



Q This little pamphlet is the third in the series of "Health Notes," that are sponsored by the Women's Auxiliary of the Jewish General Hospital.

These health notes have been authorized and prepared under the auspices of the Medical Board of the hospital and are written to guide you, in your task of safe-guarding the health of your family and yourself. It is sincerely hoped that you will find them informative and useful.



Acute Communicable Diseases



In an endeavour to prepare a short pamphlet about acute communicable diseases, the important practical considerations concerning the most prevalent ailments will be mentioned rather than making any attempt at a cumbersome compendium of details.

The municipal, provincial and federal governments maintain health departments for the protection of the populations which they serve. Constant unrelenting vigilance on their part of water, milk, food supplies, etc. goes a long way to control the spread of communicable diseases. They deserve and should receive our complete co-operation. However, there are some preventive procedures which must be applied to each and every child in order to make them as effective as possible in the entire community. In this connection, it cannot be overstressed that it is not enough to know how to prevent certain diseases: to derive the full benefit of such knowledge, its universal application must be carried out. Laws making some of these procedures compulsory have been enacted but their enforcement depends upon proper education and co-operation.

SMALLPOX: Only relatively few communicable diseases can be prevented by inoculations. The oldest of these is smallpox. Every infant should be vaccinated, preferably between 3 and 6 months of age, and re-vaccinated after 7 years, according to the health regulations of this province. In a locality, where cases of the disease are found, every infant should be vaccinated and anyone who has been vaccinated more than 5 years previously should be re-vaccinated.

DIPHTHERIA: Diphtheria is a serious disease which can be practically entirely prevented. Every infant should receive 3 inoculations of toxoid at monthly intervals, beginning at about 6 months of age. If, for any reason, one or more of the inoculations are postponed, they should be completed as soon as possible after any necessary delay.

WHOOPING COUGH: Whooping cough is another serious disease, especially in infants. Unfortunately, inoculations against it are not quite as effective as those which are given against smallpox and diphtheria. Considerable experience has shown that many children do not develop whooping cough after receiving inoculations against it, and in those who do develop the disease after receiving them it is usually not severe. Therefore, 3 injections of whooping cough vaccine at monthly intervals are recommended for infants at the age of about 6 months. They are usually given in combination with the diphtheria inoculations. Reactions, if any, following these inoculations are generally slight and over by the next day. A reinforcing or booster dose of whooping cough vaccine, together with diphtheria toxoid, should be given about a year after the 3 primary inoculations, and again before entering school, when the child is 5 years old.

SCARLET FEVER: Many parents inquire about inoculations to prevent scarlet fever. This disease, though very prevalent, has lost much of its sting. The usual case is mild, and, since the advent of sulfonamide drugs and penicillin, the period of acute illness of even severe cases is shortened, and complications are less frequent than many years ago. In attempts at active immunization of certain persons who are frequently exposed to this disease, e.g.

nurses, some good results have been reported. As regards its use for all children, an authoritative consensus of opinion "does not feel that as yet this procedure should be adopted as a public health measure".

TETANUS: Regarding inoculations against tetanus (lockjaw), they are frequently given to infants in combination with diphtheria toxoid and whooping cough vaccine. Periodically, one reinforcing or booster dose is required in order to adequately maintain the child's protection against lockjaw. By these means, the child is spared injections of antitetanus serum, whenever he or she receives a wound which is contaminated with earth, dust, etc.

MEASLES: There is no inoculation which will be followed by prolonged protection against measles. After intimate exposure to the disease a child may be given an injection of a preparation which may prevent the disease, or, as is frequently more desirable, will make it milder. This is recommended especially for children under 2 or 3 years of age because serious complications of measles are most frequent in young children. Infants under 6 months of age do not usually require this since, as a rule, they have not yet lost the immunity they inherit from their mothers. It is very rare to have measles more than once.

Chicken pox, mumps and German measles are common communicable diseases of childhood. They are rarely serious. There are no methods of active immunization against them. Lifelong protection is generally acquired after recovery from them.