

Tuberculosis -----	110
Day Nursery -----	22
Miscellaneous -----	54

BUREAU OF SANITATION

Vaults Cleaned -----	83
Sewer Connections -----	44
Rooming Houses Inspected -----	71
Rooming (Rooms) Inspected -----	645
Quarantine Trips -----	53
Miscellaneous Trips -----	282

DIPHTHERIA

September 10, 1918

During the last six weeks, with the exception of one carrier as noted below, not a case of Diphtheria has been reported to the Department. This is an unusual condition. However, such a situation is liable to lead to a false sense of security. It is more than probable that many mild cases of the disease have existed in the city during this time—cases so mild that a doctor was not called, the nature of the disease not being suspected. If such is true there are now many healthy carriers of the disease, associating with other persons in school, etc. We have planned to examine every school child in the city as soon as possible. About one-third of them have already been examined and through this examination one carrier has already been discovered, as noted above. It is impossible to discover some carriers by ocular examination and it is not possible for us to take swabs from all school children. Therefore we may yet have an epidemic of this disease. The situation demands the greatest diligence on the part of the doctors. Any case bearing the least suspicion of Diphtheria should be reported at once, so that isolation can be enforced. It is well known that the first two or three months of the school term is the time that Diphtheria is most apt to spread.

The following suggestions concerning the treatment of Diphtheria cases, exposures, and carriers are now so well established as to be beyond controversy:

1. All actual cases should be treated by a single dose of anti-toxin, large enough to effect a cure. The dose should be from 10,000 units to 100,000.

2. Exposures should be given the Schick Test. All found non-immune should be immunized with toxin-anti-toxin. The anti-toxin alone immunizes for only 3 to 6 weeks.

3. Carriers are as dangerous to others as actual cases and must be kept isolated as long as virulent. Virulency tests will be made by us after 3 or 4 weeks' quarantine. The only effective treatment for carriers is removal of tonsils which can be safely done when evidences of inflammation in the throat have disappeared.

4. In all cases of sore throat or running nose at this season of the year, swabs should be taken and sent to City Laboratory for examination.

5. If the case looks like Diphtheria it should promptly be treated as such without waiting for laboratory report. Eighteen to 24 hours' delay in giving anti-toxin may lose the life of the child. Laboratory report; 18 to 24 hours' delay in giving anti-toxin may lose the life of the child.

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DIVISION OF HEALTH

Dept. of Public Welfare

DAYTON,



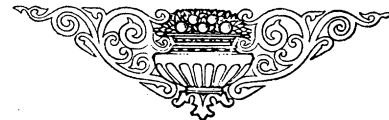
SEPTEMBER 1, 1918

Prompt report of cases is essential
to disease control.



Dr. D. F. Garland,
Director of Public Welfare

Dr. A. O. Peters, Commissioner of Health



Wm. A. Selz Printing Co., Dayton, Ohio.