.....

.....  
Parent (or Guardian).

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FORM No. IV.

*[To be filled in and signed by the Parent or Guardian after a pupil has been exposed to infection, and when the rules applied by the school to such cases have been complied with.]*

I hereby certify that ....., who was exposed to the infection of ..... on or about ..... (as I informed you on .....) will have completed the quarantine period of ... days (in accordance with the terms of your letter of .....); and that during this period he has not, to the best of my knowledge and belief, been exposed to the infection of that or of any other disease.

Date.....

.....  
Parent (or Guardian).

## FORM No. V.

[*To be sent to the Parent or Guardian by the School Authorities when a pupil has recovered from an infectious illness at school, and is about to be sent home.*]

....., who was taken ill with ..... on ....., is now convalescent, and may be considered free from infection. H... clothes have ..... been disinfected.

Date.....

To.....

## FORM No. VI.

[*To be sent to the Parent or Guardian when a child returns home after having been exposed to infection at school ; vide Rule xxiii.*]

..... { may have been } exposed to the infection  
 ..... was ..... }  
 of ..... on or about ..... The incubation period of the disease is about ..... days ; ...he should therefore be isolated, or under observation, for at least ..... days, dating from ..... If in good health at the end of that time, ..... may then be considered to have escaped the disease.

Date.....

To.....

N.B.—The clothes { have been } thoroughly disinfected.  
 { ought to be }



## APPENDIX B.

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DISINFECTION.—A few suggestions as to the means for carrying this out effectually will not be out of place in connection with the management of infectious cases.

I. CARBOLIC ACID.—Useful for disinfecting sinks, w.c., &c. (a wine-glassful to half-a-pint of warm water); and for washing walls, furniture, &c. (a wineglassful to a pint-and-a-half of water). Also used as spray (1 in 40), as soap (10 per cent.), and as carbolised oil for anointing the skin in scarlet fever (1 in 60).

II. CHLORIDE OF LIME [Bleaching Powder].—Must be kept in a dry place. Add 1 lb. to 1 gallon of water for sinks, w.c., drains, &c. A weak solution (1 oz. to 1 gallon of water) may be used for *quickly* rinsing soiled linen before being wrung out in clean water.

III. CONDY'S FLUID [Permanganate of Potass].—For sinks, utensils, washing floors, &c. (one teaspoonful to a pint of water, or one wineglassful to a gallon). The solution is useful *only* so long as it retains its pink colour. Linen should be *quickly* rinsed in it, lest it become stained.

IV. SULPHATE OF IRON [Green Copperas].—1 lb. dissolved in 1 gallon of water for drains, utensils, w.c., &c.

V. SULPHUR [Sulphurous Acid Gas].—For disinfecting unoccupied rooms. Tightly close windows, ventilators, fireplace, &c., pasting slips of paper over cracks if necessary, and stuffing a sack of chaff or shavings up the chimney. Care must be taken to employ *enough* sulphur (1 lb. to each 1,000 cubic feet of space—PARKES), and, if the room be a long one, the sulphur should be divided into two or more portions. Place the sulphur in a tin or iron dish, large enough to hold it all when melted; place the dish on a brick or other support in an iron pail or common earthenware pan; pour some water into the bottom of the pan, to receive any melted sulphur which may run over. The sulphur is then to be ignited (by pouring a little spirit of wine on to it and lighting it), the door closed, and the room left for eight to twelve hours. The room may then be cautiously entered, windows, &c., opened, fire lighted, and the walls, furniture, &c., washed with the dilute carbolic solution or with hot water and carbolic soap.

VI. CHLORALUM is also useful. TEREBENE and SANITAS (fluid and powder) may be conveniently employed in the sick-room and about the patient.

VII. HOT AIR.—Wearing apparel, bedding, &c., must be baked at a temperature of 220° to 300° F., for at least one hour.

VIII. HOT WATER.—All linen suspected of infection should be *boiled* at the wash. Superheated steam is used for disinfecting clothing, bedding, &c., by means of special apparatus.

N.B.—*Carbolic Acid* and *Sulphurous Acid Gas* may be used together; but neither should be used with Condyl's Fluid, Chlorine Gas, or the Chlorides (as Chloride of Lime).

ALL DISINFECTANTS SHOULD BE REGARDED AS POISONS.

The first part of the book is devoted to a general  
 introduction of the subject. The author then  
 proceeds to a detailed description of the  
 various forms of the disease, and the  
 methods of treatment. The book is  
 written in a clear and concise style,  
 and is well illustrated with  
 numerous figures and diagrams.  
 It is a valuable work for  
 all those who are interested  
 in the study of the disease.

The second part of the book is devoted to a  
 detailed description of the various forms of the  
 disease, and the methods of treatment.

The third part of the book is devoted to a  
 detailed description of the various forms of the  
 disease, and the methods of treatment.

The fourth part of the book is devoted to a  
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