

HOW THE DEPARTMENT OF HEALTH  
OF THE CITY OF NEW YORK IS  
FIGHTING TUBERCULOSIS.

PREPARED FOR THE INTERNATIONAL  
CONGRESS ON TUBERCULOSIS,

WASHINGTON, D. C.,

SEPT. 21 TO OCT. 12, 1908.

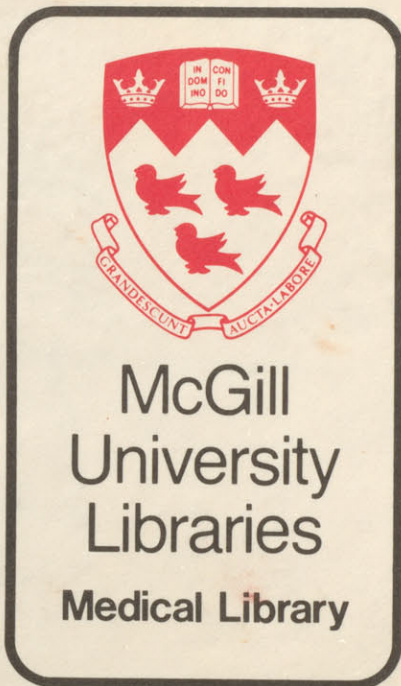


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*New York (City)*  
**BY THE BOARD OF HEALTH**

1908

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## A Brief History of the Campaign Against Tuberculosis in New York City

BY

**HERMANN M. BIGGS, M.D., General Medical Officer**

The publication in 1882 of the classical researches of Robert Koch on the Etiology of Tuberculosis definitely placed this disease in the group of infectious, communicable and preventable diseases. It then logically became at once the duty of sanitary authorities to adopt, so far as possible, the measures necessary to restrict the prevalence of tuberculosis, but the full significance of the discovery was not at once appreciated, and some years elapsed before any serious attempt was made to apply the demonstrated scientific facts to the practical prevention of this disease.

In 1887, the writer, at that time one of the consulting pathologists of the Department of Health of the City of New York, having felt for several years the primary importance and necessity for administrative action in relation to this disease, urged upon the Board of Health of New York City the immediate enactment of suitable regulations for the sanitary surveillance of the tubercular diseases. At that time, however, neither the medical profession nor the laity of the City of New York sufficiently appreciated the importance of the matter, and the Board of Health, after seeking advice from various sources, only considered it wise to adopt certain measures designed to extend information among the tenement house population as to the nature and the methods for the prevention of the disease.

In 1892 and 1893 the matter was again brought up by the writer for serious discussion, but it was not until early in 1894 that the first definite steps were finally taken by the Board of Health to exercise a genuine surveillance over tuberculous persons. From the outset the writer has always insisted that a rational campaign for the prevention of tuberculosis (especially pulmonary tuberculosis), must be primarily based on a system providing for the notification and registration of every case of this disease. In accordance with his recommendations, the Board of Health, early in 1894, adopted a series of resolutions providing for a system of notification, partly compulsory and partly voluntary in character. Public institutions of all kinds (hospitals, clinics, dispensaries, etc.) were *required* to report all cases coming under their supervision within one week, while private physicians were *requested* to do so. In view of what seemed at that time such a radical procedure as the notification of tuberculosis, it was deemed wiser to at first employ such a compromise scheme.

The original plan (adopted in 1894 by the Board of Health) provided the following:

First: An educational campaign through the use of specially prepared circulars of information designed to reach different classes of the population (one of which was printed in



many different languages), and also the utilization of the public press and lectures for the dissemination of popular information.

Second: The compulsory notification of cases by public institutions and the request for the notification of private cases with all the data necessary for registration. Proper blanks, postal cards, etc., were provided for these reports.

Third: The plotting of all reported cases on large maps specially prepared, showing every house lot in the Boroughs of Manhattan and The Bronx (then constituting the City of New York). Each case reported and each death occurring from tuberculosis was plotted by conventional signs showing the month and year that each came under the observation of the Department.

Fourth: A special corps of medical inspectors was appointed, whose duty consisted in visiting the premises, where cases were reported as existing, and if the patients were not under the care of a private physician, leaving printed and verbal instructions informing the patient and family, what precautions should be taken to prevent the communication of the disease to others.

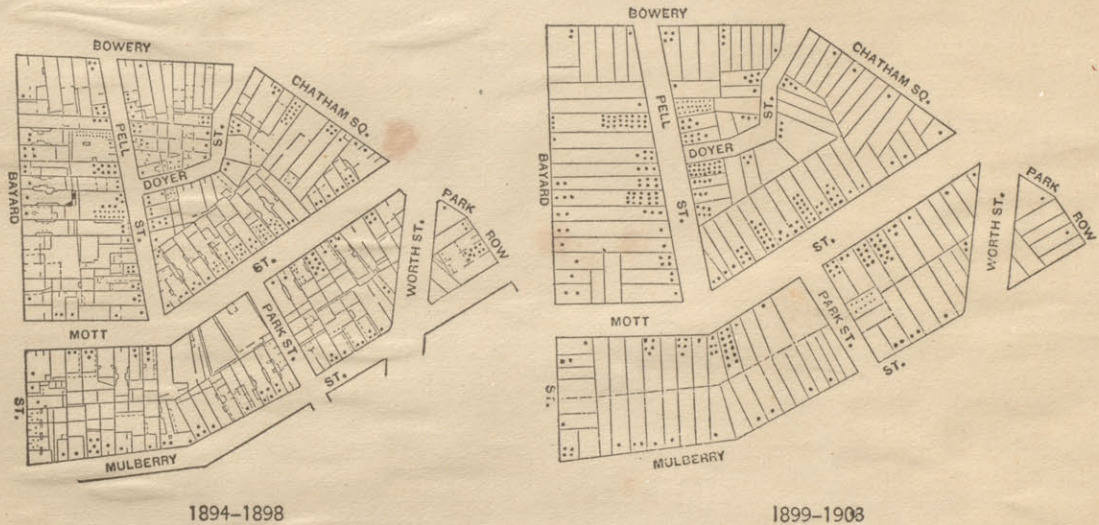
Fifth: When premises had been vacated by the death or removal of the consumptive, the inspectors arranged for the removal of bedding, rugs, carpets, clothing, etc., for disinfection by steam, and for the cleaning, disinfection or renovation, as might be required, of the rooms occupied by the consumptive. Where it was considered necessary, the rooms were placarded, forbidding occupation by other persons until the order of the Board of Health, requiring their renovation, had been complied with.

Sixth: Provision was made for the free bacteriological examination of the sputum from any suspicious case of tuberculosis in the bacteriological laboratory of the Department of Health. (The bacteriological laboratories were first opened in 1892, and were, I believe, the first municipal bacteriological laboratories in the world.) Facilities were provided for the convenience of physicians desiring to send specimens of sputum by the establishment of depots at convenient points throughout the city, where sputum jars and blanks for recording information could be obtained, and where specimens of sputum for examination could be left. These were collected each day by the collectors of the Department, taken to the laboratory, examined, and a report forwarded to the physician of the results of the examination the following day. This system of free examination of sputum for diagnosing tuberculosis was in harmony with the policy which the Board of Health adopted in 1892, namely, that "it properly comes within the functions of the sanitary authorities to furnish facilities of all kinds, which are useful or necessary in the diagnosis, specific treatment and prevention of all the diseases which are at the same time infectious, communicable and preventable." It was believed that the free examination of sputum would materially assist in the early diagnosis of tuberculosis, especially

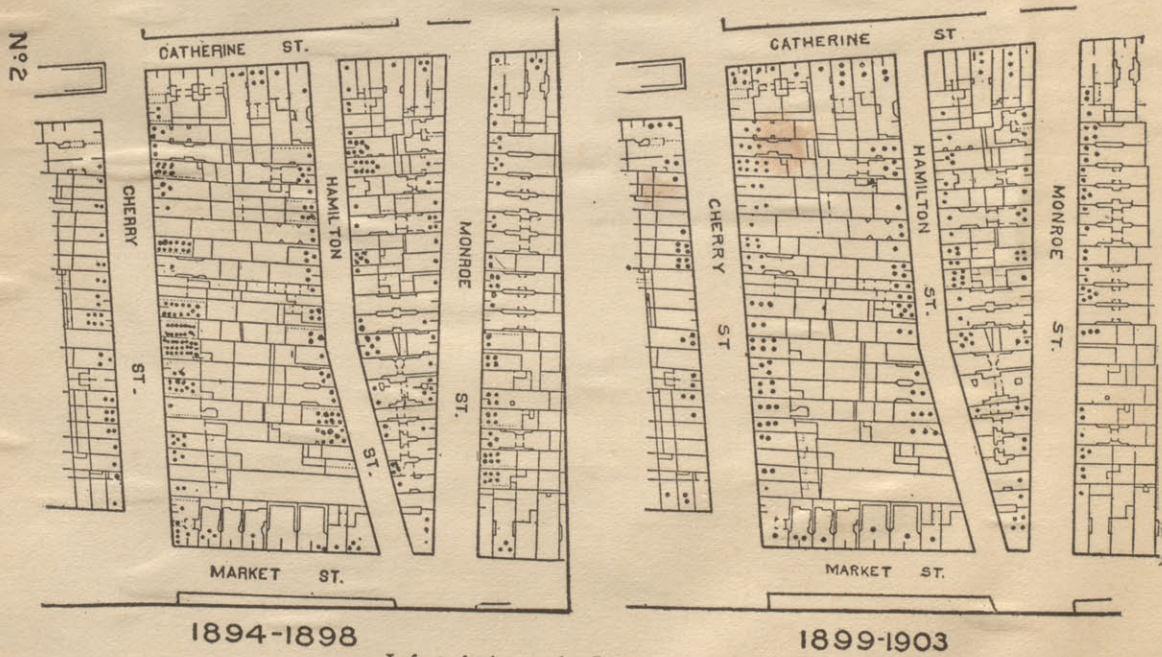


among the lower classes, and would encourage physicians to report cases. An early condition was made that no specimens of sputum would be examined, which did not have accompanying them all the data necessary for complete registration of the case.

The result of the first year's work was, on the whole, gratifying. It covered only ten months of the calendar year, and during this time more than four thousand cases of pulmonary tuberculosis were reported, and about five hundred specimens of sputum were sent for examination. As a result of the notification, accurate data as to the chief centres of infection became for the first time available, and thus the Department of Health was enabled to direct its efforts to the best advantage. The very striking existence of tuberculosis in certain localities was demonstrated in a remarkable way by the maps on which were plotted the cases and the deaths from this disease. A number of small sections from these maps were first published in 1892.



1894-1898 1899-1903  
Infected Areas in Lower New York.



1894-1898 1899-1903  
Infected Areas in Lower New York.



In 1897, after three years of this preliminary and educational work, the time seemed ripe for an extension of the regulations. In that year the Board of Health amended the Sanitary Code so as to require notification in all cases of tuberculosis, both private and public. San. Code. Sec. 133. It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen. A. Contagious (very readily communicable)..... B. Communicable..... typhoid fever..... tuberculosis (of any organ)..... epidemic cerebro-spinal meningitis..... puerperal septicaemia, erysipelas..... C. Indirectly communicable (through intermediary host)..... malarial fever.

This action at once aroused bitter opposition in the medical profession, and in 1898 the two largest medical societies in New York City adopted resolutions absolutely condemning the action of the Board of Health, and the Medical Society of the County of New York appointed a special legislative committee for the purpose of obtaining legislation to withdraw from the Board of Health the power to deal in any way with the tuberculous diseases. Such legislation was introduced at two successive sessions of the New York State Legislature, but was defeated each year, after much difficulty.

A special committee appointed by the President of the New York Academy of Medicine considered the new regulations and after several prolonged meetings, in which there was marked division of opinion, compromised on a resolution declaring it to be the opinion of the committee that the procedure was at that time inexpedient and inadvisable.

The usual objections which have been urged to notification were put forward in the discussions in the various medical societies. As a matter of fact, so carefully did the Board of Health protect the rights of both physicians and patients, that a constantly increasing proportion of the cases of tuberculosis were reported, while there was a steady decrease in the opposition to the regulations. At the present time it is estimated that at least 90 per cent. of the recognized cases of pulmonary tuberculosis are reported in the Boroughs of Manhattan and The Bronx.

In 1902 the Board of Health adopted resolutions requiring the landlords and janitors of tenement and apartment houses to report to the Department the removal of any tenant suffering from tuberculosis, in order that proper disinfection might be performed by the Department of Health. Physicians, too, were requested to report the removal of any of their patients from one address in the city to another, or the removal from the city itself.

Continuous pressure was constantly exercised on all sides to secure increased accuracy in the reports, and comparisons were made of the deaths reported from tuberculosis with the re-



ported cases of tuberculosis, to determine whether the cases had been reported previous to death. When deaths were found which had not been previously reported during life the physicians were requested to furnish an explanation for the failure, and, in some instances, were summoned before the Board and threatened with prosecution, but only rarely has it been necessary to begin legal action.

A regular census of the tuberculous inmates of all public institutions admitting or caring for tuberculous patients was first taken in 1897 and has been taken semi-annually since that time. In 1897 only about one thousand beds were occupied by this class of cases, and these were largely in the general wards of the general hospitals. The Board then began to bring pressure upon the management of the various hospitals in the city to segregate their cases in separate wards or in separate buildings, and a little later forbade the treatment of cases of pulmonary tuberculosis, in the general wards of the hospitals. Efforts have been constantly made to secure accommodations for and effect the removal of advanced cases from their homes to public institutions, and facilities for the care of these have been steadily increased. In contrast to the one thousand beds occupied in 1897 by tuberculosis cases, in 1907, about twenty-five hundred were thus occupied, notwithstanding the fact that the actual number of deaths from pulmonary tuberculosis in New York City had increased but little during this period. The actual number of cases in the city is probably less, certainly not more, than in 1897—the death rate having decreased more than enough to compensate for the increase of population. Still, the people and the medical profession have become so well educated now to demand hospital and sanatorial care, that the accommodations although nearly three times as great, are more inadequate than were the one thousand beds available in 1897.

In 1903 the Department of Health set aside several pavilions in one of its hospitals for contagious diseases for the special care of cases of tuberculosis, which it might become necessary to remove and retain if necessary against their will. It was early recognized that the point of view of the hospital and of the sanitary authorities was radically different. The superintendent of a hospital will naturally insist on dismissing at once a patient who is insubordinate or violates the rules of the institution, and, yet, from the sanitary point of view, such a patient is the most dangerous one to be at large. These pavilions were opened particularly for the care of such cases, at first with a capacity of forty-eight beds, which has since been increased to more than two hundred. Since May, 1902, whenever it has seemed necessary for the protection of the public health, cases of tuberculosis have been removed and retained, whether they have been willing to enter or remain in a hospital or not.

In 1903, provision was also made for the employment of a corps of trained nurses, in addition to the corps of special medical inspectors, in order that a closer and more continuous supervision of the cases remaining in their homes might be maintained. The nurses visit such cases regularly, make record of the surroundings, mode of living, physical and financial



condition, temperature, observance of instructions and of any special needs. When it seems desirable, recommendation for charitable assistance or for removal to a hospital is made. The work of the inspectors is now largely limited to visiting the premises to make a special examination of a case, or of the condition obtaining in the home, to recommend forcible removal, or to order disinfection or renovation of premises after their vacation either by death or removal.

It will be readily understood from what has been said that the work of the Department of Health has been closely affiliated with the Department of Public Charities, with various charitable organizations, and with the Tuberculosis Committee of the Charity Organization Society, which has for its specific purpose the combat against tuberculosis.

In 1904 the first clinic (dispensary) was opened by the Department of Health in a building specially constructed for the purpose in the Borough of Manhattan, and in 1906 and 1907 similar clinics were established in the Boroughs of Brooklyn and The Bronx respectively. These clinics have the usual purpose of such clinics and have attached to them the corps of trained nurses referred to above. They have been very largely patronized, and act as clearing houses for the disposition of all reported cases of this disease.

Between 1904 and 1907 several other special tuberculosis clinics (dispensaries) were opened in connection with various city hospitals or dispensaries, and in 1897, under the patronage of the Tuberculosis Committee of the Charity Organization Society, an association of tuberculosis clinics was formed, comprising not only the clinics of the Department of Health, but also all of those in the city which comply with certain requirements (including the provision of trained nurses for visiting patients at their homes, etc.).

The city has been divided into districts, each clinic being in charge of and control of the district in its immediate vicinity. All the clinics report their cases to the Department of Health, and all patients attending a clinic outside of the district in which they live are referred back to the clinic in their own district for treatment and supervision.

This plan has worked extremely well, and has prevented the wandering of patients from clinic to clinic in the hope of finding relief, and has obviated much unnecessary duplication of work.

In 1896 the Department of Health, after strenuous efforts continued over a number of years, obtained a site for the establishment of a tuberculosis sanatorium for incipient and early cases at Otisville in the Shawangunk Mountains, about seventy-five miles from New York City. A tract of more than thirteen hundred acres of land was obtained, lying at an elevation from nine to thirteen hundred feet above sea level.

The development of this institution has gone on somewhat slowly, as it has been along new lines. The present capacity is a little less than two hundred patients, only males being accepted. It is hoped that eventually from six hundred to one thousand patients may be accommodated,



in a number of separate units, each of which will provide for from one hundred and fifty to two hundred and fifty patients. Treatment is entirely free, but admission is restricted to residents of New York City, and is obtained through the clinics of the Department of Health.

In its educational campaign the Department of Health has made use of all the various agencies whose aid it could enlist. In addition to the distribution of the circulars of information already referred to, a vigorous crusade has long been waged against the filthy habit of spitting in public places. All street cars, elevated and underground railways, ferryboats, public buildings, piers, etc., have been placarded with large signs prohibiting spitting. The sanitary police of the Department have constantly made arrests of persons violating the law, and the newspapers have aided by giving the matter proper publicity. As a result of these measures, spitting is much less prevalent than it was a few years ago, although still much remains to be desired.

Another device employed to educate the public concerning tuberculosis is by means of exhibitions. The Department of Health first prepared a complete tuberculosis exhibit in 1903. This consisted of photographs, charts, circulars, and the various blanks, cards, etc., used by the Department. The exhibit was sent to various cities in New York and other states.

A great deal of effective educational work has been done by means of public lectures. In 1906 lantern slides were prepared to illustrate the work of the Department. These consisted of pictures showing sanatoria and hospitals for the treatment of tuberculosis, tables showing the ravages wrought by consumption, photographs of sanitary and unsanitary dwellings, pictures and sentences telling how a consumptive should look after himself, etc. These slides have been exhibited during each summer by means of stereopticon lanterns in the various parks of the city, and have always attracted large audiences.

The Department of Education has also rendered valuable assistance in educating the public. A number of lectures in the Free Lecture Courses have been devoted each year to the consideration of tuberculosis, and in the classroom instruction in hygiene, special emphasis has been placed on consumption, and the spitting habit. Arrangements have also been completed for the distribution to each school child, of a "consumption catechism" prepared and supplied by the Department of Health.

The tuberculosis work now being carried on by the Health Department of the City of New York may be summarized as follows:

- (1) Notification and registration of all cases of tuberculosis (inaugurated 1894 and extended 1897).
- (2) Free bacteriological examination of sputum, to aid notification and to facilitate the early and definite diagnosis (1894).
- (3) Educational measures of various kinds, circulars, lectures, exhibits, newspaper articles.



(4) Visitation of consumptives in their homes (1894). Continuous supervision of cases in tenement houses by the corps of trained nurses (1903).

(5) Free disinfection by the Department of Health, and issuance of orders for the renovation of rooms vacated by consumptives (1894).

(6) Furnishing milk and eggs, and referring cases to the proper charitable organizations (1903).

(7) Three classes of institutions are provided:

a Free clinics (dispensaries) for ambulant cases unable to go to sanatoria (1904).

b Free sanatorium for incipient and early cases (1906).

c Free hospitals for advanced cases.

(8) Forcing certain classes of patients into a hospital and retaining them there (1901).

(9) Enforcing regulations concerning spitting in public places.

(10) Research studies concerning the mode of infection, the role of bovine tuberculosis, characteristics of the tubercle bacillus. etc.

The following table exhibits the principal statistics concerning the tuberculosis campaign in New York City.

TABLE GIVING DEATH RATE, NUMBER OF DEATHS, AND OTHER DATA CONCERNING TUBERCULOSIS IN THE CITY OF NEW YORK FROM 1881 TO 1907.

I.—MANHATTAN AND THE BRONX.

YEAR	General Population	Total Deaths All Causes	General Death Rate	Total Tuberculosis Deaths	Death Rate All Tuberc.	Deaths Pulm. Tuberc.	Deaths Other Tuberculosis	Per Cent. of Tuberc. on Total Deaths	Death Rate Pul. Tuberc.	Total No. Cases Tuberc Reported Inc Duplicates	Duplicates	No. Spec. Sputum Exam.
1881	1,244,511	38,624	31.04	6,123	4.92	5,312	811	15.85	4.27			
1882	1,280,857	37,924	29.61	6,052	4.72	5,247	805	15.96	4.10			
1883	1,318,264	34,011	25.80	5,943	4.51	5,290	653	17.47	4.01			
1884	1,356,764	35,034	25.82	6,039	4.45	5,235	804	17.28	3.86			
1885	1,396,388	35,682	25.55	5,945	4.26	5,196	749	16.66	3.72			
1886	1,437,170	37,351	25.99	6,349	4.42	5,477	872	16.99	3.81			
1887	1,479,143	38,933	26.32	6,007	4.06	5,260	747	15.43	3.56			
1888	1,522,341	40,175	26.39	6,073	3.99	5,260	813	15.12	3.46			
1889	1,566,801	39,679	25.32	6,041	3.86	5,179	862	15.22	3.30			
1890	1,612,559	40,103	24.87	6,409	3.97	5,492	917	15.98	3.41			
1891	1,659,654	43,659	26.31	6,109	3.56	5,160	949	13.99	3.11			
1892	1,708,124	44,329	25.95	6,061	3.55	5,033	1,028	13.67	2.95			
1893	1,758,010	44,486	25.30	6,163	3.51	5,124	1,039	13.85	2.91			
1894	1,809,353	41,175	22.76	5,720	3.16	4,658	1,062	13.89	2.57	4,166		511
1895	1,873,201	44,420	23.18	6,283	3.35	5,205	1,078	14.47	2.78	5,824		1,147
1896	1,906,139	41,622	21.84	5,926	3.11	4,994	932	14.24	2.62	8,334		1,856
1897	1,940,553	38,877	20.03	5,791	2.98	4,843	948	14.89	2.50	9,735		2,703
1898	1,976,527	40,438	20.46	5,901	2.99	4,957	944	14.59	2.51	10,798	2,239	2,920
1899	2,014,330	39,911	19.81	6,209	3.08	5,238	971	15.56	2.60	10,484	2,472	3,115
1900	2,055,714	43,227	21.03	6,179	3.00	5,278	901	14.29	2.56	9,639	2,436	3,512
1901	2,118,209	43,307	20.44	6,049	2.85	5,233	816	13.97	2.47	12,135	3,005	4,397
1902	2,182,836	41,704	19.11	5,744	2.63	4,893	851	13.77	2.24	13,383	3,738	4,631
1903	2,241,680	41,749	18.56	6,086	2.70	5,250	836	14.60	2.33	15,787	4,698	7,764
1904	2,318,831	48,693	21.00	6,275	2.71	5,495	780	12.89	2.37	20,451	6,638	9,606
1905	2,390,382	45,199	18.91	6,348	2.66	5,678	670	14.04	2.38	24,142	9,106	11,431
1906	2,464,432	46,108	18.71	6,696	2.72	5,900	796	14.52	2.39	22,092	8,201	16,003
1907	2,541,084	47,698	18.76	6,809	2.68	6,030	779	13.49	2.37	24,363	10,746	20,595
II.—GREATER NEW YORK.												
1898	3,272,418	66,224	20.26	9,265	2.69	7,724	1,541	13.97	2.25			3,945
1899	3,350,722	65,344	19.47	9,575	2.70	8,016	1,559	14.65	2.26			4,500
1900	3,446,042	70,872	20.57	9,630	2.79	8,154	1,476	13.59	2.37	14,433	2,456	5,289
1901	3,554,079	70,717	19.91	9,389	2.64	8,135	1,254	13.28	2.29	17,588	4,191	6,744
1902	3,665,825	68,112	18.58	8,883	2.42	7,571	1,312	13.44	2.07	16,614	4,268	7,820
1903	3,781,423	67,923	17.96	9,287	2.46	8,001	1,286	13.70	2.12	20,266	5,052	11,859
1904	3,901,023	77,985	19.99	9,744	2.50	8,495	1,249	12.49	2.18	28,444	9,721	16,971
1905	4,024,780	73,714	18.31	9,658	2.40	8,535	1,123	13.10	2.12	31,963	11,132	18,639
1906	4,152,860	76,203	18.35	10,194	2.45	8,955	1,239	13.38	2.16	30,826	10,741	21,779
1907	4,285,435	79,205	18.76	10,262	2.26	8,999	1,263	12.96	2.10	32,730	13,005	27,277



SANITARY SUPERVISION OF TUBERCULOSIS.

The Department of Health of New York City exercises sanitary supervision of pulmonary tuberculosis by virtue of the following sections of the Sanitary Code.

San. Code Sec. 133. It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen.

- A. Contagious (very readily communicable).....
- B. Communicable .....tuberculosis (of any organ).....
- C. Indirectly communicable (through intermediary host).....

San. Code Sec. 135. It shall be the duty of every physician to report forthwith, in writing, to the Department of Health, the death of every person who dies from, or while suffering with, any infectious disease, and to state in such report the specific name and type of such disease.

San. Code Sec. 136. It shall be the duty of every keeper of any boarding house or lodging house, and the proprietor of every lodging house or hotel, to report forthwith to the Department of Health all the known facts in regard to any person ill, in any house or hotel under his or her charge and suffering from.....tuberculosis.

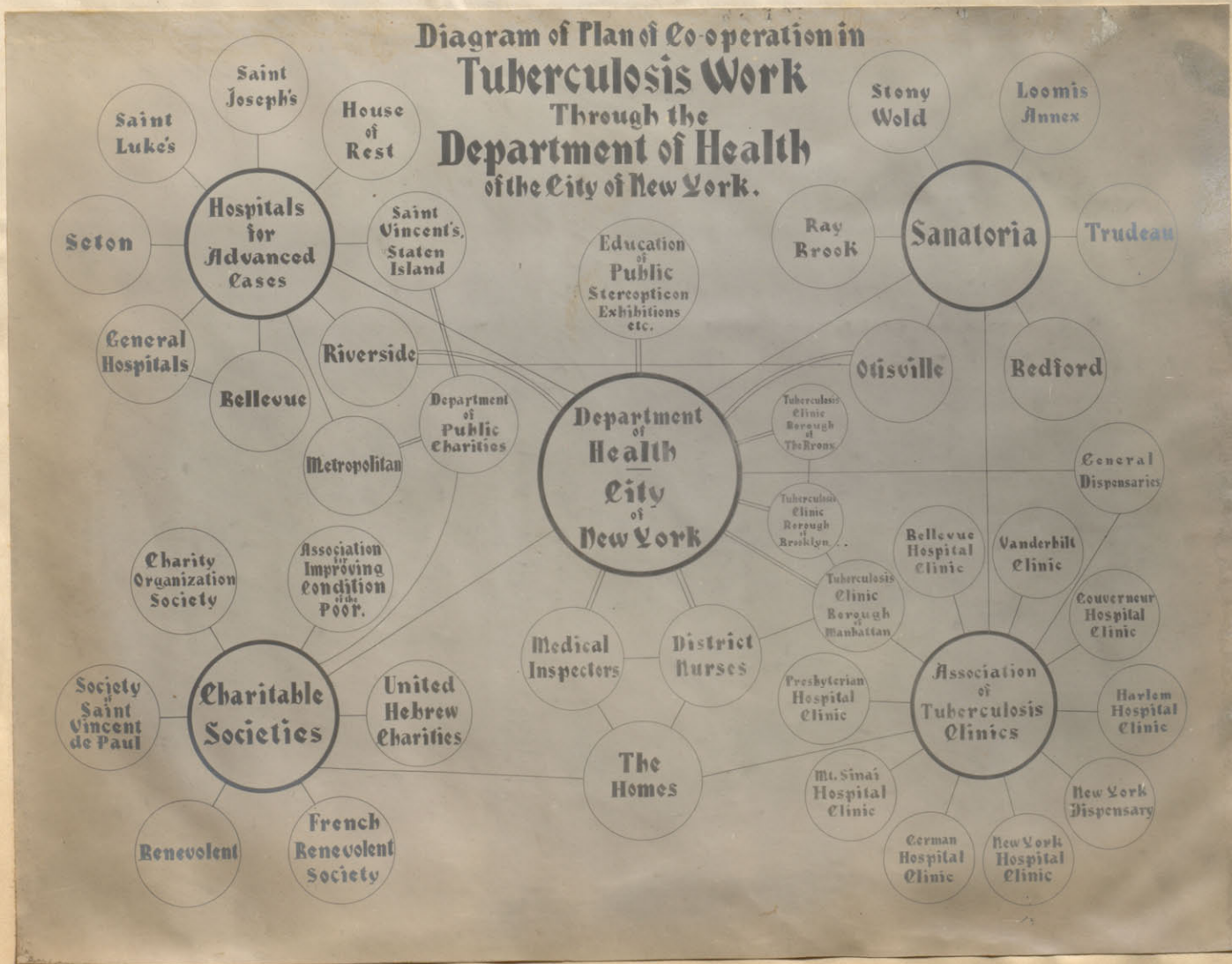
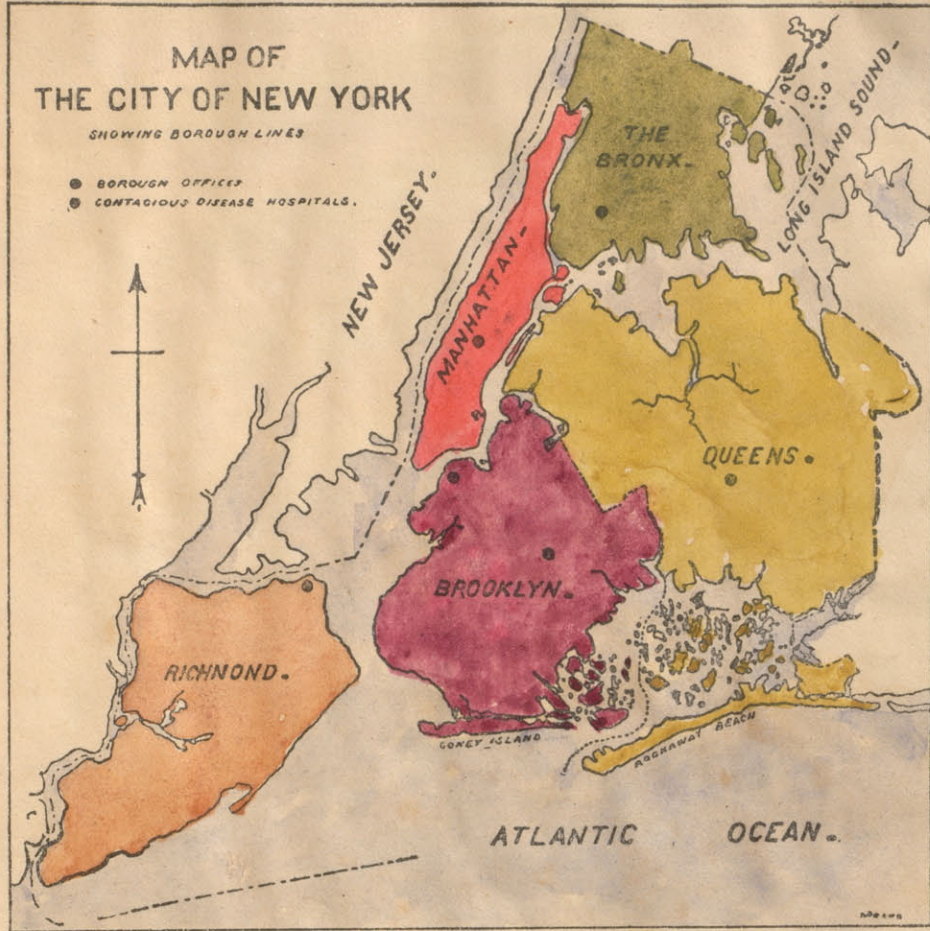
San. Code Sec. 137. It shall be the duty of every person having knowledge of the existence of any person afflicted with.....tuberculosis.....who he has reason to think requires the attention of the Department of Health, to at once report to the Department all the facts in regard to the disease; and no person shall interfere with or obstruct the entrance, inspection or examination of any building or house, or the occupants thereof, by the inspectors and officers of this Department, when any case of one of the infectious diseases above specified has been reported as existing in such house or dwelling; nor shall any person interfere with or obstruct, mutilate or tear down any notices of this Department posted in or on any premises in the City of New York.

San. Code Sec. 138. It shall be the duty of the commissioners or managers, or the principal, superintendent or physician of each and every public or private institution or dispensary in this City to report to the Department of Health, in writing, or to cause such report to be made by some proper and competent person, the name, age, sex, occupation and latest address of every person afflicted with tuberculosis, who is in their care or who has come under their observation, within one week of such time. It shall be the duty of every person sick with this disease and of every person in attendance upon any one sick with this disease, and of the authorities of public or private institutions or dispensaries, to observe and enforce all the sanitary rules and regulations of the Board of Health for preventing the spread of pulmonary tuberculosis.

San. Code Sec. 139. Whenever an inspector of this Department shall report in writing that any person sick of any infectious disease, under such circumstances of continuance of such sick person in the place where he or she may be is dangerous to the lives of other persons residing in the neighborhood, the sanitary superintendent.....upon the report of the medical inspector of the Department, may cause the removal of such sick person to one of the hospitals under the charge of this Department or to a hospital delegated by the Board of Health.

San. Code Sec. 144. Every owner, lessee, tenant, and occupant of any dwelling or apartment in the City of New York shall forthwith report to the Department of Health, in writing, the removal of any person from such dwelling or apartment who shall be suffering from .....tuberculosis (of any organ).







## ROUTINE PROCEDURE.

All cases of pulmonary tuberculosis occurring in the City of New York are registered at the Department of Health; and all necessary steps taken to render that registration as accurate and complete as possible.

Every person (or the family of such person) suffering from that disease is furnished instructions as to the measures to be taken to prevent their spread.

Bedding, etc., used by persons suffering from those diseases, is disinfected. All premises which have been occupied by persons suffering from pulmonary tuberculosis, on termination of the case in any manner, are fumigated with formaldehyde, or renovation is ordered.

Charitable assistance or hospital care is provided so far as is possible for all cases wishing or requiring such assistance or care.

The general public is educated as to the nature of the above diseases, the precautions to be taken against their spread, the advisability of institution and sanatorium treatment, etc.

Patients with no attending physician are: (a) visited at their home by nurses and given necessary assistance and advice; (b) provided with extra diet (milk and eggs) when necessary; and (c) given free medical treatment at the Department Clinics.

The sanitary supervision of pulmonary tuberculosis in the different Boroughs of the City is carried on by means of a corps of twenty-eight inspectors apportioned as follows: Manhattan, twelve; The Bronx, four; Brooklyn, seven; Queens, three, and Richmond, two.

The staff of nurses is apportioned as follows: Manhattan, seven; Brooklyn, four; Bronx and Queens, two each; Richmond, one. Each nurse has a district in the Borough assigned to her.

NOTIFICATION.—Cases of tuberculosis are reported to the Department of Health by:

(a) Private physicians: (1) on the postal cards furnished (Form 58 L); (2) by the forwarding of specimens of sputum for examination. (See Diagnosis Laboratory.)

58 L-1908

2295, '08, 3,000 (P)

Please do not use this card to report cases of Diphtheria, Measles or Scarlet Fever

## REPORT OF COMMUNICABLE DISEASE

Name of Patient ..... Age .....

Residence ..... Floor .....

Disease ..... Duration .....

Remarks .....

The receipt of this report will be acknowledged in every instance. If such acknowledgment does not reach you in three days, kindly notify the Department.

NO CASE OF TUBERCULOSIS UNDER THE CARE OF A PRIVATE PHYSICIAN IS VISITED EXCEPT BY REQUEST.

Reported by ..... M. D.

Date ..... Address .....

NOTE.—San. Code, Sec. 133: It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen: Typhoid Fever, Tuberculosis (of any organ), Tetanus, Epidemic Cerebro-Spinal Meningitis, Puerperal Septicaemia, Erysipelas, Influenza, Pneumonia (all forms), Malarial Fever.



(b) Institutions (hospitals, sanatoria, dispensaries, charitable organizations) report their cases: (1) By telephone daily. Larger institutions are called up from Borough office, and admissions, discharges and deaths for preceding 24 hours ascertained and recorded on Form 204 L. (2) By telephone bi-weekly, tri-weekly or weekly, according to the number of cases. Smaller institutions are called up from Borough offices and record for respective period ascertained. These reports are acknowledged and confirmed by postal (Form 223 L). Note: To facilitate the collection of this information and obviate delay, confusion and error, special record books have been furnished to each institution (Form 23 LL).

204 L-1907 2169, '07, 25,000 (P)

**DEPARTMENT OF HEALTH**  
CITY OF NEW YORK

**Division of Communicable Diseases** Borough of.....

Institution..... Date.....

NAME	ADDRESS	Floor	Age	Sex	Occupation	No.

223 L-1908 21-484, '08, 5,000 (P)

**DEPARTMENT OF HEALTH**

DIVISION OF COMMUNICABLE DISEASES. Borough of.....

The following information, for twenty-four hours ending this A.M. \_\_\_\_\_  
regarding cases of tuberculosis, was obtained from your Institution by telephone.

NAME OF PATIENT	ADDRESS

If this is not correct, kindly advise us at your earliest convenience by telephone.

Respectfully,  
Date \_\_\_\_\_ J. S. BILLINGS, JR., M. D.,  
Chief of Division.



















RECORDS.—The various records, files, indices, etc., of cases of pulmonary tuberculosis centre around an alphabetical “name” index (Form 20 L) in which the name, age, address, date, case number, and source of report of every living case is entered, together with the name of the sub-index in which the record card is filed. The actual record cards are filed in different sub-indices according to circumstances, as follows:

- (a) “Private” cases (P. C. on name card): reported by private physicians, and not visited by inspectors or nurses.
- (b) “At Home” (A. H. on name card): cases at their homes under supervision by the Department (*i. e.*, not under the care of a physician).
- (c) “Hospital” cases (“Hosp.,” followed by a space for name of institution): reported as having entered a hospital.
- (d) “Not found” cases (N. F.): those not found at address under which reported.
- (e) “Dead” cases (name card is removed from name index and filed separately).
- (f) “Out of town” cases (O. O. T.): reported as having left the City.
- (g) “No case” and “Recovered” (N. C.): found on investigation not to be cases of tuberculosis, or reported as recovered.

20 L-1908	21-405, '08, 19,000 (P)
Name	_____
Address	_____
No.	_____
Age	_____
Date	_____
A. H.—P. C.—N. F.—N. C.	_____
O. O. T.	_____
Hosp.	_____
Dead	_____

GENERAL ROUTINE.—On receipt of report of a case, from whatever source, it is first acknowledged—(telephone reports from institutions on Form 223 L, postals and sputum from physicians on Form 16 L, complaints and miscellaneous on Form 191 L); then it is searched for in name index. If a new (previously unreported case, a record case number is assigned (beginning each January 1st), which is stamped on the original postal card, telephone card, or report card from Diagnosis Laboratory (Form 11 L). If an old case (a duplicate), the old number is written in black ink.



16 L-1908

21-404, '08, 13,000 (P)

## DEPARTMENT OF HEALTH CITY OF NEW YORK

*Telephone 4900 Columbus*

### DIVISION OF COMMUNICABLE DISEASES

*Borough of* .....

.....190

Dr. ....

**Sir :**

Your report (by postal : laboratory specimen) of the following case of (tuberculosis) (typhoid fever) (cerebro-spinal meningitis) (erysipelas) has been received :

Name .....

Address .....

Kindly see that your patient is supplied with one of the enclosed circulars of information or its equivalent.

**NOTE 1—TUBERCULOSIS.** Your attention is called to the following resolution of the Board of Health, passed December 28, 1904 :

"It is hereby ordered that every physician having a case of pulmonary tuberculosis under his care be required to at once notify the Department of Health of any change of address of such patient, in order that the premises vacated may be properly disinfected by the Department.

"And further ordered that every physician be required to notify the Department of Health whenever a case of pulmonary tuberculosis passes from his professional care, in order that the Department, if necessary, may then assume sanitary surveillance of such case."

A postal card for forwarding required information is enclosed.

**NOTE 2—TYPHOID FEVER.** The enclosed blank form is sent to you, with the request that you obtain from the patient, or, if that is not possible, from the patient's family, the desired information.

An addressed, stamped envelope is enclosed, in which kindly return the report as promptly as possible.

If at the expiration of two weeks no reply has been received, the information will be obtained by an inspector of this Department.

Kindly return enclosed postal, properly filled out, at termination of case, when bedding is ready for disinfection.

Very respectfully,

J. S. BILLINGS, JR., M. D.,  
*Chief of Division.*

.....M. D.,

(Enclosure)

*Inspector-in-Charge of Borough.*

191 -1908

21-467, '08, 500 (P)

## DEPARTMENT OF HEALTH

The City of New York

### Division of Communicable Diseases

*Borough of* .....

NEW YORK, .....190

The Department of Health acknowledges the receipt of a communication signed by you, dated ..... regarding .....

..... which will be immediately investigated.

You will be notified of the result of the investigation and of the action taken by the Department.

Respectfully,

.....Chief of Division



11 L-1908

21-401, '08, 4,000 (P)

## DIVISION OF COMMUNICABLE DISEASES

BOROUGH OF \_\_\_\_\_

*Report from Diagnosis Laboratory of Case of:*

TUBERCULOSIS.

TYPHOID FEVER.

MALARIA.

MENINGITIS.

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Occ. \_\_\_\_\_

Address \_\_\_\_\_ Floor \_\_\_\_\_

Date Rep. \_\_\_\_\_ By \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

New Case No. \_\_\_\_\_ Old Case No. \_\_\_\_\_

Inspt. \_\_\_\_\_

Note - All admissions, discharges and deaths of persons suffering from

A blue "record" card (Form 43 L) is then made out, on which all essential facts are entered, and (later) every official action and recommendation of the Department—dates of inspection, and by whom (except nurse's revisits in at home cases), records of fumigation, renovation, forcible removal, etc. Changes of address, entrance into hospital (duplicate reports), etc., are also noted on this card. All original reports are then filed in "report card" index, under name of physician or institution reporting same, previously unreported dead cases, and cases reported from other Boroughs (Form 194 L), and those reported by sputum (Form 11 L), included.

A record is kept of every case assigned to an inspector or nurse, by filing the blue card in a tally box under the investigator's name. This is removed when the required information is returned, and is replaced in the proper file. This index is gone over daily by the Inspector-in-Charge and any delays investigated.



43 L-1908

21-421, '08, 20,000 (P)

**TUBERCULOSIS**

Died \_\_\_\_\_ Sputum Pos. \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_  
 No. \_\_\_\_\_ Str. \_\_\_\_\_ Floor \_\_\_\_\_  
 No. \_\_\_\_\_ Str. \_\_\_\_\_ Floor \_\_\_\_\_  
 No. \_\_\_\_\_ Str. \_\_\_\_\_ Floor \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ M. F. \_\_\_\_\_ M. S. W. \_\_\_\_\_  
 Occupation \_\_\_\_\_ Color, W. B. Y. \_\_\_\_\_ Nation \_\_\_\_\_  
 Rep. \_\_\_\_\_ by \_\_\_\_\_ Add. \_\_\_\_\_ Dis. \_\_\_\_\_  
 " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_  
 " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_  
 " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_  
 Assigned \_\_\_\_\_ Not Ass'n \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Returned \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Returned \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Returned \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Returned \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Returned \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Returned \_\_\_\_\_

No Action—Not found			
—At home, K. U. O. No			
—K. U. O. Yes			
—Pt. out of city, but will return			
—Away over one month			
—Friend's Address only			
Ordered —Fumigation			
—Bedding			
—Renovation			
—Paster			
Recom- mended —Hospital			
—Forcible Removal			
—Sanatorium			
—Clinic			
—Charity			
Renovation Voluntary	Reinspected	Performed	
Remarks			

194 L-1906

2517, '06, 5,000 (P)

**DEPARTMENT OF HEALTH**  
**THE CITY OF NEW YORK**  
 DIVISION OF COMMUNICABLE DISEASES  
 BOROUGH OF \_\_\_\_\_

Report of Case of \_\_\_\_\_ Case No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ Clinic No. \_\_\_\_\_  
 Care of \_\_\_\_\_ Floor \_\_\_\_\_  
 Age \_\_\_\_\_ M. F., M. S. W. \_\_\_\_\_ Nationality \_\_\_\_\_  
 Occupation \_\_\_\_\_ Diagnosis \_\_\_\_\_  
 Reported by \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ M. D. \_\_\_\_\_



NOTE—All admissions, discharges and deaths of persons suffering from

CASES UNDER THE CARE OF PRIVATE PHYSICIANS.—These are not visited, except at the request of the physician. A letter (Form 16 L) is sent to the physician, acknowledging receipt of report, calling his attention to the necessity for reporting any change of address or discontinuance of treatment on the part of the patient, and enclosing a circular of instruction, which (or its equivalent) the physician is requested to give to the family of the patient or to the patient himself, and also a postal card on which to report change of address, discontinuance of treatment, etc. (Form 245 L.)

2236, '07, 10,000 (P)

245 L-1907

*To the Department of Health, City of New York:*

The following patient is no longer under my professional care, or has changed his or her address:

Name ..... Age ..... Address ..... fl. ....

REASON: (Please indicate by checking appropriate number.)

1. Under care of another physician (name and address) .....
2. Died out of N. Y. City (date) .....
3. Recovered .....
4. Entered Hospital or Sanatorium (name) .....
5. Left City (present whereabouts) .....
6. Discontinued treatment .....
7. Change of address .....
8. Miscellaneous .....

M. D. .... Address .....

The original report is filed under the physician's name, thus constituting a Private Physicians' Index of cases reported. The large record card is then filed in the "private" case index according to patient's address. Once a year a letter (Form 4 L) is sent to the attending physician of every "private" case, asking for information as to outcome of case. If no answer is received, the case is followed up by the Department. Such cases, if found (also all "private" cases later reported by institutions), come under the supervision of the Department, the "P. C." on name card being stricken off, "A. H." substituted, and the card appropriately filed.

FORM 23 LL-1906



# Department of Health

THE CITY OF NEW YORK

## DIVISION OF COMMUNICABLE DISEASES

Borough of \_\_\_\_\_

\_\_\_\_\_ 190\_\_\_\_\_

Dr. \_\_\_\_\_

DEAR SIR :

On \_\_\_\_\_ you reported to the Department of Health  
the following case of pulmonary tuberculosis \_\_\_\_\_

The Department is desirous of having its tuberculosis records complete and correct, and of eliminating therefrom those cases which have died or permanently left the city. Information as to the present condition of cases reported some years ago is also desired for statistical purposes. The Department will, therefore, be under obligations if you will kindly send information on the following points *It will be considered as strictly confidential.*

1st. Whether the patient still lives at the address given, and if not, where?

2d. If the patient is worse or better, or has recovered? \_\_\_\_\_

3d. If the patient has since died, and if so, when? \_\_\_\_\_

4th. If the patient has passed out of your supervision, are you willing that the Department should send a physician to ascertain the above facts? Yes. No.

Thanking you in advance, I am,

Very respectfully,

\_\_\_\_\_  
*Chief of Division.*

\_\_\_\_\_  
M. D.  
*Inspector-in-Charge of Borough.*



NOTE—All admissions, discharges and deaths of persons suffering from

“AT HOME” CASES.—Reported by: (a) dispensaries and charitable organizations; (b) by laymen; (c) by physicians with request that they be visited; and (d) by hospitals as having been discharged therefrom. Such cases are at once assigned by telephone to the nurse in whose district the patient lives, and the result of investigation reported by telephone the following day. The date of assignment and name of nurse are entered on blue record card by telephone operator and card is held as a tally in the tally box.

If the patient is found, a pink “observation” card (Form 44 L) is filled out by the nurse and mailed at once, giving all essential data. (If not found, that fact is stated with the daily telephone report next day, the inspector endeavoring to obtain new address.) Observation cards are returned by mail on the day of inspection in addressed envelopes furnished (Forms 91 L, 100 L, 114 L). Any recommendations (hospital, charitable aid, etc.) are made by telephone and indicated by the telephone operator writing date in proper space on record card.

21-422, '08, 15,000 (P)

44 L-1908

**DEPARTMENT OF HEALTH, THE CITY OF NEW YORK**

Division of Communicable Diseases History of Case of Tuberculosis

Name \_\_\_\_\_ Age \_\_\_\_\_ M. F., M. S. W., No. \_\_\_\_\_ Yr. \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Floor \_\_\_\_\_ Nat. \_\_\_\_\_

Date \_\_\_\_\_ Insp. Nurse \_\_\_\_\_

Occ. \_\_\_\_\_ At Work (Yes) (No) \_\_\_\_\_ Where \_\_\_\_\_

Char. House \_\_\_\_\_ Condition (Good) (Fair) (Bad) \_\_\_\_\_ No. Families \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Address \_\_\_\_\_

No. Rooms \_\_\_\_\_ Total Air Space \_\_\_\_\_ cu. ft., Heat \_\_\_\_\_

Light \_\_\_\_\_ Vent. \_\_\_\_\_ Plumbing \_\_\_\_\_

Any Work done there (Yes) (No) \_\_\_\_\_ What Kind? \_\_\_\_\_

How long on Premises \_\_\_\_\_ No. in Family. Adults \_\_\_\_\_ Boarders \_\_\_\_\_ Children \_\_\_\_\_

Circumstances Family (Good) (Fair) (Poor) \_\_\_\_\_ Income \_\_\_\_\_

Other Cases in Family (Yes) (No) Rep. (Yes) (No) In House (Yes) (No) Rep. (Yes) (No)

Pt. has Sep. Bed (Yes) (No) Sep. Room (Yes) (No) Proper Food (Yes) (No)

Duration Disease \_\_\_\_\_ Fever (Yes) (No) \_\_\_\_\_ Loss Weight (Yes) (No) \_\_\_\_\_

Expect. (Yes) (No) \_\_\_\_\_ Disposal \_\_\_\_\_ Haem. (Yes) (No) \_\_\_\_\_

Pres. Condition \_\_\_\_\_

Phys. Exam. Chest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under Treatment (Yes) (No) \_\_\_\_\_ By Whom \_\_\_\_\_

Address \_\_\_\_\_ Previous Instructions \_\_\_\_\_

Observed (Yes) (No) \_\_\_\_\_ By Insp. (Yes) (No) \_\_\_\_\_ K. U. O. (Yes) (No) \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORM 44 LL-1906



91 L. 1906

DEPARTMENT OF HEALTH  
THE CITY OF NEW YORK  
SIXTH AVENUE AND 55TH STREET  
BOROUGH OF MANHATTAN

**J. S. BILLINGS, Jr., M. D.**

Chief of Division of Communicable Diseases

**DEPARTMENT OF HEALTH**

Sixth Avenue and 55th Street

NEW YORK

Borough of Manhattan

100 L.—1907

DEPARTMENT OF HEALTH  
THE CITY OF NEW YORK  
SIXTH AVENUE AND 55TH STREET  
BOROUGH OF MANHATTAN

21a, 362-'07, 5,000 (P)

**DIVISION OF COMMUNICABLE DISEASES**

DEPARTMENT OF HEALTH

55th STREET AND SIXTH AVENUE

BOROUGH OF MANHATTAN

NEW YORK CITY



114 L-1906

DEPARTMENT OF HEALTH  
THE CITY OF NEW YORK  
SIXTH AVENUE AND 55TH STREET  
BOROUGH OF MANHATTAN

1165, '06, 6,000 (P)

**J. S. BILLINGS, JR., M.D.**

Chief of Division of Communicable Diseases

DEPARTMENT OF HEALTH  
55th STREET AND SIXTH AVENUE

BOROUGH OF MANHATTAN

NEW YORK



If case is kept under observation, a white "nurse's" card (Form 49 L) is filled out and retained by nurse, all records of weekly visits being entered on same. On termination of supervision (by death, improvement, removal to hospital, removal outside nurse's district, etc.), the nurse's card is returned. Recommendations by nurse during observation or on termination of case (for disinfection, forcible removal, etc.), are telephoned in with daily report.

All cases in the "At Home" index are revisited at least once a year, whether under observation or not.

No. .... Street ..... Floor .....

Name ..... Age ..... Occ. ....

Reported ..... Assigned ..... to .....

Date	Subsequent Visits
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

49 L-1908 Department of Health 21-425, '08, 4,000 (P)

Date	Subsequent Visits
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

ON RECEIPT OF RECORD AT BOROUGH OFFICE.—(1) If tuberculosis case was "not found" at the address given, that fact is indicated on name card, and in the "Not Found" column of the Borough Day Book, and the card is filed in "not found" index. A letter is first sent to the individual who reported the case, requesting correct address. (2) If found, the record card is stamped "observation card" on left hand margin; and filed in "at home" index. If not to be kept under observation by the nurse, the pink "observation" card is filed with it; if kept under observation, the pink card is filed in the "tally" index under nurse's name, forming record of cases under her observation. Each week a record is kept of number of cases under observation in each nurse's district. On return of white "nurse's" card, it is attached to observation card and record card, and all are appropriately filed.



NOTE—All admissions, discharges and deaths of persons suffering from

CHARITABLE ASSISTANCE.—Cases needing charitable assistance are referred through the Executive Office to the Charity Organization Society, Association for Improving the Condition of the Poor, United Hebrew Charities, Brooklyn Bureau of Charities, etc., by telephone and double postal card (Form 81 L), a card index being kept of all such recommendations and results obtained, as shown by return postal.

To the Department of Health,  
City of New York:

..... 190

In the case of

No. ....

Name .....

Address .....

referred to us by you, we have taken the following action:

.....  
.....  
.....  
.....

(Name of Organization) .....



SPUTUM CUPS.—Both pocket and home (metal framed with removable filling) cups are issued by the district nurses who obtain them from the tuberculosis clinics in the various Boroughs.

CIRCULARS.—Instructions are given patients and their families both verbally and by means of the "Circular of Instruction to Consumptives and Those Living With Them," each circular being printed in English and one other language (Forms, German 23 L, Italian 35 L, Yiddish 36 L, Ruthenian 135 L, Slovak 134 L, Polish 133 L, Bohemian 37 L, Chinese 162 L). Printed instruction in four languages (English-German 176 L; English-Italian 177 L; English-Yiddish 200 L) are also issued as to the dangers of sweeping and dusting.



CONSUMPTION IS A PREVENTABLE AND CURABLE DISEASE

Information for Consumptives and Those Living with Them

DIVISION OF COMMUNICABLE DISEASES

DEPARTMENT OF HEALTH

SOUTHWEST CORNER SIXTH AVENUE and 55th STREET

NEW YORK

CONSUMPTION IS CHIEFLY CAUSED BY THE FILTHY HABIT OF SPITTING

Consumption is a disease of the lungs, which is taken from others, and is not simply caused by colds, although a cold may make it easier to take the disease. It is caused by very minute germs, which usually enter the body with the air breathed. The matter which consumptives cough or spit up contains these germs in great numbers—frequently millions are discharged in a single day. This matter, spit upon the floor, wall or elsewhere dries and is apt to become powdered and float in the air as dust. The dust contains the germs, and thus they enter the body with the air breathed. This dust is especially likely to be dangerous within doors. The breath of a consumptive, except when he is coughing or sneezing, does not contain the germs and will not produce the disease. A well person catches the disease from a consumptive only by in some way taking in the matter coughed up by the consumptive.

Consumption can often be cured if its nature be recognized early and if proper means be taken for its treatment. *In a majority of cases it is not a fatal disease.*

It is not dangerous to live with a consumptive, if the matter coughed up by him be promptly destroyed. This matter should not be spit upon the floor, carpet, stove, wall or sidewalk, but always, if possible, in a cup kept for that purpose. The cup should contain water so that the matter will not dry, or better, carbolic acid in a five per cent. watery solution (six teaspoonfuls in a pint of water). This solution kills the germs. The cup should be emptied into the water closet at least twice a day, and carefully washed with boiling water.

Great care should be taken by consumptives to prevent their hands, face and clothing from becoming soiled with the matter coughed up. If they do become thus soiled, they should be at once washed with soap and hot water. Men with consumption should wear no beards at all, or only closely cut mustaches. When consumptives are away from home, the matter coughed up should be received in a pocket flask made for this purpose. If cloths must be used, they should be immediately burned on returning home. If handkerchiefs be used (worthless cloths, which can be at once burned, are far better), they should be boiled at least half an hour in water by themselves before being washed. When coughing or sneezing small particles of spittle containing germs are expelled, so that consumptives should always hold a handkerchief or cloth before the mouth during these acts; otherwise the use of cloths and handkerchiefs to receive the matter coughed up should be avoided as much as possible, because it readily dries on these, and becomes separated and scattered into the air. Hence *when possible, the matter should be received into cups or flasks.* Paper cups are better than ordinary cups, as the former



with their contents may be burned after being used. A pocket flask of glass, metal, or paste-board is also a most convenient receptacle to spit in when away from home. Cheap and convenient forms of flasks and cups may be purchased at many drug stores. Patients too weak to use a cup should use moist rags, which should at once be burned. If cloths are used they should not be carried loose in the pocket but in a waterproof receptacle (tobacco pouch), which should be frequently boiled. A consumptive should never swallow his expectoration.

A consumptive should have his own bed, and, if possible, his own room. The room should always have an abundance of fresh air—the window should be open day and night. The patient's soiled wash-clothes and bed linen should be handled as little as possible when dry, but should be placed in water until ready for washing.

Rooms should be cleaned daily, but in order to prevent the raising of dust, all floors must be well sprinkled before sweeping and all dusting, etc., done with damp cloths.

If the matter coughed up be rendered harmless, a consumptive may frequently not only do his usual work without giving the disease to others, but may also thus improve his own condition and increase his chances of getting well.

Whenever a person is thought to be suffering from consumption and has no physician, the Department of Health should be notified and a physician will call and examine the person to see if he has consumption, and then, if necessary, will give proper directions as to treatment.

Rooms which have been occupied by consumptives should be thoroughly cleaned, scrubbed, and whitewashed, painted or papered before they are again occupied. Carpets, rugs, bedding, etc., from rooms which have been occupied by consumptives, should be disinfected. Such articles, if the Department of Health be notified, will be sent for, disinfected and returned to the owner free of charge, or, if he so desire, they will be destroyed.

***When consumptives move they should notify the Department of Health.***

*Consumptives are warned against the many widely advertised cures, specifics and special methods of treatment of consumption. No cure can be expected from any kind of medicine or method except the regularly accepted treatment, which depends upon pure air, an out of door life and nourishing food.*

Consumptives having an opportunity to enter a sanatorium, should do so at once.

Special dispensaries have been opened at Sixth Avenue and 55th Street, Manhattan, 361 Jay Street, Brooklyn, and Third Avenue and St. Paul's Place, The Bronx. Here cases of consumption receive advice and treatment (including medicines) free of charge. Cases may be referred thereto by physicians, charitable organizations and others.

In deserving cases, milk and eggs will be supplied. Pocket sputum cups can also be obtained there, and requests may be left for nurses to visit patients at their homes.

Hours: Manhattan: 10 a. m. to 12 noon, and 2 to 4 p. m. every week day, 8 to 9 p. m. (evening) Monday, Wednesday and Friday. Brooklyn: 2 to 4 p. m. every week day. The Bronx: 2 to 4 p. m. every week day.

Persons desiring additional information or assistance should apply to the Chief of the Division of Communicable Diseases, the Department of Health, Sixth Avenue and 55th Street, New York, the Association for Improving the Condition of the Poor, 105 E. 22d Street, the Charity Organization Society, 105 E. 22d Street, or the United Hebrew Charities, 356 Second Avenue.

BY ORDER OF THE BOARD OF HEALTH.

HERMANN M. BIGGS, M. D.,  
Medical Officer.

THOMAS DARLINGTON, M. D.,  
President.



23 L-1908

Die Schwindsucht, eine Krankheit, die verhindert werden kann  
und die heilbar ist.

## Verhaltens-Massregeln für Schwindsüchtige und diejenigen, welche mit ihnen leben.

Abtheilung der ansteckenden Krankheiten  
der Behörde für öffentliche Gesundheit,  
Süd-West-Ecke 6. Avenue und 55. Strasse, New York.

### Schwindsucht wird meistens verursacht durch die Anfitte des Ausspuckens.

Die Schwindsucht ist eine Lungenkrankheit, welche nicht durch Erkältung, sondern nur durch Ansteckung verursacht wird.

Eine Erkältung kann unter Umständen die Personen, welche der Ansteckung durch Schwindsucht ausgesetzt sind, für dieselbe mehr empfänglich machen.

Die eigentlichen Urheber der Schwindsucht sind kleine, unsichtbare Bacillen, die gewöhnlich mit der Luft, die wir einathmen, in den Körper gelangen.

Der Auswurf, welcher von Schwindsüchtigen heraufgehustet oder ausgespuckt wird, enthält diese Keime in solch großen Mengen, daß Millionen davon oft an einem einzigen Tage ausgespuckt werden. Wenn dieser keimreiche Auswurf auf den Fußboden, an die Wände oder sonst wohin gespuckt wird, so trocknet und pulverisirt derselbe und wird dann von der Luft als Staub weiter getragen.

Selbst dieser feine Staub enthält die Keime, welche auf diesem Wege mit der eingeathmeten Luft in den Körper gelangen. Dieser Staub ist hauptsächlich im Zimmer gefährlich. Der Athem eines Schwindsüchtigen, ausgenommen wenn er hustet oder niest, enthält keine Bacillen und ist an und für sich nicht gefährlich und kann daher, selbst wenn eingeathmet, die Krankheit nicht übertragen. Gesunde Personen können von einem Schwindsüchtigen nur dann angesteckt werden, wenn der Auswurf eines solchen auf irgend eine Weise in ihren Körper gelangt.

Schwindsucht kann oft geheilt werden, wenn die Natur der Krankheit frühzeitig genug erkannt wird und sofort geeignete Massregeln für die Behandlung derselben angewandt werden.

Die meisten Fälle von Schwindsucht nehmen keinen tödtlichen Verlauf.

Für Gesunde ist es ungefährlich, mit Schwindsüchtigen zusammen zu wohnen, so lange der Auswurf der Kranken sofort vernichtet wird. Der Auswurf Schwindsüchtiger soll weder auf den Fußboden, auf den Teppich, an den Ofen, an die Wände oder auf die Straße oder Trottoirs noch sonst wohin gespuckt, sondern soll in einem zu diesem Zwecke bereit gehaltenen Gefäß oder Tasse aufgefangen werden.

Damit der Auswurf nicht trocknen kann, sollen diese Gefäße etwas Wasser, oder noch besser eine 5procentige Carbollösung enthalten (6 Theelöffel voll Carbonsäure zu einem Pint Wasser). Durch diese Carbollösung werden die Keime getödtet; da die Lösung jedoch giftig ist, soll sie mit der größten Sorgfalt gebraucht werden. Die zur Aufnahme des Auswurfes bestimmten Gefäße sollen mindestens zweimal täglich in das Wasser-Closet entleert und dann sorgfältig mit kochendem Wasser gereinigt und wieder mit etwas von oben genannter Carbollösung gefüllt werden.

Schwindsüchtige müssen darauf achten, daß kein Auswurf an ihren Händen, Gesicht oder Kleidungsstücken haften bleibt, und solchen vorkommenden Falles sofort mit Seife und heißem Wasser beseitigen.

Außerhalb des Hauses sollen Schwindsüchtige eine besonders für diesen Zweck aus Papier angefertigte Taschenflasche tragen, welche zur Aufnahme des Auswurfes bestimmt ist.

Diese Papier-Gefäße sollten nach dem Nachhausekommen sammt Inhalt sofort verbrannt werden. Wenn Taschentücher zur Aufnahme des Auswurfes gebraucht worden sind (werthlose Lappen, welche verbrannt werden können, sind jedenfalls vorzuziehen), so sollten dieselben ganz besonders für sich  $\frac{1}{2}$  Stunde in Seifenwasser ausgekocht werden, bevor man sie mit der übrigen Wäsche wäscht.



Da beim Husten oder Niesen öfters kleine Theilchen Speichel, welcher Bacillen enthält, in die Luft fliegen, sollte der Kranke, um dieses zu vermeiden, sich ein Tuch vorhalten. In allen anderen Fällen ist der Gebrauch von Lappen, resp. Taschentücher, zwecks Aufnahme des Auswurfs möglichst zu vermeiden, da der Auswurf an den Tüchern zu schnell trocknet, sich ablöst und sich dann als Staub in der Luft vertheilt. Daher sollte der Auswurf, wenn irgend möglich, in einer Tasse oder in einem Spucknapf aufgefangen werden. Papier-Tassen sind anderen Gefäßen vorzuziehen, da die ersteren nach Gebrauch mit Inhalt verbrannt werden können. Ein billiges und brauchbares Gefäß für diesen Zweck aus Papier oder aus Pappdeckel ist fast in jeder Apotheke zu haben und kann auch von den Kranken auf Spaziergängen getragen werden. Kranke, die zu schwach sind, um eine Flasche oder Tasse zu gebrauchen, können feuchte Lappen benutzen, die nach dem Gebrauch sofort verbrannt werden müssen. Außer dem Hause sollten diese feuchten Tücher oder Lappen in einem wasserdichten (water-proof) Behälter gethan, ehe sie in die Tasche gesteckt werden. Dieser Behälter, eventuell Tabaksbeutel oder dergleichen, muß häufig ausgekocht werden.

Schwindfüchtige dürfen ihren Auswurf niemals herunter schlucken.

Schwindfüchtige sollten ihr eigenes Bett und womöglich ihr eigenes Zimmer haben, welches stets gut gelüftet werden muß, auch sollten die Fenster Tag und Nacht offen gehalten werden.

Die schmutzige Wäsche, das Bettzeug u. s. w., sollen in trockenem Zustande nicht mehr als nöthig berührt werden, sondern sofort in Wasser gelegt werden.

Die Stuben sollen täglich gereinigt werden; um das Aufwirbeln von Staub zu vermeiden, sollen die Fußböden vor dem kehren gesprengt werden; zum Abstauben sind angefeuchtete Tücher zu gebrauchen.

Wenn der Auswurf gründlich vernichtet wird, so kann ein Schwindfüchtiger häufig im Stande sein, seiner gewohnten Arbeit nachzugehen, ohne dabei andere Leute anzustechen. Durch Arbeit wird der Zustand des Kranken auch verbessert und die Aussicht auf völlige Genesung vergrößert.

Liegt der Verdacht vor, daß Jemand an Schwindfucht leidet, so sollte Name und Adresse der betreffenden Person sofort per Postkarte der Gesundheits-Behörde mit Angabe des Sachverhaltes eingesandt werden.

Ein Arzt von der Gesundheits-Behörde wird, sofern die betreffende Person keinen Privat-Arzt zugezogen hat, letztere auf Schwindfucht untersuchen, und, wenn nöthig, geeignete Anordnungen für die Behandlung und Verhaltensmaßregeln geben, um andere Personen vor Ansteckung zu schützen.

Zimmer, welche von Schwindfüchtigen bewohnt werden, müssen, bevor sie wieder in Benutzung kommen, gründlich gereinigt, gescheuert, getüncht, gemalt und tapezirt werden; Teppiche, Matten, Betten, Bettzeug etc. von Zimmern, in denen Schwindfüchtige gewohnt haben, müssen desinfizirt werden.

Solche Gegenstände werden von der Gesundheits-Behörde unentgeltlich abgeholt, desinfizirt und dem Eigenthümer wieder zugestellt oder auf speziellen Wunsch vernichtet.

Einen Wohnungswechsel müssen Schwindfüchtige sofort der Gesundheitsbehörde anzeigen.

Schwindfüchtige werden hierdurch gewarnt, die vielen schwindelhaften und oft sehr großartig angepriesenen Kuren und Medicinen zu gebrauchen, auch sich nicht den gleichfalls annoncirten Spezial-Methoden von Schwindfuchts-Behandlung zu unterwerfen.

Eine Heilung der Schwindfucht kann nicht durch eine einzige Medizin oder durch eine Spezial-Behandlungsweise erwartet werden, sondern nur durch die einzig als richtig anerkannte Behandlung, welche auf frischer Luft, Beschäftigung außer dem Hause oder Landarbeit und guten nahrhaften Speisen beruht.

Schwindfüchtige, die eine Gelegenheit haben, ein Sanatorium zu besuchen, sollten dieselbe so schnell als möglich benutzen.

Spezielle Kliniken sind eröffnet worden an der Sechsten Ave. und 55. Str., Manhattan, 36 Jay Str., Brooklyn, und Dritte Ave. und St. Pauls Place, Bronx.

Hier können Schwindfüchtige Rath und Behandlung (Medikamente inbegriffen) unentgeltlich erhalten.

Die Klinik ist offen von 10 bis 12 Uhr Vormittags und von 2 bis 4 Uhr Nachmittags an Wochentagen; Montag, Mittwoch und Freitag von 8 bis 9 Uhr Abends.

In Brooklyn: An Wochentagen von 2 bis 4 Uhr Nachmittags.

Im Bronx: An Wochentagen von 2 bis 4 Uhr Nachmittags.

Personen, die nähere Auskunft oder Hilfe wünschen, mögen sich wenden an „The Department of Health“, 6. Ave. und 55. Str., New York, „Association for Improving the Conditions of the Poor“, 105 E. 22. Str., oder an „The Charity Organisation Society“, 105 E. 22. Str., oder an „The United Hebrew Charities“, 356 Zweite Ave.

Im Auftrage der Gesundheits-Behörde  
Herman M. Biggs, M. D., Oberarzt.

Thomas Darlington, M. D., Präsident.



35 L-1908

La Tisi e' Una Malattia Evitabile e Guaribile.

Istruzioni per i Tisici e per Coloro che vi Coabitano.

DIVISIONE DELLE MALATTIE COMUNICABILI

DIPARTIMENTO DI SANITÀ.

Angolo Sud-Ovest della 6a. Ave e 55a Strada, New York.

La Tisi e' Causata Principalmente' dalla Immonda Abitudine di sputare per terra.

La tisi è una malattia contagiosa che attacca i polmoni. Essa non è semplicemente causata dai raffreddori, quantunque un raffreddore predisponga l'organismo alla tubercolosi.

L'infezione è trasmessa dai microbi, i quali generalmente penetrano nei polmoni mediante l'aria respirata.

La materia che i tubercolosi emettono negli accessi di tosse o negli spurghi contiene gran numero di questi microbi, spesso milioni ne vengono espettorati in un solo giorno. Questa materia sputata sul pavimento, sui muri od in qualsiasi altro luogo, si secca e tende a polverizzarsi ed in questo caso a rimaner sospesa nell'aria in forma di minutissima polvere. Questa polvere contiene i microbi ed è così che essi penetrano nell'organismo insieme all'aria inspirata.

Questa polvere può divenire molto pericolosa specialmente nell'interno della casa. L'alito del tubercoloso, eccetto quando questi tosse o starnuta, non contiene microbi e non può essere il veicolo dell'infezione. Una persona sana è soggetta al contagio di un tubercoloso solamente se in qualche modo introduce in sé la materia spurgata od emessa nei colpi di tosse.

La tisi spesso può essere curata, purchè la malattia sia avvertita nei primi stadii, ed inoltre mezzi adatti siano adibiti alla cura. **NELLA MAGGIORANZA DEI CASI NON È UNA MALATTIA MORTALE.**

Non è pericoloso convivere con un tisico, se la materia spurgata viene prontamente distrutta. Questa materia non dovrebbe essere sputata sui tappeti o sul pavimento, sulla stufa, contro il muro, o sul marciapiede, ma invece, se possibile in apposita tazza. Questa tazza dovrebbe contenere acqua, di modo che lo spurgo non si secchi, o meglio ancora, acido fenico in una soluzione del cinque per cento. (Sei cucchiaini in un mezzo litro d'acqua.) Questa soluzione uccide i microbi, ma, essendo velenosa, deve usarsi con circospezione.

La tazza dovrebbe venire vuotata nella latrina almeno due volte al giorno, e poscia lavata con cura in acqua bollente.

Molta attenzione dovrebbe essere prodigata, all'uopo d'impedire che le mani, il viso od il vestiario degli etici vengano imbrattati dalla materia espettorata. Quando ciò avvenisse, la parte inquinata dovrebbe venir subito, lavata con acqua calda e sapone. I tubercolosi non dovrebbero lasciarsi crescere la barba e tutt'al più i semplici baffi tenuti anch'essi molto corti. Fuori di casa i tisici dovrebbero spurgare in una fiaschetta tascabile, fatta ad uopo; se pannolini vengono usati, è necessario che il malato li bruci quando ritorna in casa propria. Se l'ammalato si serve di fazzoletti, bisogna che li faccia bollire a parte almeno per una mezz'ora prima che vengano lavati. Meglio però sarebbe che usasse dei pezzi inutili di stoffa poco pregevole, onde potessero venire bruciati non appena avessero adempiuto il loro scopo.

Un etico nel tossire o nello starnutare emette leggeri spruzzi od aspersioni sature di microbi. Ciò rende necessario che egli, nel caso di questi accessi, tenga dinanzi alla bocca un fazzoletto od un pannolino qualsiasi. In altre circostanze l'uso di fazzoletti o di pezuole come ricettari degli spurghi, dovrebbe essere evitato più che fosse possibile perchè la materia ivi si secca, ed indi si volatilizza per l'aria. Perciò tutte le volte che è possibile, lo spurgo andrebbe ricevuto in tazze o fiaschette.



Le tazze o fiaschette di carta sono piu' adatte perchè in tal modo si possono bruciare volta per volta. Una fiaschetta di vetro, di metallo o di cartone è un recipiente adatto a ricevere gli spurghi dell'ammalato quando si trova fuori di casa. Fiaschette e tazze in forme convenienti possono acquistarsi a basso prezzo da tutti i farmacisti. Quegli ammalati che fossero troppo deboli per servirsi di tazze, dovrebbero espettorare in stracci umidi da bruciarsi subito dopo. Se l'ammalato si serve di pannolini, non dovrebbe tenerli sciolti in tasca, ma rinchiusi in un recipiente impermeabile (una borsetta da tabacco) che andrebbe spesso sottoposto all'azione dell'acqua bollente. Un tubercoloso non dovrebbe mai inghiottire lo spurgo.

Un individuo ammalato di tisi polmonare, dovrebbe avere un letto a sè, e possibilmente dormire in camera solo. Questa stanza dovrebbe essere abbondantemente arieggiata e ventilata. Le finestre dovrebbero rimanere aperte giorno e notte. I panni sporchi e la biancheria tolta dal letto di un tubercoloso dovrebbero essere maneggiati ben poco, finchè asciutti, ma al piu' presto possibile andrebbero deposti nell' acqua finchè non venisse l'ora del bucato.

Le stanze dovrebbero essere pulite ogni giorno. A scopo d'evitare che la polvere si spanda per l'aria, si deve aspergere i pavimenti con acqua prima di spazzare, e poscia togliere la polvere sempre con panni umidi.

Se lo spurgo viene reso innocuo l'ammalato può non solo attendere ai lavori senza pericolo di contagiare gli altri, ma quanto puo' migliorare la sua condizione ed aumentare la probabilità di guarigione.

Quando si suppone che un ammalato sia colpito da tisi, dovrebbe subito venirne notificato il Dipartimento di Sanità. Un medico allora si recherà dall'ammalato (nel caso che egli non si trovi sotto cura di un altro) a stabilire il genere della malattia e fornirà le istruzioni necessarie per la cura.

Le stanze, state occupate da tisici, dovrebbero essere ripulite, lavate, imbiancate, inverniciate e coperte di carta nuova prima di essere nuovamente adibite ad abitazione. Tappeti, letti ecc, provenienti da stanze occupate da tisici, dovrebbero essere disinfettati. Tali oggetti, a richiesta del proprietario, saranno mandati a prendere dall'Ufficio di Sanità, il quale si occuperà gratis di disinfettarli e restituirli oppure di distruggerli a seconda dei desideri del proprietario.

Nel caso che gli ammalati di tubercolosi cambiino di residenza, sono pregati di darne avviso all' Ufficio di Sanità.

*I tubercolosi sono prevenuti di non aspettar evidente miglioramento, nè guarigione da specifici, nè dalle molte medicine annunziate dai giornali ed altrove. La cura riconosciuta migliore è quella di usare cibi sani e nutrienti, e stare per quanto si può all'aria aperta.*

I tisici, che hanno l'opportunità di entrare in un Sanatorio, dovrebbero farlo senza perdita di tempo.

Speciali dispensarii sono stati aperti a 6th Ave. e 55th St., Manhattan, 361 Jay St., Brooklyn, e Third Ave. e St. Paul's Place, The Bronx.

Qui i casi di consunzione ricevono consultazione e trattamento medicine incluse gratis— questi ammalati possono essere diretti cola da medici, società di beneficenza o altri.

In casi di necessità, sarà somministrato gratis anche latte e uova.

Si possono ottenere cola anche sputacchiere tascabili; ed a richiesta degli ammalati si puo anche avere la visita di speciale infermiere a casa.

Orario: Manhattan: 10 a. m. alle 12 a. m. e dalle 2 alle 4 p. m. ogni giorno eccetto i giorni festivi dalle 8 alle 9 p. m. solo il Lunedì, Mercoledì e Venerdì.

Brooklyn Dalle 2 alle 4 p. m. tutti i giorni nella settimana eccetto le feste.

The Bronx: Dalle 2 alle 4 p. m. Lunedì, Mercoledì e Venerdì.

#### I TUBERCOLOSI DOVREBBERO NOTIFICARE L'UFFICIO DI SANITA' DI QUALSIASI CAMBIAMENTO DI DIMORA.

Coloro che desiderano maggiori schiarimenti od assistenza, si rivolgano al Capo Divisione del Dipartimento delle Malattie Contagiose Ufficio di Sanità' 6a Ave. 55a Strada, o Società di carità o La Società per migliorare la condizione dei poveri, 105 e 22d Strada, Oppure All'Unione Ebraica di Carità, 356 Second Ave., New York.

Per ordine dell'Ufficio di Sanità.

HERMANN M. BIGGS, M. D.,  
Medico Officiale.

THOMAS DARLINGTON, M. D.,  
Presidente.



Note - All admissions, discharges and deaths of persons suffering from

פלעשלעך און טאססען אין פערשיעדענע פארמען קען מען קריגען צו קויפען אין פיעלע דראג סטארס. קראנקע וועלכע זיינען צו שוואך צו בענוטצען א טאססע מוזען געברויכען פייכטע שטיקלעך לאפען. וועלכע מוזען גלייך פער- ברענט ווערען. אויב שווינדזיכטיגע בענוטצען טיכלעך אריינצושפייען, דארף מען זיין ניט לויז אין פאקעט טראג- גען, נור מען זאל זיין האלטען אין א גומענע בייטעלע (טאבאק בייטעל) וועלכע מען מוז זעהר אפט אויסקאכען. א שווינדזיכטיגער דארף קיין מאל ניט ארונטער שלינגען זיינע אויסגעהוסטע.

א שווינדזיכטיגער מוז זיין בעזאנדער בעט האבען, און ווען מעגליך, זיין בעזאנדער רום. דער רום מוז איממער האבען א סך פרישע לופט. דיא פענסטער מוזען זיין אפען טאג און נאכט. דעם קראנקענס שמוטציגע וועש און בעטציג זאל מען וואס וועניגער האלטען מיט דיא הענד ווען זיין זיינען טרוקען; מען זאל זיין אין וואסער האלטען ביז מען איז פערטיג זיין צו וואשען.

ציממערן מוזען מעגליך געקלינט ווערען; אבער אום דעם שטויב צי פערמיידען, מוז מען אללע פלאארען גוט אויס- שפריטצען בעפאר מען קעהרט, און שטויבען זאל מען נור מיט א פייכטע טוך.

אויב דער אויסגעהוסטע לייכעץ איז פערניכטעט, קען דער שווינדזיכטיגע ניט נור טהון זיין געוועהנליכע אר- ביט אהנע אנצושטעקען אנדערע, אבער ער קען אויך אין דעם אופן פארבעסערן זיין אייגענעם צושטאנד און פער- גרעסערען זיינע שאנסען געזונד צו ווערען.

ווען מען דענקט אז איינער ליידעט פון שווינדזיכט און האט קיין דאקטאר ניט, דארף מען לאזען וויסען דיא באארד אף העלטה, און זיין וועט שיקען דאן א דאקטאר צו אונטערזוכען דעם פערזאן אויב ער האט ווירקליך שווינד- זיכט, און דאן אויב עס איז געטהיג, וועט דער דאקטאר פערשרייבען זיין מען זאלל דעם קראנקען בעהאנדלען.

ציממערן וואו שווינדזיכטיגע האבען געוואהנט, דארף מען גוט אויסרייניגען, אויס סקראבען, גוט אויסוואשען אויסקאכען, איבערפארבען אדער איבערטאפעציערען איידער זיין זיינען וועדער בעוואהנט. קארפעטס, שטענען בעטגעוואנד א. ד. ג. פאן ציממערן וואו שווינדזיכטיגע האבען געוואהנט דארפען אויסגערייכערט ווערען. די עזע זאכע, אויב מען וועט דיא באארד און העלטה צו וויסען לאזען, וועט מען נאך זיין שיקען, אויסרייכערן און אפ- ברינגען צוריק צום אייגענטומער פרייא אהן שום קאסטען, אדער נאך פערלאנג פערניכטעט ווערען.

**ווען שווינדזיכטיגע מופען דארפען זיין עס מעלרען צו דיא באארד און העלטה.**  
שווינדזיכטיגע זיינען געווארענט, גענען דיא פיעלע ווייט אדווערטיזמע היילימילען ספעציפישע און ספעציעלע מעטאדען פון קורירען שווינדזיכט. קיין היילונג קען מען ערווארטען פון אירגענד וועלכע מעדיצינען אדער מעטא- דען, אויסער דיא געוועהנליכע אנגענאמענע בעהאנדלונג, וועלכע בעשטעהט פון פרישע קופט, זיין וויא פיעל מעג- ליך דרויסען און נאהרהאפטע שפייזע.

שווינדזיכטיגע, וועלכע האבען דאס מעגליכקייט אריינשריטען אין א סאנאטאריאם, זאלען דאס באלד טאהן. ספעציעלע דיספענסעריס זיינען אויפגעפענט געווארען אין פאלגענדע פלעצער:  
6-טע אוועניו און 55-טע שטראסע, מאנעטען; 361 דזשעי (Jay) שטראסע, ברוקלין, און 3-טע אוועניו און 5ט. פאליס פלייס, בראנקס.  
די עזע דיספענסעריס זיינען אפען: אין מאנעטען פון 10 ביז 12 פריה און פון 2 ביז 4 נאך מיטאג, אין פון 8 ביז 9 אבענדס מאנטאג, מיטוואך און פרייטאג.  
אין ברוקלין איז דיא קליניק אפען פון 2 ביז 4 נאך מיטאג אלע וואכעדיגע טאג. אין דיא בראנקס-פון 2 ביז 4 נאך מיטאג מאנטאג, מיטוואך און פרייטאג.  
אין די עזע דיספענסעריס ווערען דיא שווינדזיכטיגע פרייא עבהאנדעלט און דאקטוירים און וואלטהעטיגע געזעל- שאפטען און דערגלייכע קענען ווייערע קראנקע דאהין שיקען. ארעמע קראנקע וועללען דארט קריעגען מילך און אייער, אויך פאקעט ספיטונס קען מען דארט בעקאמען. מען קען דארט פערלאנגען דאס א נויארס זאלל דעם קראנקען בעזוכע אים הויזע.  
פערזאנען וועלכע ווינשען מעהרערע אויסקינפטע, אדער הילפע זאללען זיך ווענדען צו דיא באארד און העל- טה 6טע עווענוו און 55טע סטריט, דהי אססאסיאישאן פאר אימפרוואוינג דהי קאנדישאן אף דהי פור 105 איסט 22טע סטריט אדער דיא יוניטעד היברו טשאריטיס 356 סעקאנד עווענווי.  
בייא ארדער אף דיא באארד אף העלטה.

**טהאמאס דאר לינגטאן**  
פרעזידענט.  
**הערמאן מ. בינגס, מ. ד.**  
מעדיקאל אפיסער.

F 1906



36 L-1908

### שווינדזוכט איז א פערמיידליכע און הייל-בארע קראנקהייט.

### ערקלעהרונגען פאר שווינדזוכטיגע און פאר דיא וועלכע וואהנען מיט זיין.

אבטהיילונג פון אנשטעקענדע קראנקהייטען;  
געזונדהייטס דעפארטמענט סאוטהוועסט קארנער 6<sup>טע</sup> עוו. און 55<sup>טע</sup> סט.  
ניו יארק.

### שווינדזוכט איז הויפטזעכליך פעראורזאכט דורך דיא שמוטציגע געוואהנהייט צו שפייען.

שווינדזוכט איז א לונגען קראנקהייט, וועלכע מען נעהמט זיך אן פון אנדערע, און עס איז ניט פעראורזאכט  
בלויז פון פערקיהלונגען, אבגלייך דורך א פערקיהלונג קען מען זיך לייכטער אננעהמען דיא טראנקהייט. מען קריענט  
דיעזע קראנקהייט דורך זעהר קליינע באציללען, וועלכע געהן אריין אין קערפער צוזאמען מיט דיא לופט וואס  
מען אטמעמט איין.

דיא לייכעץ וואס שווינדזוכטיגע הוסטען אדער שפייען אויס ענטהאלט זעהר פיעל פון דיעזע באציללען,  
מיליאנען ווערען אפטמאל אויסגעשפיען אין איין טאג. דיעזער לייכעץ ווען אויסגעשפיען אויפ'ן פלאאאר, אויפ'ן  
וואנד אדער ערגעץ אנדערסווא, ווערט אויסגעטריקענט און דורך דעם צוריקען און צוטראגען אין דיא לופט וויא  
שטויב. דער שטויב ענטהאלט דיא באציללען און אזוי געהן זיין אריין אין קערפער צוזאמען מיט דיא לופט וואס  
מען אטמעמט איין. דיעזער שטויב איז איבערהויפט געפעהרליך אין הייז. דער אטעהעס-הויך פון א שווינדזוכ-  
טיגען א הויך ווען ער הוסט אדער ניסט, ענטהאלט ניט דיא באציללען און דעריבער קען עס ניט פעראורזאכען דיא  
קראנקהייט.

א געזונדער מענטש קען זיך אננעהמען דיא קראנקהייט פון א שווינדזוכטיגען, נור דורך דעם וואס ער קריענט  
ווי עס איז אריין אין זיין קערפער פון דיא אויסגעהוסטע לייכעץ פון א שווינדזוכטיגען.

שווינדזוכט קען אפט אויסגעקורירט ווערען, ווען מען דערקענט אין אנפאנג דיא נאטור פון דער קראנקהייט,  
און אויב ריכטיגע מיטלען ווערען אנגעווענדעט עס צו בעהאנדלען. אין מעהרסטען פעלע איז שווינדזוכט קיינע פאר-  
טאל קראנקהייט. עס איז ניט געפעהרליך צו וואהנען צוזאמען מיט א שווינדזוכטיגען, אויב דער לייכעץ וואס ער  
הוסט אויס ווערט גלייך פערניכטעט. דיעזער לייכעץ טאר פיר קיין פאל ניט אויסגעשפיען ווערען אויפ'ן  
פלאאאר, קארפער, אויווען, וואנד אדער אויפ'ן סאידרוואק (טראטוואר) זאנדערן איממער, אויב עס איז מעגליך, אין  
א געפעס, געהאלטען ספעציעל פיר דיעזען צוועק. דאס געפעס מוז מיט וואסער זיין, אום דער לייכעץ זאל ניט  
אויסטריקענען, אדער בעססער 5 פראצענט קארבאליקעסיד צולאזען אין וואסער (6 טעהעלעפעל קארבאליק אין  
א פיינט וואסער) דיעזער קארבאליק וואסער טויטעט דיא באציללען. דאס געפעס מוז וועניגסטענס צווייאל מאל  
טעגליך אין וואטער-קלאזעט אויסגעליידיגט ווערען און גוט דורך געוואשען מיט זוריגע וואסער.

שווינדזוכטיגע מוזען זיך זעהר אויפפאססען, דאס זייערע הענד, זייער געזיכט און זייערע קליידער זאללען ניט  
בעשמוטצט ווערען מיט דעם לייכעץ וועלכע זיין הוסטען ארויס. אין פאל ווען זיין בעשמוטצען זיך יא, מוז מען  
זיין גלייך אבוואשען מיט זיין און הייסע וואסער. שווינדזוכטיגע דארפען נאר קיין בארד און וואנצעס טראגען,  
אדער זעהר קורץ געשארען דיא וואנצעס. ווען שווינדזוכטיגע זיינען ניט צו הויז דאנן מוזען זיין דען אויסגעהוסטען  
לייכעץ אין א פאקעט-פלעשעל אריין שפייען עקסטרא געמאכט פיר דיעזען צוועק, אויב טוך מוז בענוטצט ווערען,  
דאנן מוזען זיין גלייך פערברענט ווערען נאכדעם וויא זיין צוריקקעהרען נאך הויז. אויב טאשען טיכער ווערען בעד  
נוטצט, (ווערטהאלאזע וועלכע קענען גלייך פערברענט ווערען זיינען פיעל בעססער) מוזען זיין וועניגסטענס א האלבע  
שמונדע אין וואסער געקאכט ווערען בעפאר זיין ווערען געוואשען. ביים הוסטען אדער גיעסען, קליינע טהיילען  
פאן פליסיגקייט וועלכע ענטהאלטען באציללען ווערען ארויסגעבראכט דארום דארפען שווינדזוכטיגע איממער  
האלטען א טאשענטוך אדער אזוי א שטיקעל טוך פארן מויל ווען זיין הוסטען אדער גיעסען. אבער זאנסט דארף  
מען וויא ווייט מעגליך אויסמיידען צו געברויכען טאשענטיכער אדער שטיקלעך טוך אריין צו נעהמען דיא אויסגע-  
הוסטע לייכעץ ווייל עס טריקענט גלייך אויס, אונד עס ווערט צוריעבן אונד צושפרייט אין דיא לופט. דארום זאלל  
מען, אויב נור מעגליך, אריינשפייען דעם אויכעהוסטען לייכעץ אין דאזו געאיינגעטע טאסען אדער פלעשלעך.  
פאפיערענע טאסען זיינען בעססער וויא געווענהליכע טאסען ווייל דיא פאפיערענע קען מען פערברענען צוזאמען  
מיט דיא לייכעץ וואס זיין ענטהאלטען. א פאקעט פלעשעל פון גלאז, מעטאל אדער קארטאן (פייסטבארד) איז  
אויך זעהר א בעקוועמע זאך אין וואס אריין צו שפייען ווען מען איז ניט אין דער היים. בילליגע און בעקוועמע



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## Сухотамъ можна запобѣчи и ихъ вылѣчити.

Добрі ради для сухітниківъ и для тыхъ, котрі зъ ними мешкають.

Департаментъ Здорovля  
South West Corner 55th Street and 6th Avenue, New York.

### Погана навичка всюды плювати спричинює сухоты.

Сухоты суть хворобою плуць (легкихъ), котора повстаєне тілько съ перехолодження, але котрой можна такожъ набратись відъ другихъ, хочъ перехолодження творить тѣло для сухіть приступнѣйшимъ. Сухоты спричиняють дуже незначні зародки (бакхилѣ), котрі звично входять до тѣла тогды, коли вдыхаемо повѣтре. Слина, котру выкашлюють ако выплювають сухітники, мѣстить въ собѣ ті зародкѣ въ великім числѣ — міліоны такихъ зародкѣвъ выплюває сухітникъ на одинь день. Слина, выплюта сухітникомъ на підлогу, стѣну або деінде засыхає, перемѣнює ся въ порошокъ, котрый відтакъ плыває свобідно въ повѣтри. Порохъ сей має въ собѣ зародки, и такъ они входятъ въ тѣло зъ воздухомъ, котрый вдыхаемо. Порохъ той найбільше небезпечный въ серединѣ помешканя. Віддыхъ сухітника не має жадныхъ зародкѣ и не може тому спричинити сухотъ. Здоровый чоловікъ може тогды только набрати ся сухотъ, коли въ якій небудь спосібъ выплюта слина сухітника ввійде въ його тѣло.

Сухоты можна часто тогды вылѣчити, коли завчасу роспізнаемо хворобу и коли возьмемо ся за властныи способы до ихъ вылѣченя. Въ більшій части сухоты не суть небезпечні.

Не есть небезпечно мешкати тогды зъ сухітникомъ, коли слину, яку вінъ выплює, мы сейчасъ защимо. Сухотникъ не може плюти на підлогу, карпетъ, пѣчь, стѣну або тротоаръ (тайдвокъ), але все, если можливо, въ посудину або чарку умысно для него зладжену. Чарка повинна мѣстити воду тому, щобъ слина не засыхала, або, що лѣпше, пять процентову корбольоу воду (5 малыхъ ложочокъ на півъ коарты). Сей розчинъ убиває зародки. Чарку трека выпорожнити до выходка бодай два разы на день, и вымыти, якъ належить ся, горячою водою.

Дуже на се треба уважати, щобы сухітникъ не завалывъ соби рукъ, лица або одежи выплютою слиною. Однакожь, колибъ такъ стало ся, то треба сей часъ замыти горячою водою и мыломъ. Мущины-сухотники не повинни носити зовсѣмъ бороды, але, що найбільше, пристриже ни вусы. По-за домомъ сухотники повинні плюти въ паперову флѣщину, умысно задлетого зладжену. По поворотѣ до дому треба сейчасъ тую флѣщину вразъ зо слиною спалити. Коли сухітникъ уживає хустинъ до носа (лѣпше, абы вінъ уживавъ непотрѣбныхъ шматинъ, котри сейчасъ можна спалити), то тинъ треба осібно цѣлой півъ години въ кипучій водѣ варити, занѣмъ можна ихъ прати зъ прочимъ бѣльемъ. При кашленю та смарканю дрібонькій частинки слины, що мѣстеить въ собѣ зародки, улѣтають въ повѣтре, и тому сухітникъ підчасъ кашляня або смарканя повиненъ тримати хустку або шматину при устахъ; впротѣмъ, хустокъ да шматинъ треба якъ найменче уживати, бо слина на нихъ засыхе скоро, віддѣливши ся улѣтає въ воздухъ. Тому, если се можнive, сухітникъ повиненъ плюти въ чарку або сплювачку.



Паперві чароки сьць лѣпшы, якъ звьчайні, бо ихъ можна разомъ изъ слиною по ужитою спалити. Зовсѣмъ дешева та выгідну чарку зъ паперу або папендеклю можна майже въ кождій аптицѣ дістати, и тую сухітникъ мае уживати будучи по-за домомъ. Хорі, котрі сьць за слабі, щобы могли уживати флещину або чарку, могуць уживати мокрыхъ шматъ, котрі сьць сейчасъ треба спалити. Шматъ не можна носити якъ-небудь въ кешени, але треба ихъ тримати въ непромокальній (waterproof) портметцѣ, котра треба часто вымывати въ горячій водѣ. Сухітникъ не повиненъ нѣколи своей слинж лоскажи.

Сухітникъ мусить мати свое власне ложка, а если можливо, то и свій власный покій. Покій сей мусить все мати повно свѣжого воздуха, а вокно мае бути все отверене якъ день, такъ ночь.

Врудной бѣлизны сухітника и простираль, коли они сухі, треба якъ найменче дотыкати ся, але сейчасъ вложити въ воду, а відтакъ выпрати.

Коли такъ вчинять ся слину зовсѣмъ нешкодливою, сухітникъ може не только часъ відъ часу робити свою роботу не заражаючи другихъ, але такожъ въ той способъ поправити свое здоровля, а навѣть и выздоровѣти.

Коли де кто есть слабый на сухоты, то треба дати знати про се до Департаменту Здоровля. Тогдѣ до той особы прииде лѣкаръ, котрый прослѣдитъ станъ здоровля, та скаже, чи та особа мае сухоты, розумѣе ся тогды, коли она не мае доктора, и тогдѣ, если окажесь потреба, дасть вказівки, якъ лѣчити ся.

Покоѣ, въ котрыхъ бувъ сухітнихъ, треба ґрунтовато вычистити, вычухати, выбѣлити, помальовати або опапѣровати, занѣмъ можна въ нихъ замѣшкати. Карпеты, диваны, постѣль, и т. д., зъ покоѣвъ, де бувъ сухітникъ, треба поддати цѣлковитій дезинфекції. Треба только дати знати до Департаменту Здоровля, а Департаментъ пішле самъ по ті рѣчи, поддасть ихъ дезинфекції та зверне ихъ властителеви зовсѣмъ за дармо, або на жаданя знищить. Если сухітникъ перепроваджуе ся, то Департаментъ о тімъ мусить знати.

Остерѣгаемо хорыхъ на сухіты, щобы не уживали богато фальшивыхъ, а часто дорогихъ средствъ и лѣкарствъ, та щобы не поддавались оголошуваннымъ „спеціальнымъ“ методамъ леченія сухіть.

Вылѣченія сухіть не можна сподѣватись відъ самой одной медицины, якъ такожъ відъ особливого способу лѣченя, але тільки водѣ курації всюды узнанои за видновѣдну, котра полягае на свѣжіймъ въздусѣ, занятю по за домомъ або въ поли и добрыхъ поживныхъ стравахъ.

Народна лічниці (a dispensary) зістала отворена на 6-ій Avenue і 55-ій улици, де безплатно лічать сухоты, і де лікарі, добродійні товариства і інші можуть б подібнийхъ случаевъ удавати сеі.

В разі потреби брде роздаватись молоко і яйці. Там також можна одержати паперові пювачки, і там можна просити о пістунки (nurses) до хорик в дома.

Уреідові години від 10 рано до 12 в полудне, і від 3 до 4 по обіді кождою диеі.

Від 8—9 вечеромъ в понеділок, среду і пейтницею.

Люди, котрі бы цотѣли довѣдатись де-що бильше, або хотѣли бы помочи, мають звертати ся до Department of Health, 55th Street and 6th Avenue, або до The Charity Organization Society, 105 East 22nd Street.

За урядъ здоровля

Германъ М. Біггсъ, М. Д.

Томасъ Дарлингтонъ, М. Д.

Старшій Лѣкаръ.

Предсѣдатель.



CONSUMPTION IS A PREVENTABLE AND CURABLE DISEASE

Information for Consumptives and Those Living with Them

DIVISION OF COMMUNICABLE DISEASES

DEPARTMENT OF HEALTH

SOUTHWEST CORNER SIXTH AVENUE and 55th STREET

NEW YORK

CONSUMPTION IS CHIEFLY CAUSED BY THE FILTHY HABIT OF SPITTING

Consumption is a disease of the lungs, which is taken from others, and is not simply caused by colds, although a cold may make it easier to take the disease. It is caused by very minute germs, which usually enter the body with the air breathed. The matter which consumptives cough or spit up contains these germs in great numbers—frequently millions are discharged in a single day. This matter, spit upon the floor, wall or elsewhere dries and is apt to become powdered and float in the air as dust. The dust contains the germs, and thus they enter the body with the air breathed. This dust is especially likely to be dangerous within doors. The breath of a consumptive does not contain the germs and will not produce the disease. A well person catches the disease from a consumptive only by in some way taking in the matter coughed up by the consumptive.

Consumption can often be cured if its nature be recognized early and if proper means be taken for its treatment. *In a majority of cases it is not a fatal disease.*

It is not dangerous to live with a consumptive, if the matter coughed up by him be promptly destroyed. This matter should not be spit upon the floor, carpet, stove, wall or sidewalk, but always, if possible, in a cup kept for that purpose. The cup should contain water so that the matter will not dry, or better, carbolic acid in a five per cent. watery solution (six teaspoonfuls in a pint of water). This solution kills the germs. The cup should be emptied into the water closet at least twice a day, and carefully washed with boiling water.

Great care should be taken by consumptives to prevent their hands, face and clothing from becoming soiled with the matter coughed up. If they do become thus soiled, they should be at once washed with soap and hot water. Men with consumption should wear no beards at all, or only closely cut mustaches. When consumptives are away from home, the matter coughed up should be received in a pocket flask made for this purpose. If cloths must be used, they should be immediately burned on returning home. If handkerchiefs be used (worthless cloths, which can be at once burned, are far better), they should be boiled at least half an hour in water by themselves before being washed. When coughing or sneezing small particles of spittle containing germs are expelled, so that consumptives should always hold a handkerchief or cloth before the mouth during these acts; otherwise the use of cloths and handkerchiefs to receive the matter coughed up should be avoided as much as possible, because it readily dries on these, and becomes separated and scattered into the air. Hence *when possible, the matter should be received into cups or flasks.* Paper cups are better than ordinary cups, as **the former**

Note—All admissions, discharges and deaths of persons suffering from



18a-20, 10, 2,000

DISEASE

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## SUCHOTINY

sú nemocou, ktorá môže byť zamedzená a ktorá sa môže vyliečiť. Úryvky pre súchotinárov a tých ktorí s nimi žijú.

### OD VRCHNOSTI VEREJNEHO ZDRAVOTNICTVA,

Južno západne roh 55 ulice a 6 Ave. v New Yorku, N. Y.

### SÚCHOTINY SA NAJČASTEJŠIE ZAPRIČINUJÚ SKRZ ZLOZVYK PLUVANIA.

Súchotiny sú nemocou pľúc, ktoré nie skrze prechladenie, ale leu skrze nakazenie sa zapríčínajú.

Pri istých okolnostiach prechladnutia tým osobám, ktoré nakazaniu súchotinami vystavené sú, môžu sa tiež ľahšie chyťť.

Súchotiny skutočne zapríčínajú malé neviditeľné zvieratká (bacilly) ktoré obyčajne so vzduchom, ktorý vdychujeme, do tela dostaneme.

Charachotlina, ktorú súchotinári vykašľávajú, alebo vyplávajú, obsahuje v sebe tieto zvieratká v takom množstve, že z nich miliony jediného dňa vyplávajú. Keď táto chrachotlina, prebohatá na tie zvieratká, na podlahu, na stenu, alebo kdekoľvek inde sa vyplúje, ona uschne a na prach sa obrátia s druhým prachom ovzdušia ďalej zanášana býva.

Sam tento útly prach obsahuje tie zvieratká a ich zárody, ktoré tuto cestou s vdychovaním povertia do tela sa dostanú. Tento prach je hlavne v izbe nebezpečným. Dýchanie súchotinára prôcz keď on kašle alebo kýcha, neobsahuje v sebe žiadne bacilly a ani je ono, jak také, nie nebezpečne a preto, keď by ono aj druhým vdýchnuté bolo, choroba sa tým neprenáša. Zdravým osobám sa súchotiny od suchotinára len tak chytiť môžu, keď ich chrachotlina alebo jej čiastka sa do ich tela na dajáký spôsob dosta e.

Súchotiny sa môžu často vyliečiť, keď dost včasne príroda nemoci sa spozoruje a keď hneď potrebne prostriedky ku jej liečeniu sa upotrebia.

V najviac pádoch súchotiny sú nie smrtonosné.

Pre zdravých je nie nebezpečným spolubývanie so suchotinarmi, jestli ich chrachotlina sa hneď zničí Chrachotlina súchotinárov nema a by sa vyplávať ani na podlahu, na čaluň, na pec, na steny, ani na poulične chodbištia, alebo kdekoľvek inde, ale mala by sa do ku tomuto cieľu vždy napohotove stojacej osobytnej nádoby alebo mysy sberať.

Aby chrachotlina nemohla uschnúť, má sa do takých nádob trochu vody, alebo ešte lepšie 5 procentového karbolového roztoku (6 kávových lyžičiek karbolovej kyseliny na jednu pintu vody) vliať. Skrz tento karbolový roztok sa zarodky zvieratok usmrtia a ponevač roztok ten je jedovatý, má byť len veľmi pozorne upotrebovaný. Ku sberaniu chrachotlin ustanovené nádoby majú byť aspoň raz denne do ohňa alebo do záchodu vyprázdnené, potom starostlivo horúcou vodou očistené a zas trochu tou horezpozmenutou karbolovon kyselinou naplnené.

Súchotinári musia na to dáť pozor, aby chrachotlina na ich rukách, tvári, alebo na šatoch sa neprilepila a v takom páde musí byť hneď mydlom a horúcou vodou odstránená.

Súchotinári by nemali nosiť bradu, ale len na krátko obstrihané fúzy.

Súchotinári von z domu, mali by zvláštnu z papiera vyhotovenú, a ku plúvaniu chrachotlin ustanovenú flašku so sebou nosiť.

Táto flaška má sa hneď po prijdení domov, so všetkým ako je, do ohňa hodiť. Keď sa plúje do vreckovych šaták (bezenné handry su ku tomu cieľu najprimeranejšie) tak tie majú sa aspoň za pol hodiny v horúcej mydlovej vode vyvariť a to prv než by as mali s drubým prádlom prať.

Ponevač pri kašľaní alebo kýchaní malé s chrachotinami pomiešane čiastočky slýn do povetria letia, aby toto zamedzené byť mohlo, majú si chori v ten čas šatku pred tvarou, nosom a ustami držať. Vo všetkých druhých pádoch uživaníu handar poťažne



vreckových šaták pre plúvanie chrachotlín do nich, má byť byfuté, pretože chrachotliny na šatkách chytro schnú, odpadujú a potom sa s ovzduším miešajú. Práve preto chrachotliny majú sa, keď je to len možno do hrúčkov alebo do mysiek sberať. Papierové taniere majú mať prednosť, pred druhými nádobami, pretože tie po užívaní, môžu byť zapálené spolu aj s ich obsahom. Lacná a vhodná nádoba z papiera, alebo z papierovej lepenky, pre tento cieľ je skoro v každej lekarni k dostaniu, a môže si ju nemocný aj so sebou brať, keď ide na prechádzku. Nemocní, ktorí sú prislabi ku tomu, aby flašku alebo tanier upotrebovať mohli, môžu upotrebovať mokre handry, ktoré po ich užívaní hneď zapálené byť musia. Okrem domu, tieto mokré handry alebo šatky, musia byť uložené do vodovzdornej obálky, prv než by do vrečka uložené boli. Táto obálka, prípadne dohánové vrečko, alebo podobné, musí sa často vyvariť.

Súchoťinári nesmejú chrachotliny nikdy prehltnúť.

Súchoťinári majú mať ich osobytnú postel a kde možno aj ich osobytnú izbu, ktorá vždy dobre prevetren, byť musí a okno má byť v nej deň a noc otvorené.

Zašpinené prádlo, postelina atd. nesmeju byť viac, len jako treba dotkynane, ale sa majú hneď do vody vložiť.

Keď sa chrachotliny dokonale zničia, tak súchoťinár často môže byť v stavk aj svoju obyčajnú robotu sprevádzať bez toho, aby i druhých ľudí nakazil. Skrze robotu sa stav nemocného aj zlepšuje aj zväčšuje vyhlád na úplne uzdravenie.

Keď je dakto v tom podozrení, že je na súchoťiny nemocným, tak sa má jeho meno a adresa hneď skrz poštu dopisnicu zdravotnickej vrchnosti pri opisaniu okolnosti oznámiť.

Jeden lekársky úradník zdravotnickej vrchnosti, keď nemocný žiadneho osobytného lekára nemá, sa hneď dostavi a súchoťinára vrekuma; keď je treba hneď porobi poriadky pre zaobehád zanie s nemocným tak, aby sa choroba druhým nechytla.

Izby, v ktorých súchoťinár býval, prv než by zas do užitku vzaté boli, musia sa zakladne vyčistiť, zamiešť, znovu obieleť, vymalovať, alebo vypapierovať; čalune, rohože, posteľe, periny atd. se musia z tých izieb, kde súchoťinár býval odstrániť a desinficovať.

Také predmety zdravotnickej vrchnosti bezplatne prevezne, desinficuje a majiteľovi zas prinavratí alebo na zvláštnu žiadosť zniči.

Keď súchoťinári premeňuju si byt, to ma byť hneď zdravotnickej vrchnosti oznámené.

**Súchoťinári sú tymto vystryhane, aby tie mnohe zavratnicke a mnoho ráz veľmi vychva lované likely, a hojenia neužívali, ale aby sa aj hneď tým zvláštne ohlasovaným osobytným spôsobom liečenia suchotín nepodhodili.**

**Vyliečenie súchoťin sa nemože očakavať od jedného jediného lieku, alebo zvláštneho liečivého spôsobu, ale leu skrze jednie za skrze považované liečenie to, ktoré sa zakladá na sviežom povetří, zamestnanie von z domu, skrz pol'nu prácu a zaživné jedlá.**

Suchoťinári ktoré môže vstopeni v sanatoria, musí rôbiž to odražv.

Slobodné lekárne (Dispensaries) su odkryté :

na Manhattan—na sestei avenue a 55 ulicy., Poradne hodiny od 10 pre pol. do 12 hod. do obeda, a od 2 do 4 hod. po pol. každého robotného dňa. Od 8 do 9 po pol. (večer) v pondelék, vo stredu a v piatek.

na Brooklyn—361 Džej (Jay) ulici. Poradne hodiny od 2 do 4 hod. po pol. každého robotného dňa.

na Bronx—3-th avenue a St. Paul's Plape. Poradne hodiny od 2 do 4 hod. po pol. každého robotného dňa.

V páde potreby budú rozdávané mlieko a vajce. Tiež kapesné plyvatka možno obdržať a žiadosti môžu byť podané o ošetrovatel'ov, aby chorí boli navštívení v ich bytoch.

Osoby, ktoré by ďalšie v'svetlenia žiadali, nech sa obratia na "The Department of Heath 55 ulica a 6 Ave." alebo na: "The Charity Organization Society, 105 East 22 ulica," v New Yorku N. Y.

Na rozkaz zdravotnickej vrchnosti,

**HERMANN M. BIGGS, M.D.**

hlavný.

**THOMAS DARLINGTON, M.D.**

predseda lekár.



133 L-1907

## S U C H O T Y

### SĄ DO ZWALCZENIA I ULECZANIA.

Przepisy do zachowania dla suchotników i tych którzy z nimi żyją. Oddział zarazliwych chorób,

**URZĄD ZDROWIA PUBLICZNEGO**  
South-West, róg 55th Street i 6th Avenue, New York.

#### Suchoty rozpowszechniają się najczęściej przez nieodpowiedni zwyczaj płucia.

Suchoty są chorobą, którą sprowadza nie przeziębienie, lecz zarażenie.

Przeziębienie może, według okoliczności, uczynić osoby, narażone na zakażenie suchotami, do nich bardziej skłonni.

Właściwą przyczyną suchot są małe niedostrzegalne zarodki [bakterye] które dostają się do ciała zwykle razem z wzdychanem powietrzem.

Płwociny, jakie suchotnicy wyrzucają ze siebie przy kaszlu i pluciu, zawierają w sobie owe zarodki w takiej ilości, że nieraz w jednym jedynym dniu całe miliony ich, razem z tymi płwocinami, wydziela się. Jeżeli owe płwociny, pełne zarodkami, dostaną się na podłogę, na ściany, lub gdziekolwiek bądź, wysychają, proszkują się i w postaci pyłu dalej w powietrzu się unoszą.

I właśnie ten delikatny pyłek zawiera w sobie owe zarodki, które tą drogą, razem z wzdychanem powietrzem dostają się do ciała. Ten pył jest najbardziej niebezpiecznym w mieszkaniu. Oddech suchotnika, jeżeli on nie kaszleje i nie kicha, nie zawiera w sobie bakcyli i sam sobą nie jest niebezpiecznym, stąd też i nie może, choćby nawet wdychany, przenieść dalej słabości. Osoby zdrowe mogą zarazić się od suchotnika tylko wówczas, jeżeli do ich ciała dostaną się w jakikolwiek sposób jego płwociny.

Suchoty mogą być często wyleczone, jeżeli tylko natura choroby zostanie zawczasu dostatecznie poznana i natychmiast użyje się odpowiednich środków przeciw nim.

W bardzo wielu wypadkach suchoty nie kończą się śmiercią.

Zdrowi mogą bezpiecznie mieszkać razem z suchotnikami, jeżeli płwociny chorych natychmiast się niszczy. Chorzy na suchoty nie powinni pluć ani na podłogę, ani na dywany, ani na piec, ani na ściany, ani po ulicach i trotuarach, ani w ogóle nigdzie, tylko do przygotowanych w tym celu naczyń lub spluwaczek.

Aby płwociny nie wysychały, należy do tych naczyń wlać trochę wody, albo jeszcze lepiej 5-procentowego kwasu karbolowego [6 łyżeczek kwasu karbolowego do połowy litry, „pint-u“, wody]. Ten roztwór karbolowy zabija zarodki suchotnicze, ale ponieważ jest trującym, należy przy jego używaniu zachować jak największą ostrożność. Przeznaczone na płwociny naczynia należy co najmniej dwa razy dziennie wylewać ko kanały, poczem wymyć szczerannie gorącą wodą i napełnić zdrowu nadmienionym roztworem karbolowym.

Suchotnicy powinni na to uważać, aby płwociny nie ostawały im na rękach, na twarzy albo na ubraniu, w podobnym wypadku należy je zmyć gorącą wodą i mydłem.

Mężczyźni chorzy na suchoty nie powinni nosić brody, tylko co najwyżej krótkie wąsy.

Poza domem powinni suchotnicy nosić przy sobie na płwociny przygotowane do tego papierowe torebki.

Torebki te wraz z płwocinami należy po powrocie do domu natychmiast spalić. Jeżeli na płwociny używa się chusteczek [niepotrzebne szmatki któreby można spalić, są w każdym razie lepsze], to zanim się je da do prania razem z inną bielizną, wprzód należy je wygotować osobno przez pół godziny w mydlanej wodzie.

Ponieważ przy kaszlu lub kichaniu często przyskają w powietrze cząstki, śliny zmieszane z płwocinami, powinien chory, aby tego uniknąć, przysłonić sobie wówczas usta chusteczką. We wszystkich innych wypadkach należy unikać używania szmatek względnie chusteczek na płwociny, ponieważ płwociny na szmatkach łatwo wysychają, odrywają się, i w postaci pyłu unoszą się dalej w powietrzu. Dlatego należy pluć, jeżeli to tylko



możliwe, do jakiej miseczki albo spluwaczki. Najlepsze do tego są papierowe torebki, sporządzone w tym celu z papieru albo papendelku, można dostać prawie w każdej aptece i chorzy mogą je brać ze sobą i na przechadzki. Chorzy, którzy są za słabi, aby mogli używać do płucia jakie naczynie albo spluwaczkę, mogą używać do tego wilgotne szmatki, które jednakże należy palić zaraz po użyciu. Poza domem należy te wilgotne chusteczki albo szmatki, zanim się je używa, włożyć do jakiej nieprzemakalnej puszki. Tę puszkę, ewentualnie tabakierkę lub coś podobnego, należy często wygotowywać.

Suchotnicy nie powinni swoich płucin nigdy połykać.

Suchotnicy powinni mieć osobne łóżko a jeśli możliwe i osobny pokój, który należy zawsze dobrze przewietrzać a okna zostawić dniem i nocą.

Brudnej bielizny, pościel i t. d. nie należy ruszać w suchym stanie więcej jak tego zachodzi konieczna potrzeba, zresztą należy je włożyć natychmiast do wody.

Pokoje muszą być czyszczone co dzień. Aby nie narobić kurzu, trzeba podłogi dobrze przeszprycować wodą przed zmiataniem. Kurz zaś wycierać mokrą szmatą.

Jeżeli płwociny niszcą się dokładnie, wówczas może suchotnic często zajmować się zwykłą swą pracą bez zarażenia innych ludzi. Przez pracę stan chorego nawet się polepsza i powiększa się możliwość całkowitego wyzdrowienia.

Jeżeli tylko zachodzi podejrzenie, że ktoś jest chory na suchoty, należy natychmiast korespondentkę pocztową podać do wiadomości Urzędu Zdrowotnego imię i adres dotyczącej osoby a także i opis całego stanu rzeczy.

Jeżeli dotycząca osoba nie wezwała lekarza prywatnego, wówczas zbada ją urzędujący lekarz Urzędu Zdrowotnego i jeżeli okaże się potrzeba, wyda odpowiednie zarządzenia co do postępowania i zachowania się, aby inne osoby uchronić od zarażenia.

Zanim się odda do nowego użytku pokoje, zamieszkałe przedtem przez suchotników, należy je wprzód dokładnie wyczyścić, wyszuruwać, wytynkować i wytapetować. Dywany, chodniki, łóżka, pościel i t. d. z pokoiów, w których mieszkali suchotnicy należy poddać desinfekcji.

Takie przedmioty zabiera Urząd Zdrowotny bezpłatnie, desinfekuje i dostawia na powrót właścicielowi albo na specjalne żądanie niszczy.

O zmianie pomieszkani obowiążani suchotnicy uwiadomić natychmiast Urząd zdrowotny.

**Ostrzega się chorych na suchoty, aby nie używali wiele fałszywych a często bardo drogich środków i lekarstw, i nie poddawali się również anonsowanym specjalnym metodom leczenia suchot.**

**Wyleczenia suchot nie można się spodziewać się od samej jednej medycyny, ani też od pewnego specjalnego sposobu leczenia, tylko od kuracyi jedynie za racjonalną uznaną, która polega na świeżem powietrzu, zajęciu poza domem lub w polu i dobrych, pożywnych potrawach.**

Gdyby chory miał potrzeby wstąpienia do Sanatorium, radzimy tego uczynić jak najprędzej.

Specjalne lecznice [dispensaries] zostały otworzone: 6ta Ave. 55 st., Manhattan, 361 Jay st., Brooklyn; 3cia ave. St. Pauls Place, Bronx.

Urzędowe godziny przyjęcia: Manhattan—Od godz. 10 do 12 rano i od godz. 2 do 4 po poł., codziennie prócz dni świątecznych, a także w poniedziałek, środę i piątek od 8 do 9 wieczór; Brooklyn—Od godz. 2 do 4 po poł., codziennie prócz dni świątecznych; Bronx—Od godz. 2 do 4 po poł. codziennie prócz dni świątecznych.

W razie potrzeby będzie się rozdawać mleko i jaja. Tam też można dostać papierowe torebki do płucia, i tam można prosić siostry miłosierdzia [nurses] do chorych w domu.

Osoby, któreby sobie życzyły dalszych wiadomości lub pomocy, mają ię zwrócić do The Department of Health, 55th Street and 6th Avenue, albo do The Association for Improving the Condition of the Poor, 105 E. 22 str. do The Charity Organization Society, 105 East 22nd Street, albo do The United Hebrew Charities 356 Second Ave.

Za Urząd Lekarski

**HERMANN M. BIGGS, M. D.      THOMAS DARLINGTON, M. D.**

Starszy Lekarz.

Przewodniczący.



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## SOUCHOTINY.

NEMOC, KTERÁ SE DÁ ZAMEZITI A JEST VYHOJITELNÁ.

## PRAVIDLA PRO SOUCHOTINÁŘE A JICH SPOLEČNÍKY.

ZDRAVOTNI ÚRAD MESTSKÝ.

JIHOZÁPADNÍ ROH 55, ULICE A 6 AVENUE V NEW YORKU.

## SOUCHOTINY SE PŘENOSÍ NEJVÍCE NEZPŮSOBEM PLYVÁNĚ.

Souchotiny jest plicní nemoc, která povstane nakážením. a ne nachlazením.

Nastuzení může spůsobiti, že osoby, které se suchotináři žijí, stanou se nákaze přístupnějšími.

Původci souchotin jsou malé, pouhému oku neviditelná zvířátka (bacilly), které se dostanou do plic vdechnutím.

Chrchle, které suchotináři vykašlou aneb vyplyvnou, obsahují takové ochromné množství bacil, že mnohdy milliony za jeden den se jich vyplyvne. Když tyto chrchle ploují se vyplyvanou na zem, na stěny, na podlahu, aneb vůbec někam, kde uschnou v prach, který pak větrem odnesený, tuto nemoc rozšíří.

Tento prach obsahující vzduch do sebe dýcháme a jest nejn. bezpečnější v pokojích a ložnicích. Dech suchotináře bacilly neobsahuje a není tedy sám v sobě nebezpečný, i když se vdechne, jen kýchnutím neb sakašláním přímo do obličeje přijde nákaza. Zdravé osoby mohou býti jen tehda nakazeni, když se chrchle suchotináře dostanou do jeho těla.

Souchotiny mohou býti vyléčeny, když se nedub v čas pozná a ihned se učiní potřebné kroky k vyléčení.

Velké množství souchotin jest vyléčeno.

Obcování zdravých lidí se suchotináři není nebezpečné, když se chrchle ihned zničí. Chrchle suchotinářů nemají se na zem, za kamna aneb jinam vyplyvat, nýbrž mají se vyplyvati do přichystané k tomu nádoby.

Aby chrchle nemohly uschnouti, má sedáti do nádob trochu vody, aneb jest lépe 5 proc. korbolku upoutrabiti. (6 lžic čisté karbolové kyseliny, do 1 pinty vody smésiti). V této karbolové vodě bacilly zahynou. Protože jest tato tekutina jedvatá, musí se sni opatrně zachazeti.

Nádoby pro chrchle mají býti 2 kráté denně vyjnozdněné a oždy po upotřebení horkou vodou vymyté.

Souchotináři mají na to dbáti, aby se šaty chrchlemy neznečestily a kdyby se tak stalo, mají býti šaty ihned horkou vodou umyté.

Muži, kteří souchotěmi stíženi jsou, nemají nositi velký vousy, stočí malý knír pod nozau jest lepáe žádný.

Na ulici měli by s suchotináři míti vždy papírovou lahév, do které se chrchle vplyvati mají. Tyto papírové láhve mají býti po náratu do bytu hned spálené. Kapesní šátky do kterých se chrchle vplyvnou, mají býti nejdřívě nejméně ½ hodiny v mýdlove vodě vyvařené a potom teprve mají se z druhým prádlém smíchati. Při káslání, anebo kýchnutí vyplyvne suchotinář v mnechých pádech chrchle na zem. Aby to zamezil, ma si k ústám vždy přidržeti kapesní šatek. Ve všech jiných pádech se kapesní šátky užívati nomají,



poněvadž chrchlé velmi rychle uschnou a nebezpečí uošíření se nemoce je velké. Chrchle se mají vůbec vylývat jen do nahoře zmíněných nádob. Nejlepší je, když tyto nádoby jsou z papíru, poněvadž se mohou po upotřebení hned spáliti. Takovéto papírové nádoby jsou velmi laciné a každý si je může v lékárnách koupiti a na cestě sebou nositi. Nemocní, kteří jsou přislábi, aby mohli takovouto nádobu sebou nositi, mohou užívati i tyhké hadříčky, které se mají po upotřebení hned spáliti. Když se suchotináři nacházejí na procházce, mají míti tyto hadříčky uzavřené v nádobce (waterproof), a potom teprve mají se dáti do kapsy.

Spolknouti se chrchlé nikdy nesmějí!

Každý suchotinář má míti svoji vlastní postel a dle možnoosti i svůj vlastní pokoj, který musí býti vždy dobře provětrávaný. Okna mají býti dnem, i nocí otevřená.

Něčisté prádlo, podušky na postel a j. nemají býti nadarmo ochmatávane a mají se dáti hned do vody.

Když se chrchle ihned zničí, je suchotinář v mnohých pádech vstavu, svoje zaměstnání vykonati, beztoho, aby někoho nakazil. Pracováním se vůbec stav nemocného polepší a výhledy na uzdravení jsou větší.

Když je někdo v podezření, že má suchotiny, má se jeho jméno a adresa hned oznámiti zdravotnímu úřadu na postovním lístku, na kterém se mají všechny okolnosti dle možnosti popsat.

Úředník lékařského ústavu takového nemocného potom hned navštíví a na suchotiny přezkoumá. V pádě, že by se podezření potvrdilo, udělá hned zaopatření, aby se nakazení jiných osob zamezilo.

Pokoje, které byly suchotniari obydlené, musí býti důkladně vyčistěné, převápněné a novými tapety přelepené. Teppichy, postele, prádlo a jiné podobné věci musejí se desinfikovati.

Takovéto předměty si zdravotní úřad sám odnese a desinfikuje a pošle zase zpět. Na žádost majitele je také zni.

Když suchotinář změni svůj byt, musí to zdravotnímu úřadu hned oznámiti.

Světnice mají se čistiti každý den, aby se však zamezilo, aby prach se nezvedl jest třeba přelícením prodlahu navlhčiti co se může nejlépe mokrym hadrem učiniti.

**Suchotináři jsou tímto varováni, různé, v novinách nabízené léky a jiné léčení užívati a nepodrovi se různým švindlerským zvláštním methodám.**

Suchotinar, kdo má přibřihost jiti do Sanatorium má jiti hned.

Dispensaries byly zařizeny na šesté avenue a 55 ulici, Manhattan; 361 Jay ulici, Brooklyn a na 3 avenue a St. Paul's Pl., Bronx, kde za darmo lečeny jsou suchotiny (is léuy) a kam se mohou v podobných případech obrátiti lékaři, dobrocinné společnosti a pod.

Paradni hodiny: Manhattan—Od 10 hod. rano do 12 v poledne a od 2 do 4 hod. odpoledne každého vsedního dne. V pondělí, ve stredy a patek od 8 do 9 večer.

Brooklyn a Bronx: Od 2 do 4 hod. odpoledno každého vsedního dne.

V pádech potreby rozdávají se mléko u vejce. Též kapesní plyvátka možno obdržeti a žádosti ohleden ošetřovatelů mohou býti podané, aby nemocní byli navštívěni v jejich bytech.

Takové osoby, které by si přáli další ponaučení, aneb pomoc, nechtě se obrátiti na: The Department of Health, 55th st. & 6th avenue, aneb u The Charity Organization Society, 105 East 22 street.

V nařizení zdravotního úřadu,

**HERMANN M. BIGGS, M. D.**

vrchní lékař.

**THOMAS DARLINGTON, M. D.**

president.



最曼病或由外感而起初則咳嗽日甚一日漸成肺痿  
癆瘵有與內傷人居處或同睡同食傳染而來者也凡染  
十得百此種病內有毒虫能蝕爛肺者其形甚微如蟬  
雖出隨空氣運飛不但衰弱者可慮即使強健人吸之  
何以能免其患者故本衛特將規條列後若華友慎守自

水或桶仔用清水浸過每日宜用熱水潔洗一二次免  
服手足如有帶穢者宜速用熱水洗之用消毒藥水三持  
該藥水名卡布灑打食

本衛能命醫生代為診視分文不取但其病者須遵照醫

此藥但事理之人免染此疾且令病者全愈更快

在紐約六號車路五十五街角一在補碌會遮街三百  
波市其在紐約捨藥時候每逢禮拜一三五三日由上  
聖九堂在補碌會藥局亦拜禮一三五三日由下午兩點  
由下午兩點至四點鐘開門專理內傷一病無論唐番贈  
報本局即命醫生或司事人登門調診分文不取極貧者  
本衛在衛生甚願患病者得以保護無病者免其傳染

大總理李打理 士全謹啓

保衛生衛門參馬  
參靈頓醫生謹啓



內傷須知

內傷之症不一五臟均能受傷惟肺形如華蓋最

以致吐血吐痰或因氣質衰弱若工過度竟成癆

此症倘不謹慎痰唾亂吐地上由一可以傳十

非用顯微鏡不能見之此毒虫由患內傷者痰唾

可能成內傷焉本衙可惜華人多染此症不知何

能免此患焉

凡患內傷者宜分床別食所有痰唾宜吐口水

被患虫運飛又宜謹慎勿被口水污穢衣服

羹入口水壺內與清水和勻能殺其毒虫該

凡患內傷者宜報本衙知之若其人如意調治本

生方法施行較為效驗

凡內傷宜居開陽之房越多太陽晒入越妙如此

本衙另設特別藥局二所贈醫施藥以救疾厄一

六十壹號門牌一在市朗市三號車路夾聖普披

朝十點鐘至十二點下午兩點至四點晚八點至

至四點在布朗市藥局除禮拜日休息外每日由

醫施藥如有重病不能就醫者 請將住址函報

或施贈牛乳雞蛋惟須自袋口水壺免汚地方本

此則本衙濟世之微意也

紐約埠衛生衙門



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21-460, '08, 3,000 (P)

# DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DIVISION OF COMMUNICABLE DISEASES

## SWEEPING AND DUSTING

In sweeping a room raise as little dust as possible, because dust, when breathed in, irritates the nose and throat and often sets up catarrh. Some of the dust breathed reaches the lungs, making portions of them black and useless.

If the dust breathed contains the germs of tuberculosis or consumption—tubercle bacilli—which come from persons who have pulmonary tuberculosis spitting on the floors, the risk is run of getting the disease. If the sick person uses proper spit cups and is careful to hold a handkerchief over the mouth when coughing or sneezing so as not to scatter spittle about in the air, the risk to others who live in the same rooms of getting the disease is inconsiderable.

Before sweeping bare floors, sprinkle moist sawdust on the floor. When the room is carpeted, wet a newspaper, tear it into small scraps and scatter these over the carpet. In sweeping, brush these scraps of paper along with the broom and they will catch most of the dust and hold it fast, just as the sawdust does on bare floors. Do not have either the paper or the sawdust dripping wet, only moist.

In dusting a room, do not use a feather duster or dry cloths, because these do not remove the dust from the room, but only brush it into the air.

Do all dusting with slightly moistened cloths and rinse them out in water when finished.

In rooms with bare floors [in houses, stores, shops, schoolrooms, etc.], all dust can be easily removed after it has settled, by using a mop, which has been wrung out so as to be only moist, not dripping wet.

THOMAS DARLINGTON, M. D.,  
*President, Board of Health.*

EUGENE W. SCHEFFER,  
*Secretary.*

HERMANN M. BIGGS, M. D.,  
*Medical Officer.*



## רעפארטמענט אוו העלטה

ניו יארק סיטי.

אבטהיילונג פון אנשטעקענדע קראנקהייטען.

### קעהרען און שטויבען.

ווען איהר קעהרט א ציממער, מאכט וויא מעגליך וועניג שטויב, ווייל ווען דיעזער שטויב ווירד איינגעאטהעמט רענט עס אויף דעם נאז מיט דעם האלז און עס קען ברענגען אפט צו קאטארר. א טהייל פון דעם איינגעאטהעמטען שטויב גייכט דיא לונגען און עס מאכט געוויסע טהיילען פון זיי שווארץ, הארט און אונזצבאר. אויב דער שטויב וואס איהר אטהעמט איין מיט דער לופט ענטהאלט מיקראבען פון אויסצעהרונגס-באצילען וועלכע קומען פון קאנסאמפצען ליידענדע שפייעכץ אויף דעם פלאאר, דאן זייט איר זעלבסט אין געפאהר צו בעקומען קאנסאמפצען. (אויס-צעהרונג.)

אויב קאנסאמפצען ליידענדע בענוצען געאייגענטע שפוקשאכלען און ווינען אויפ-מערקזאם ווען זיי הוסטען אדער ניסען צו האלטן א טאשען-טוך אדער דיא האנד איבער דעם נאז און מויל אוי אום ניט צו צושפרייטען וועלכע אנשטעקענדע פליסינקייט אין דער לופט, דאן איז דאמיט די געפאהר צו בעקומען דיזע קראנקהייט ביי דיא וועלכע וואהנען אין דיזעלבע ציממען ניש שטארק.

אום צו פערמיידען א גרויסען שטויב אין קעהרין א ציממער מיט אנבעדעקטע פלאארס בענוצט פייכטע זעגעלשפאן. ווען דאס ציממער איז מיט קארפעט בעדעקט דאן מאכט פייכט א געדווקטען פייפער (צייטונג) צורייסט עס אין קליינע שטיקלעך און צושפרייט עס איבער דעם קארפעט. ביים קעהרין קעהרט אויס מיט דעם ברום דיזע קליינע שטיקלעך פייפער און זיי וועלן צונעהמען די מעהרסטע פון דעם שטויב, און עס פעסט האלטען גלייך ווי די זעגעלשפאן טהוט אויף אינבעדעקטע פלאארס. מאכט די פייפער ווי אויך די זעגעלשפאן ניט צו פיעל נאסס, נוד פייכט.

אין שטויבען א ציממער בענוצט קיין פערערן-דוסטער, ווייל דאס ערווייטערט ניט דעם שטויב פון רוים, זאנדערן עס קעהרט דעם שטויב אין די לופט אריין. בענוצט ווייכע טרוקענע געוואנד צום שטויבען און שאקעלט עס אפט אויס דורך די פענסטער; אדער בענוצט לייכט-בעפייכטע געוואנד און וואשט עס דורך אין וואכער ווען איהר האט געענדיגט. אויף דיזעזען ארט קריענט איהר דעם שטויב ארויס פון ציממער.

מען קען לייכט ערווייטערן דעם שטויב אין רוים פון הייזער, סטארס, שעפער, סקול-צימערן א. ז. וו. וועלכע האבען אונבעדעקטע פלאארס, ווען מען וושט אויס, נאכדעם ווי דער שטויב האט זיך געלעגט, דיא פלאארס מיט א פייכטען און ניט נאסען לאפען (מאפ).

### טהאמאס דארלינגטאן מ. ד.

פרעזידענט פון באארד אוו העלטה.

### הערמאן מ' בינס. מ. ד.

מעדיצינער כעאמטער.



## Die Gesundheitsbehörde der Stadt New York.

Abtheilung für ansteckende Krankheiten.

### Fegen und Abstauben.

Beim Fegen eines Zimmers muß möglichst wenig Staub verursacht werden, da dieser Staub, wenn eingeathmet, die Nase und die Kehle angreift und einen Katarrh verursachen kann. Ein Theil dieser staubbeladenen Luft gelangt in die Lungen und macht sie theilweise schwarz und nutzlos.

Wenn diese staubige Luft Keime der Tuberculose oder Schwindfucht — tubercle bacilli — enthält, welche die Schwindfichtigen durch das Ausspucken auf den Fußboden verbreiten, ist es besonders gefährlich, die Krankheit zu bekommen. Wenn der Kranke geeignete Spucknapfe gebraucht und beim Husten und Niesen ein Taschentuch vor dem Mund hält, um den Speichel nicht in die Luft fliegen zu lassen, ist die Gefahr für andere, in demselben Zimmer Wohnenden, von der Krankheit angesteckt zu werden, äußerst gering.

Vor dem Fegen bloßer Fußboden werft feuchte Sägespäne auf den Fußboden. Ist der Boden jedoch mit einem Teppich belegt, gebraucht nasse Zeitungen, zerreißt dieselben in kleine Stücke und streut dieselben dann über den Teppich. Darauf fegt den Teppich mit dem Besen, und diese feuchten Papierstücke werden den größten Theil des Staubes auffangen und festhalten, genau wie die Sägespäne es auf dem baren Boden thun. Die Papierstücke und die Sägespäne müssen jedoch nicht ganz naß, sondern nur feucht sein.

Beim Abstauben eines Zimmers gebraucht keinen Federstäuber und trockene Lappen, da dieselben den Staub nicht entfernen, sondern ihn nur in die Luft wirbeln.

Staube nur mit feuchten Lappen und wäscht sie nach dem Abstauben in Wasser aus.

In Stuben, welche einen baren Fußboden haben, (als Häuser, Magazine, Läden, Arbeitszimmer, Schulstuben u. s. w.), kann Staub, nachdem er sich gesetzt hat, leicht durch Benützung einer Moppe (mop) entfernt werden; dieselbe muß jedoch so ausgerungen werden, um nur feucht, nicht übernaß zu sein.

Thomas Darlington, M. D.,  
Präsident, Gesundheits-Behörde.

Germann M. Biggs, M. D.,  
Ober-Arzt.

Eugene W. Scheffer,  
Sekretär.



## DIPARTIMENTO DI SANITÀ

CITTÀ DI NEW YORK

DIVISIONE DELLE MALATTIE COMUNICABILI

### LO SPAZZARE E LO SPOLVERARE

Nello spazzare una camera, cercate di sollevare quanto meno polvere è possibile, perchè essa, inspirata, irrita il naso e la gola, e spesso produce catarro. Parte della polvere inspirata raggiunge anche i polmoni, rendendoli in alcune parti neri, duri e inutili.

Se la polvere nell'aria, che si respira, contiene i germi della tubercolosi polmonare o consunzione, ossia i bacilli della tubercolosi—i quali son derivati da ammalati tubercolotici che sputano sui pavimenti, si corre il rischio di prendere la malattia. Se gli ammalati di tubercolosi usano spatacchiere, e hanno cura nel tossire o nello starnutare di mantenere un fazzoletto avanti al naso o alla bocca, in modo da impedire che particelle di sputo vadano a mescolarsi coll'aria, non c'è quasi pericolo per altri di contagiarsi vivendo nelle stesse stanze coi tisiici.

Ad impedire che si produca molta polvere nello spazzare i pavimenti usate la segatura umida. Qualora poi vi fosse un tappeto, si consiglia di inumidire un giornale, stracciarlo in minutissimi pezzi e spargere questi sul pavimento. Nello spazzare, questi pezzi di carta umida, strofinati e raccolti con una scopa, verranno in possesso della polvere che si trova sul tappeto all'istesso modo come fa la segatura sui pavimenti. Bisogna tener cura però che tanto la carta quanto la segatura non siano troppo bagnate, ma soltanto inumidite.

Nello spolverare una camera non usate mai una spazzola di piume, perchè questa non rimuove la polvere dalla camera, ma soltanto la disperde nell'aria.

Per spolverare usate soltanto stracci leggermente bagnati, e lavateli dopo.

Nelle stanze senza tappeti, nelle case, nei negozi, nelle fabbriche, nelle scuole, ecc., tutta questa polvere può essere facilmente rimossa, dopo che si fosse depositata, con uno straccio leggermente bagnato.



OTHER DISPENSARIES.—Cases of tuberculosis attending the dispensaries of Gouverneur, Bellevue, Presbyterian, New York, Mt. Sinai, German and Harlem Hospitals, the New York Dispensary, Christ Church Dispensary, the Vanderbilt Clinic and the New York Dispensary forming, with the Department of Health Clinic, The Association of Tuberculosis Clinics, and kept under observation by the nurses of these dispensaries, are not visited. In order to avoid duplication of visits, these dispensaries are furnished with postals (Form 157 L) to notify the Department that case is under observation. These postals are filed under the name of the dispensary, forming a record. Twice a year this is compared with the records at the dispensary. All cases must also be reported by telephone in the usual way. Each week these dispensaries report on a postal card (264 L) the cases which have changed their address or discontinued treatment.

157 L—1906

21a-287, '06, 10,000 (P)

**DISPENSARY TUBERCULOSIS CARD**

**REQUEST NOT TO VISIT**

New York, ..... 190 .....

Name of Patient..... Age.....

Sex..... Occupation..... Color..... Nationality.....

Residence..... Care of.....

This case is under supervision at home and the Department of Health is therefore requested NOT to send a nurse or inspector to visit the patient. Notice will be sent of any change of address, or discontinuance of attendance.

.....  
(Name of Dispensary or Charitable Organization reporting case)

NOTE—This card is simply a request not to visit, and is not a report. All cases must also be reported in the regular way: by special institution postal card or by the sending of a specimen of sputum. Private cases of tuberculosis where there is a physician in attendance will not be visited by the Department of Health except upon request.

REMOVAL TO HOSPITAL.—All suitable cases are urged to enter a hospital; if consent is obtained, the recommendation is made on proper space on record card—date and name of institution preferred being given. In emergency cases, when an ambulance is required, the hospital in whose ambulance district the patient lives, is requested to remove the patient to Bellevue, whence he is transferred to Metropolitan Hospital or St. Vincent's Sanatorium.

AMBULANCE DISTRICTS. BOROUGH OF MANHATTAN.

- Sec. 104. (a) Gouverneur Hospital, Houston to Front Streets, Bowery to East River.
- (b) Bellevue Hospital.....Houston to 42d Streets, 4th Avenue to East River.
- (c) Flower Hospital.....42d to 59th Streets, 6th Avenue to East River.
- (d) Presbyterian Hospital.....59th to 96th Streets, 5th Avenue to East River.
- (e) Harlem Hospital.....96th Street to Harlem River, Lenox Avenue to East River.
- (f) J. Hood Wright Hospital.....86th Street to Kingsbridge, Lenox Avenue to North River.
- (g) Roosevelt Hospital.....27th to 86th Streets, 8th Avenue to North River, 42d Street to 6th Avenue to 59th.
- (h) New York Hospital.....14th to 27th Streets, 4th Avenue to North River, 27th to 42d Streets, 7th Avenue to Park Avenue.
- (i) St. Vincent's Hospital.....14th Street to Canal Street, 4th Avenue to North River.
- (k) House of Relief.....Catherine Street to North River, Canal to Battery.

NOTE—All admissions, discharges and deaths of persons suffering from

FORM 23 LL-1906



All requests for admission to the hospitals of the Department of Charities and also to St. Joseph's or Seton Hospitals, are referred to the Executive Offices by card (Form 42 L), whence they are referred to the Department of Charities by double postal card (Form 81 L).

42 L—1908 21-420, '08, 9,000 (P)

**Reference of Case to Executive Office for Hospital,  
Charitable Aid, Etc.**

No. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Floor \_\_\_\_\_

Rec. to \_\_\_\_\_ Hospital \_\_\_\_\_

To (C. O. S.) (A. I. C. P.) (U. H. C.) (B. B. C.)

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Referred by \_\_\_\_\_

214 L—1908 21-481, '08, 3,000 (P)

**WAITING LIST**

<i>(Institution)</i>	
<i>Name</i>	<i>M. F.</i>
<i>Address</i>	<i>Borough</i>
<i>Date</i>	<i>Clinic No.</i>
<i>Recommended by</i>	<i>Examined by</i>
<i>Accepted—Rejected</i>	<i>190 , by</i>
<i>Admitted to</i>	<i>M. D.</i>
	<i>Date</i>

(a) Riverside Sanatorium for Advanced Cases, on North Brother Island, East River.—  
All cases are admitted through the Division of Communicable Diseases, the names and addresses of applicants being placed upon waiting lists (Form 214 L), kept in each Borough.



Note - All admissions, discharges and deaths of persons suffering from

Each Borough has its own allotment of beds and its own waiting list, which is filed in the respective Borough office. When a vacancy occurs an admission card (Form 32 L) is filled out, for the first eligible case. ("Forcible removal" cases alone take precedence.) This is assigned to a nurse for delivery, who obtains data called for on card, and leaves same with patient. If coupé or ambulance is necessary, the Department Borough Hospital is requested to remove the patient.

32 L-1907

21a-317, '07, 2,000 (P)

**DEPARTMENT OF HEALTH**

CITY OF NEW YORK

Division of Communicable Diseases

BOROUGH OF \_\_\_\_\_ 190

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Removed from \_\_\_\_\_ Floor \_\_\_\_\_ Care of \_\_\_\_\_  
 Recommended by \_\_\_\_\_  
 Color \_\_\_\_\_ Sex \_\_\_\_\_ Single Mar. Wid. Occupation \_\_\_\_\_  
 Diagnosis \_\_\_\_\_  
 Remove to \_\_\_\_\_ Hospital. \_\_\_\_\_ Ambulance or Coupé.

Chief of Division.

(To be filled out by the Inspector.)

**PATIENT'S HISTORY.**

Residence \_\_\_\_\_  
 Class of Dwelling \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Religion \_\_\_\_\_  
 Time in U. S. \_\_\_\_\_ Time in City \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Father's Birthplace \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Mother's Birthplace \_\_\_\_\_  
 Name of Relative or Friend }  
 Address \_\_\_\_\_  
 Removed on \_\_\_\_\_ at \_\_\_\_\_ M.  
 by \_\_\_\_\_ Ambulance Driver.  
 Received at Willard Parker or Reception Hospital  
 Received at \_\_\_\_\_  
 on \_\_\_\_\_ at \_\_\_\_\_ M.  
 by \_\_\_\_\_  
 Received at Riverside or Kingston Avenue Hospital  
 on \_\_\_\_\_ at \_\_\_\_\_ M.  
 by \_\_\_\_\_  
 Hospital No. \_\_\_\_\_ Disease No. \_\_\_\_\_

Form 33 LL-1906

All cases must reach Reception Hospital at East 16th Street, Manhattan, by 1 P. M., as the boat leaves at that hour. Walking cases may cross at East 132d Street, whence a boat leaves every hour between 9 A. M. and 5 P. M. Information regarding visiting days and hours is given in four languages on a special card (31 L).



31 L-1908

275, '08, 2,000 (P)

*This card to be retained by visitors*

Department of Health  
RIVERSIDE SANATORIUM, NORTH BROTHER ISLAND

## VISITING DAYS AND HOURS

TUESDAYS AND THURSDAYS—Boat leaves landing at foot of East 132d Street, The Bronx, at 10:15 and 11:15 A.M. Returning leaves Sanatorium at 11 A.M. and 12 Noon.

SUNDAYS—Boat leaves landing at 1:15 and 2:15 P.M. Returning leaves Sanatorium at 2 and 3 P.M.

*Diese Karte soll der Besucher behalten*

Sanitäts-Department  
RIVERSIDE SANATORIUM VON NORTH BROTHER ISLAND

## BESUCHE—TAGE UND STUNDEN

DIENSTAGS UND DONNERSTAGS—Das Boot verlässt die Landung am Fusse der Ost 132. Strasse, in The Bronx 10:15 und 11:15 Vormittags. Das Boot kehrt zurück vom Sanatorium 11 und 12 Uhr Vormittags.

SONNTAGE—Das Boot verlässt die Landung 1:15 und 2:15 Uhr Nachmittags und kehrt zurück vom Sanatorium 2 und 3 Uhr Nachmittags.

*Questa carta deve essere ritenuta dai visitatori*

Departimento di Sanità  
RIVERSIDE SANATORIUM, NORTH BROTHER ISLAND

## GIORNI E ORE DI VISITA

MARTEDI E GIOVEDI—Il vapore parte al piede di E. 132d St., The Bronx, alle ore 10:15 e alle 11:15 A.M. Al ritorno parte dal Sanatorio alle 11 A.M. e 12 M.

DOMENICA—Il vapore parte alle 1:15 e alle 2:15 P.M. Al ritorno alle 2 e alle 3 P.M.

דיווע קארטע דארפען דיא בעזוכער בעהאלטען.

דעפארטמענט אף העלטה.

דיווערסייד סאניטאריום פון נארט בראדער איילענד. בעזוכער-טעג אונד שטונדען.  
דינסטאג און דאנערשטאג. דיא באהט (שיף) געהט אפ פון דעם לאנדונג, ביי דער אסט 132-טער שטראסע אין דיא בראנקס, אס 10<sup>15</sup> און 11<sup>15</sup> אין דער פריה צוריק געהט דיא שיף אפ פון דעם סאניטאריום אס 11 און 12 בייטאג.  
זונטאג. דיא שיף געהט אפ פון דעם לאנדונג אס 1<sup>15</sup> און 2<sup>15</sup> נאכמיטאג. צוריק פון דעם סאניטאריום געהט זיא אפ אס 2 און 3 נאכמיטאג.

(b) Otisville Sanatorium for Incipient and Favorable Cases, at Otisville, Orange County, N. Y. Applicants must be examined at one of the Tuberculosis Clinics of the Department. If suitable, their names and addresses are placed on a waiting list, with the date of application (Form 214 L, see page—).



When vacancies occur, notice is sent them and they are furnished with a printed slip giving rules and requirements (Form 227 L). Transportation is furnished by the Department. No patients are allowed to travel to or from the Sanatorium unless accompanied by a physician of the Department. Patients leaving on passes must pay their own way. The same primary and later history, throat, clinical record and diagram cards are used in both institutions as in the tuberculosis clinics (q. v.). In addition temperature records (Form 210 L) are used in the sanatoria.

227 L-1908

21-485, '08, 1,000 (P)

## DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DIVISION OF COMMUNICABLE DISEASES

====TUBERCULOSIS CLINICS====

### NOTICE

TO ACCEPTED CANDIDATES FOR OTISVILLE SANATORIUM

====  
**READ THIS NOTICE CAREFULLY**

You have been accepted as a suitable case for treatment at Otisville Sanatorium.

Your name has been placed upon a waiting list. When a vacancy occurs you will be notified to present yourself at the Tuberculosis Clinic, 55th Street and 6th Avenue, Borough of Manhattan.

If under the influence of liquor or smelling of the same, you will be rejected.

You must not take liquor with you.

You must take with you tooth brushes and powder, and a hair brush and comb.

In addition to a suit of working clothes, heavy shoes and a cap, you should have three suits of underclothes at least, three pairs of socks or stockings, a cardigan jacket or sweater, and arctics.

All shirts must be of soft cotton or flannel. Mittens are necessary in winter.

While at the Sanatorium you will be expected to do light work, according to your ability, as directed by the Resident Physician.

You will receive no remuneration for such work.

You must agree to remain at the Sanatorium for at least three months, and as much longer as may be thought necessary by the attending physician.







209 L-1908

21-477, '08, 5,000 (P)

# DEPARTMENT OF HEALTH

## THE CITY OF NEW YORK

.....(Name of Institution)

.....(Address)

.....190

TO THE CHIEF OF DIVISION OF COMMUNICABLE DISEASES,

DEPARTMENT OF HEALTH, 55th STREET AND SIXTH AVENUE, NEW YORK.

SIR:

I have the honor to submit the following report of admissions, discharges and deaths from tuberculosis in this Institution for the 24 hours ending at 4 p. m.

.....190

Name	Admitted	Discharged	Died
Address	Remarks		
Address	Admitted	Discharged	Died



Address	Remarks		
Name	Admitted	Discharged	Died
Address	Remarks		
Name	Admitted	Discharged	Died
Address	Remarks		
Name	Admitted	Discharged	Died
Address	Remarks		
Name	Admitted	Discharged	Died
Address	Remarks		
Name	Admitted	Discharged	Died
Address	Remarks		

Number Patients remaining in Institution, Male..... Female..... Total.....

..... M D.  
Resident Physician.



















2840, '06, 3,000 (P)

DEPARTMENT OF HEALTH  
DIVISION OF COMMUNICABLE DISEASES

BOROUGH OF \_\_\_\_\_

REPORT OF CASE OF \_\_\_\_\_

NEW YORK, \_\_\_\_\_ 190

To \_\_\_\_\_

SIR: I have the honor to report as follows concerning

NAME	AGE	RESIDENCE	FLOOR	PHYSICIAN

History of Case:

Recommend:



NOTIFICATION OF EMPLOYER.—When patients continue at work, and may be sources of danger to their fellow workmen, the employer is visited and notified as to the danger of infection, and precautions to be taken. Placards forbidding promiscuous spitting (Form 19 L) are furnished free, to be put up in work rooms.

Respectfully,

M.D.



NOTIFICATION OF LANDLORD.—When it is evident that premises will need renovation after removal of patient, the owner or agent is required to promptly notify the Department when such removal takes place, and also as to new address (Form 17 L).

17 L-1905

266, '05, 1,500 (P)



*Department of Health,  
City of New York,  
S. W. Cor. 55<sup>th</sup> Street & Sixth Avenue,  
Borough of Manhattan,  
New York.*

190

Office of  
Division of Communicable Diseases.

Dear Sir:-

We are informed that you are the owner or agent of the premises ..... You are hereby directed to notify this Department when the family of ..... removes from the apartment on the ..... floor of that house using the enclosed postal card for that purpose.

You are also requested to give the address to which they removed if possible.

Very respectfully,

(Enclosure)

Chief of Division.



A postal card (Form 171 L) is also left by the nurse with such patients, on which any change of address is reported.

**UNSANITARY CONDITIONS.**—All unsanitary conditions (bad drainage, leaky plumbing, etc.) are reported by telephone and special report (Form 3 L). If occurring in a tenement house, the complaint is referred, through the Sanitary Superintendent, to the Tenement House Department; if not, to the Division of Inspections of the Department of Health. (A tenement is any house containing three or more families living independently.)

171 L—1907	21a-395, '07, 1,000 (P)
New York, _____ 190	
<i>Dear Sir:</i>	
<i>We expect to move from</i>	
<i>Address</i> _____	<i>Room No.</i> _____
	<i>Floor</i> _____
	<i>Care of</i> _____
<i>To</i>	
<i>Address</i> _____	<i>Room No.</i> _____
	<i>Floor</i> _____
	<i>Care of</i> _____
<i>on</i> _____	190
<i>Name</i> _____	

**TREATMENT.**—When patients are not receiving the proper medical care, they are referred to one of the clinics forming the Association of Tuberculosis Clinics, a double reference card (Form 48 L) being used, one-half being given to the patient, and the other mailed to the clinic.



Assigned to \_\_\_\_\_ Date \_\_\_\_\_

To visit and ascertain why patient has not applied at clinic for treatment.

1st Visit \_\_\_\_\_

2d Visit \_\_\_\_\_

Signature \_\_\_\_\_ (Nurse)

### Clinics for the Treatment of Tuberculosis MANHATTAN

DEPARTMENT OF HEALTH, 967 Sixth Avenue (55th Street). Daily, except Sundays and Holidays, 10 to 12 A. M. and 2 to 4 P. M. Monday, Wednesday and Friday also, 8 to 9 P. M.  
 BELLEVUE HOSPITAL, Out-Patient Department, foot of East 26th Street. Daily, except Sundays and Holidays, 1 to 3 P. M.  
 GOVERNEUR HOSPITAL, Water Street, foot of Gouverneur Street. Monday, Wednesday and Friday, 2 to 4 P. M.  
 HARLEM HOSPITAL, 136th Street and Lenox Avenue. Daily, except Sundays and Holidays, 3 to 4 P. M.  
 PRESBYTERIAN HOSPITAL, Madison Avenue and 70th Street. Daily, except Sundays and Holidays, 1.30 to 3 P. M.  
 VANDERBILT CLINIC, Amsterdam Avenue and 60th Street. Daily, except Sundays and Holidays, 2 to 3 P. M. Monday, Wednesday and Friday, 9 to 10.30 A. M.  
 N. Y. DISPENSARY, 137 Centre Street. Daily, except Sundays and Holidays, 11 A. M. to 12.30 P. M.  
 N. Y. HOSPITAL, Out-Patient Department, 8 West 16th Street. Daily, except Sundays and Holidays, 2 to 4 P. M.  
 MT. SINAI HOSPITAL DISPENSARY, Madison Avenue and 100th Street. Daily, except Sundays and Holidays, 10 to 11 A. M.  
 GERMAN HOSPITAL DISPENSARY, Park Avenue and 76th Street. Daily, except Sundays and Holidays, 2 to 4 P. M.

### BROOKLYN

DEPARTMENT OF HEALTH, 361 Jay Street. Week days, 2 to 4 P. M.  
 BROOKLYN CITY DISPENSARY, 11 Tillary Street. Week days, 2 to 4 P. M.

### THE BRONX

DEPARTMENT OF HEALTH, Third Avenue and St. Paul's Place. Week days, 2 to 4 P. M.

48 L-1908

21-424, '08, 6,000 (P)

DEPARTMENT OF HEALTH  
 THE CITY OF NEW YORK  
 DIVISION OF COMMUNICABLE DISEASES

ASSOCIATION OF  
 TUBERCULOSIS CLINICS

Carefully fill out this Card and forward at once to the Dispensary to which patient is referred.

Date \_\_\_\_\_ 190

We have this day referred to the \_\_\_\_\_ Clinic for Tuberculosis

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Doz. EGGS } PER WK. \_\_\_\_\_ M. D.

\_\_\_\_\_ QTS. MILK } NOW GIVEN BY DISP. \_\_\_\_\_ Clinic

\_\_\_\_\_ MEDICATION NOW GIVEN BY DISP. \_\_\_\_\_

Bring This Card With You  
 Portate Questa Carta Con Voi

Bringe Diese Karte Jedesmal Mit  
 ברענג דיא קארטע מיט

GIVE THIS HALF OF CARD TO PATIENT.

\_\_\_\_\_ Doz. EGGS } PER WK.

\_\_\_\_\_ QTS. MILK } NOW GIVEN BY DISP.

\_\_\_\_\_ MEDICATION NOW GIVEN BY DISP.

Name \_\_\_\_\_

Address \_\_\_\_\_

is referred to \_\_\_\_\_ Clinic

Address \_\_\_\_\_

By \_\_\_\_\_ M. D.

Date \_\_\_\_\_ 190 Clinic \_\_\_\_\_

[OVER]



DISCHARGE FROM HOSPITAL.—Every hospital must report by telephone all cases of tuberculosis discharged, transferred and allowed out on pass. Every case returning home is at once visited to see if treatment is being continued, instructions observed, etc. The cases to be discharged within three days or allowed out on pass are noted by telephone operator on a "nurse's discharge card" (Form 190 L), and each case assigned at once by telephone to a district nurse for investigation as to whether patient should be allowed to return home. She reports by telephone within twenty-four hours, her report being entered on the same card which is filed, and the hospital is notified of the result. Should a patient proposing to return to unfavorable home surroundings, or giving a wrong address, insist on being discharged, said patient can be transferred to Riverside Sanatorium and there detained.

190 L—1908

21-466, '08, 5,000 (P)

INVESTIGATION OF HOME CONDITIONS OF CASE OF TUBERCULOSIS  
PREVIOUS TO DISCHARGE FROM HOSPITAL.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 To be discharged from \_\_\_\_\_  
 on \_\_\_\_\_  
 Assigned \_\_\_\_\_ to \_\_\_\_\_ Nurse \_\_\_\_\_  
 Report received \_\_\_\_\_ Result \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Hospital notified \_\_\_\_\_

SUSPECTED CASES AND COMPLAINTS.—All cases reported by lay individuals and organizations, and nurses, are classed as "suspected" cases, and are assigned by telephone to the district inspector, who reports results of physical examination and nature of ailment on observation card. The original report cards are marked "suspected case" and filed separately until the case has been investigated, when person reporting case is notified of result. If the case proves to be one of tuberculosis, the usual routine is followed, except that when the inspector recommends that the case be kept under observation, the record and observation cards are filed, and a white nurse's card filled out and sent to the district nurse. Should there be a physician in attendance who has failed to report the case, he is visited by an inspector and a special report submitted (Form 203 L).

M. D. By Clinic (over)  
 190  
 Date  
 DEPARTMENT OF HEALTH, 111 WEST 42ND STREET, NEW YORK CITY  
 THE BRONX DEPARTMENT OF HEALTH, 111 WEST 42ND STREET, NEW YORK CITY  
 DEPARTMENT OF HEALTH, 111 WEST 42ND STREET, NEW YORK CITY



203 L-1906

1461, '06, 2,000 (P)

DEPARTMENT OF HEALTH  
THE CITY OF NEW YORK

DIVISION OF COMMUNICABLE DISEASES

Borough of .....

NEW YORK, ..... 190

Investigation of a Case of ..... not Reported by Attending Physician.

Name of Patient ..... Age ..... Sex ..... Address .....

Reported as ..... by ..... Address ..... Date .....

Reported as ..... by ..... Address ..... Date .....

Name of Attending Physician ..... Address .....

Duration of attendance ..... Diagnosis ..... When made .....

Assigned ..... to ..... Inspector.

Physician's explanation of his failure to make a report of the case to the Department



Reported as \_\_\_\_\_ by \_\_\_\_\_ Address \_\_\_\_\_  
Name of Attending Physician \_\_\_\_\_

Duration of attendance \_\_\_\_\_ Diagnosis \_\_\_\_\_ When made \_\_\_\_\_

Assigned \_\_\_\_\_ to \_\_\_\_\_ Inspector.

Physician's explanation of his failure to make a report of the case to the Department

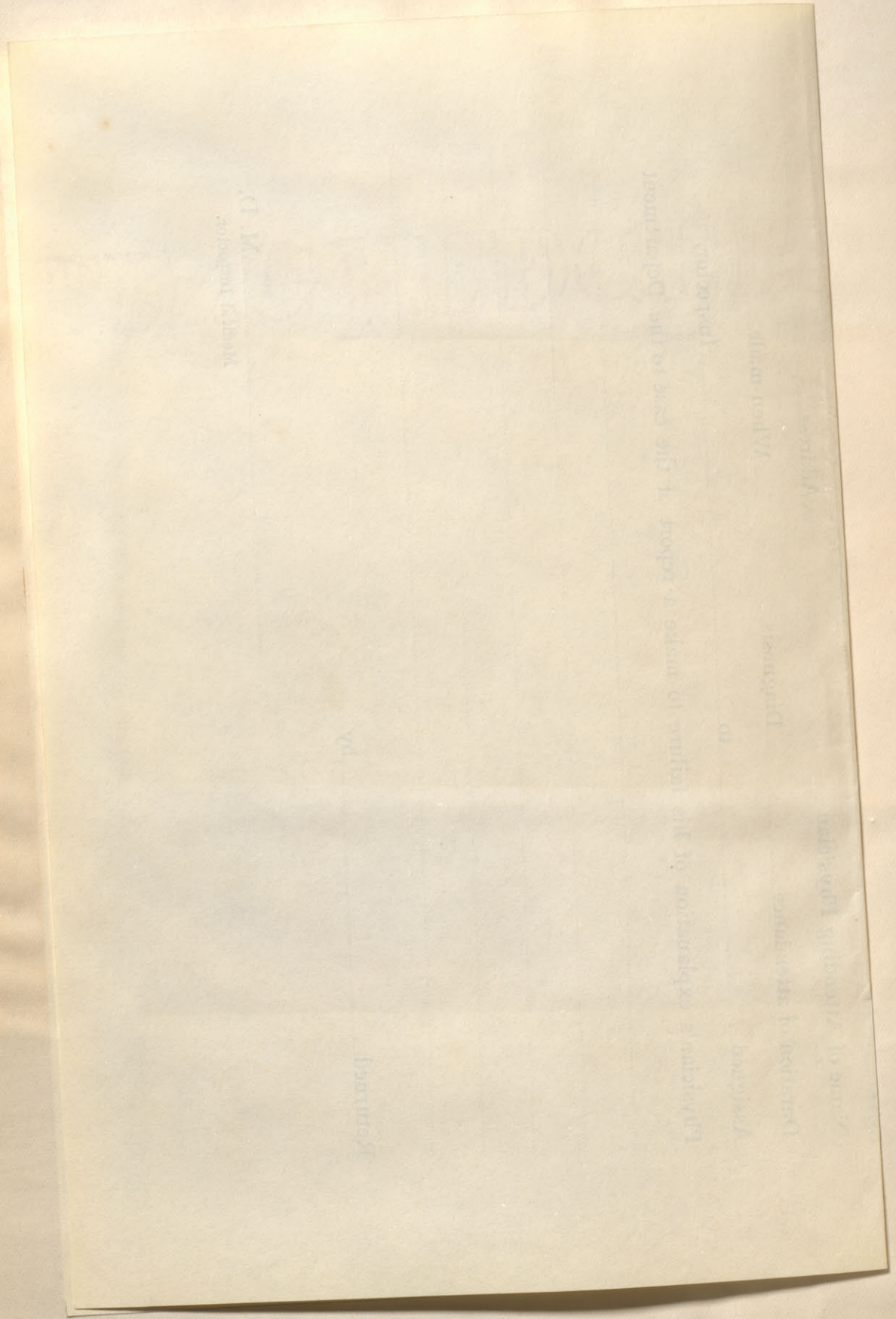
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Returned \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ M. D.  
Medical Inspector.

Re  
5.  
21.  
he  
La  
in  
of  
To







If not a case of tuberculosis, it is classed as "no case," so recorded in name index and filed. All complaints by citizens (as to spitting, necessity for hospital treatment, etc.) are investigated by a district inspector, who submits a formal report (Form 3 L). If there is a physician in attendance, he is visited and requested to see that the nuisance is abated, if one exists.

INCIPIENT CASES AND SANATORIUM TREATMENT.—All apparently incipient cases seen by nurses and inspectors, or calling at Borough offices, are referred by card (Form 48 L) to one of the Tuberculosis Clinics of the Department for examination as to their eligibility for sanatorium treatment. Very incipient cases are referred to the New York State Hospital for Incipient Tuberculosis at Raybrook, N. Y.—others to the Sanatorium of the Department at Otisville, N. Y. Waiting lists are kept for Raybrook (Form 207 L) and Otisville and Riverside (Form 214 L). Suitable cases are also referred to the Stonywood, Loomis, Bedford, and Adirondack Sanatoria. Patients are notified by mail (Form 217 L) when to call for examination.

21-475, '08, 2,000 (P)

207 L-1908

No. .... **DEPARTMENT OF HEALTH** Cl. No. ....

TUBERCULOSIS CLINIC Borough of .....

**EXAMINATION FOR RAY BROOK**

Name ..... Examiner .....

Address ..... Borough .....

Examination ..... 190 ..... Accepted ..... Rejected .....

To Dept. of Charities ..... 190 ..... Accepted ..... Rejected .....

Exam. ordered ..... 190 ..... Forwarded ..... 190 .....

Bill received ..... returned ..... Acc. ..... Rej. ....

Admitted ..... 190 ..... Discharged ..... 190 .....

Remarks .....

21-483, '08, 3,000 (P)

217 L-1908

*Name* ..... *Date* .....

*Address* ..... *No.* .....

*Please call at Tuberculosis Clinic of Department of Health*

---

*on* ..... *at* ..... *to be examined for*

*admission to* .....

..... Chief of Clinics.

**BRING THIS CARD WITH YOU**



SCHOOL CHILDREN.—Only in the most exceptional cases are children with pulmonary tuberculosis allowed to attend school. Such cases are excluded from school by medical school inspectors, pending their examination at one of the Tuberculosis Clinics of the Department, whence a report is sent to the Division of Medical School Inspection. Every effort is made to have such children enter a sanatorium or hospital.

HOSPITAL CASES.—Every hospital in New York City is required to report all cases of tuberculosis. Each hospital and dispensary is called up by telephone at regular intervals daily, tri-weekly, bi-weekly or weekly, depending upon the size of the institution, the larger hospitals (Bellevue, Metropolitan, etc.) reporting daily. The admissions, discharges and deaths are recorded on cards (Form 204 L, see page—), which are finally filed under the name of the institution. The yearly totals are compared with the number of cases in the annual report of each institution.

CENSUS.—Twice a year (March 1st and August 1st) a census is taken of all cases of tuberculosis in institutions in New York City—a special blank (Form 18 L) being supplied to each institution with a stamped envelope to insure its prompt return. These censuses are compared with the "hospital index," *i. e.*, the cases supposed to be in each hospital, and all discrepancies investigated, the results for each institution being recorded.



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DISINFECTION.—Every case reported as entering a hospital is at once assigned by telephone to a district inspector who recommends the necessary renovation, fumigation, and disinfection of the rooms and bedding, such recommendations being recorded in the proper spaces on the record card by means of the date. Where renovation has been ordered, the blue card is then held in tally box until renovation order is received. (It is also stated if patient will return to premises or not.) According to the condition of the premises the inspector may recommend: (a) that nothing need be done; this is most exceptional, only holding good for very clean apartments, and those where the patient only spent one or two nights on the premises; (b) that the room occupied by the patient be fumigated with formaldehyde; (c) that the patient's room be thoroughly renovated; the walls washed and rekalsomined, repapered or repainted, and the woodwork and floors be washed and repainted, the rest of the apartment being fumigated with formaldehyde; (d) that the whole apartment be renovated. Renovation of the premises (washing of floors and woodwork with antiseptic solution, repapering, painting and kalsomining) is recommended on a complaint blank (Form 47 L), which, after being approved by the Inspector-in-Charge and journalised (Form 19 LL), is forwarded to the Assistant Sanitary Superintendent for enforcement. Where cancellation, extension of time, or modification of order is asked for, the original order is sent to a different inspector, who enters the results of reinspection on same, and on attached application he states whether it should or should not be granted. The papers are then returned to the Assistant Sanitary Superintendent. When there is reason to believe that renovation will be evaded, and in every case where the premises are vacated by the death or removal of the patient and renovation has been ordered, the inspector must placard the door of the apartments with a poster (Form 113 L).



**Department of Health**

**Division of Communicable Diseases**

BOROUGH OF.....

No.....

New York,..... 190

**Complaint and Report**

*Approved and respectfully  
forwarded.*

On.....

Filed..... 190

..... M. D.  
*Inspector-in-Charge.*



# Department of Health, The City of New York

## Division of Communicable Diseases

BOROUGH OF .....

Complaint and Report of Inspection in reference to premises .....

Record No. ....

By the Inspector.

### To the Board of Health:

**I**, ..... holding the position of a Medical Inspector in the DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK, do report: That on the ..... day of ..... 190....., I personally examined and carefully inspected the premises situated .....

and found the facts as follows: Said premises consist of a (Tenement) (Private) House, of which ..... of ..... is (owner) (agent), and in violation of Section 146 of the Sanitary Code, were found in a condition dangerous to life and detrimental to health, for the following reasons, viz.:

Suite of ..... rooms on the ..... floor ..... consists of a parlor, ..... bedroom, a kitchen, ..... a bathroom, ..... and a dining room .....

The walls of parlor are ..... ; the floor .....

The walls of kitchen are ..... ; the floor .....

The walls of ..... bedroom are ..... ; the floor .....

The walls of ..... bedroom are ..... ; the floor .....

The walls of dining room are ..... ; the floor .....

The walls of ..... are ..... ; the floor .....

The walls of ..... are ..... ; the floor .....

The woodwork is painted—varnished.

In view of the fact that ..... was ill with consumption in the apartments on the ..... side of the ..... floor ..... consisting of a parlor, ..... bedroom, a kitchen, ..... a bathroom, ..... and a dining room .....

**I recommend** that the kalsomined or whitewashed walls of the .....

..... be washed with a solution of washing soda (one-half pound to three gallons of hot water) and then be rekalsomined or rewhitewashed;

That the papered walls of the .....

..... be washed with a solution of washing soda (one-half pound to three gallons of hot water), that the old paper be then removed, and the walls be painted and kalsomined or repapered;

That the painted walls of the .....

..... be repainted, or that they be washed and scrubbed with a solution of washing soda (one-half pound to three gallons of hot water);

That all the woodwork and the bare floors be painted or varnished, or be washed and scrubbed with a solution of washing soda (one-half pound to three gallons of hot water).

Respectfully submitted,

.....  
M. D.,  
Medical Inspector.



Note - All admissions, discharges and deaths of persons suffering from

F 1133 LL-1906



# Department of Health

S. W. Corner 55th Street and 6th Avenue, New York

## NOTICE

Consumption is a communicable disease. This apartment has been occupied by a consumptive and may have become infected. It must not be occupied by persons other than those now residing here until an order of the Board of Health, directing that the apartment be cleansed and renovated, has been complied with.

NAME OF OCCUPANT .....

Floor ..... No. .... Street .....

Ordered by ..... M.D., Inspector.

This notice must not be removed until the order of the Board of Health has been complied with.

By order of the Board of Health

**EUGENE W. SCHEFFER**

Secretary



The premises are visited three days later by a sanitary policeman. When owner or agent voluntarily performs renovation, that fact is reported, a yearly record being kept of the number of such voluntary renovations. Fumigation with formaldehyde and disinfection of bedding is ordered by telephone and entered on a card (Form 232 L), on which number and size of rooms, date fumigation is to be performed, etc., is noted.

232 L-1908 21-489, '08, 8,000 (P)

DEPARTMENT OF HEALTH—DIVISION OF COMMUNICABLE DISEASES  
Borough of \_\_\_\_\_

FUMIGATION CARD

Removal (Tuberculosis)    Death (Typhoid Fever)    Hospital (Cerebro Spinal Meningitis)    ( \_\_\_\_\_ )  
 Address \_\_\_\_\_ Floor \_\_\_\_\_ Care of \_\_\_\_\_ Room No. \_\_\_\_\_  
 Tenement, Apartment, Private House    Boarding House, Hotel  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Fumigation to be done \_\_\_\_\_ No. Rooms \_\_\_\_\_ Cu. ft. \_\_\_\_\_  
 Goods for Removal. YES. NO. Destroy. Return. (For list see other side.)  
 Will member of family be present? \_\_\_\_\_ Keys with \_\_\_\_\_ M. D. \_\_\_\_\_  
 Ordered \_\_\_\_\_ By \_\_\_\_\_  
 Reinspected \_\_\_\_\_ Result \_\_\_\_\_

Fumigation performed \_\_\_\_\_  
 If not, why? \_\_\_\_\_ Disinfectant \_\_\_\_\_

GOODS TO BE REMOVED FOR DISINFECTION  
AND FUMIGATION

Mattresses.....	.....	.....
Bolsters .....	.....	.....
Pillows .....	.....	.....
Comfortables .....	.....	.....
Coats .....	.....	.....
Waistcoats .....	.....	.....
Trousers .....	.....	.....
Overcoats .....	.....	.....
Hats .....	.....	.....
Waists .....	.....	.....
Dresses .....	.....	.....
Carpets.....	.....	.....
Rugs .....	.....	.....
Curtains.....	.....	.....
Pillow-slips .....	.....	.....
Sheets.....	.....	.....
Blankets .....	.....	.....
Portieres .....	.....	.....
.....	.....	.....
.....	.....	.....

(OVER)

NOTE—All admissions, discharges and deaths of persons suffering from

Form 232 LL-1906



All fumigation orders for the day are noted on a slip which is forwarded with the fumigation cards to the Division of Contagious Diseases, and also in a book as a matter of record. Fumigation orders are not forwarded until the day before fumigation is to be done. Where permission to fumigate is refused, or the fumigation interfered with, it can be enforced by the sanitary police. All bedding is fumigated before it is removed for disinfection, for the protection of the Department employees. It is returned in twenty-four hours. The fumigation card is returned by Division of Contagious Diseases, after the recommendations have been complied with, checked off in book and filed according to date.

All recommendations, orders, filed according to date. All recommendations, orders, etc., of inspectors having been entered on blue record card by telephone operator, it is filed in "hospital index" under name of hospital, which is also written on small name card. In "private" cases, with the exception of those in tenement houses, disinfection can be carried out under the supervision of the attending physician, but he must submit a certificate (Form 117 J). Lodging houses are not disinfected, such disinfection being the duty of the managers of such houses.

117 J-1907

21c-811, '07, 1,000 (P)

DEPARTMENT OF HEALTH  
BOROUGH OF BROOKLYN  
DIVISION OF CONTAGIOUS DISEASES  

---

**REPORT OF DISINFECTION  
IN A PRIVATE HOUSE**

This certifies that the premises named herein have been disinfected, as noted, and in compliance with the regulations mentioned below.

New York, \_\_\_\_\_ 190\_\_

Name of Patient \_\_\_\_\_ Age \_\_\_\_\_

Disease \_\_\_\_\_ Duration of Sickness \_\_\_\_\_

Residence \_\_\_\_\_

No. of Rooms disinfected \_\_\_\_\_ No. cu. ft. \_\_\_\_\_

Disinfectant used: Formalin \_\_\_\_\_ oz.; Sulphur \_\_\_\_\_ lbs.;

Paraform \_\_\_\_\_ grs. Time room left exposed to disin-

fectant \_\_\_\_\_ hrs. Disinfecting solution employed \_\_\_\_\_

Name \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

In every case of disinfection the following regulations must be complied with:

All cracks or crevices in rooms to be disinfected must be sealed or calked, to prevent the escape of the disinfectant.

The following disinfectants may be used in the quantities named:

Sulphur, 4 lbs. for every 1,000 cubic feet, 8 hours' exposure.

Formalin, 6 oz. for every 1,000 cubic feet, 4 hours' exposure.

Paraform, 1 gr. to every cubic foot, 6 hours' exposure.

Carbolic Acid, 2 per cent. to 5 per cent. solution, and Bichloride of Mercury, 1-1000, may be used for disinfecting solutions.

The Department of Health will remove any goods that may require further disinfection.



"NOT FOUND" CASES.—When an inspector or nurse reports that no record can be found of a case at the address given, the name card is marked "N. F.," and the record card filed in the annual "not found" index. At the end of three years, the record cards are stored away and the name cards removed from the name index and filed in an "old not found name index." A daily record is kept of the number of "not found" cases reported.

DEAD CASES.—All deaths from tuberculosis, occurring during the preceding twenty-four hours, are reported by the Bureau of Records on a special list (Form 78 L, see page—). The record cards are stamped "Dead," and assigned by telephone to inspectors to order the necessary fumigation, etc., the small name cards being removed from name index and filed separately. On return of information all cards of the case are filed in "dead" index, a record being kept of the number of previously unreported dead cases. In all previously unreported cases where the physician signing the death certificate had been in attendance one week or more, letters (Form 25 L) are written to said attending physician calling their attention to the violation of the Sanitary Code and requesting an explanation.

25 L-1906

18d-815, '05, 250 (P)

# DEPARTMENT OF HEALTH

Borough of .....

## DIVISION OF COMMUNICABLE DISEASES

TELEPHONE 1204 COLUMBUS

Laboratory No. .... NEW YORK, ..... 190

DEAR SIR :

The death certificate signed by you in the case of

aged .....

of ..... states that the cause of death was (tuberculosis), (typhoid fever), (cerebro-spinal meningitis).

As no report of the case was received from you while the patient was alive and presumably under your professional care, your attention is called to the following section of the Sanitary Code:

SEC. 133. It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, *within twenty-four hours* of the time when the case is first seen :

A.—*Contagious* (very readily communicable): Measles, rubella (rötheln), scarlet fever, small-pox, varicella (chicken-pox), typhus fever, relapsing fever.

B.—*Communicable*: Diphtheria (croup), *typhoid fever*, Asiatic cholera, *tuberculosis (of any organ)*, plague, tetanus, anthrax, glanders, *epidemic cerebro-spinal meningitis*, leprosy, infectious diseases of the eye (trachoma, suppurative conjunctivitis), puerperal septicaemia, erysipelas, whooping cough.

C.—*Indirectly Communicable* (through intermediary host): Yellow fever, malarial fever.

Please forward to this Department, at your earliest convenience, a written statement as to why case was not reported by you.

Respectfully,

..... M. D.



Should no answer be received within two weeks to two such letters, a letter is sent, by a sanitary policeman, demanding an explanation on pain of prosecution. A record (Form 181 L) is kept under each physician's name of all such unreported cases, nature of explanation, etc.

**Department of Health, Division of Communicable Diseases**

**NON-REPORTED CASES** Borough of.....

DR..... ADDRESS.....

PATIENT'S NAME	ADDRESS	DIS.	NOTICES			ANSWER DATE
			1	2	3	

181 L-1907 21a-404, '07, 1,000 (P)

All deaths from pneumonia are daily compared with tuberculosis records. If one is found to have been previously reported during life as a case of tuberculosis, an inspector visits the physician who signed the death certificate and obtains an explanation of the apparent discrepancy, submitting a report on special blank (Form 144 L). The same is done for all cases of tuberculosis reported as having died from some other cause. The Bureau of Records is also notified of any change of diagnosis, and death certificate corrected.

144 L-1907

**DEPARTMENT OF HEALTH**  
THE CITY OF NEW YORK  
**DIVISION OF COMMUNICABLE DISEASES**

**Case of Tuberculosis, reported as having died from other cause**

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Reported as tuberculosis \_\_\_\_\_ Sputum \_\_\_\_\_

By \_\_\_\_\_ Address \_\_\_\_\_

Cause of death \_\_\_\_\_

Certificate signed by \_\_\_\_\_

Address \_\_\_\_\_

Date of death \_\_\_\_\_ Last visit \_\_\_\_\_

How long in attendance \_\_\_\_\_

Duration of disease \_\_\_\_\_

(NOTE: Above information to be obtained from death certificate.)

**FOLLOWING INFORMATION TO BE OBTAINED BY INSPECTOR**

Sanitary condition of premises \_\_\_\_\_

Did physician know case to be tuberculous \_\_\_\_\_

Insurance \_\_\_\_\_

Is disinfection indicated (state reasons for and against) \_\_\_\_\_

Remarks \_\_\_\_\_

Date inspected \_\_\_\_\_

Inspector \_\_\_\_\_

2941, '06, 2,000 (P)



MAP.—Every new case of tuberculosis reported in Manhattan is plotted on a large map of the Borough which shows each house lot, different colored ink being used for each year. The maps cover five year periods. "Not found" cases are, of course, not entered. The address is written on a small, white card (of private cases, on receipt of postal or sputum report; of all others, on receipt of inspectors' or nurses' report stating that patient did live at address given). In the other Boroughs, the cases are plotted on compo-board map by means of colored pins.

SPECIAL REGULATIONS.—All inspectors and nurses bear in mind that the Department of Health pledges itself not to interfere in any way with cases of pulmonary tuberculosis under the care of private physicians, except where a complaint is made. Even then the attending physician, if there is one, is first visited. The source of complaint is never divulged.

The Inspector-in-Charge supervises daily all reports, etc., of inspectors and nurses, sees that the various recommendations are carried out, and various records, map cards, etc., are kept. When reports are incorrect or incomplete, the district inspector or nurse is summoned to the Borough office.

All cases reported as living in other Boroughs, are reported daily to the office of the Borough in which they live, on special card (Form 194 L). When a patient moves to another Borough, all cards and records of the case are forwarded to the office of that Borough.

194 L—1907

21a-415, '07, 5,000 (P)

**DEPARTMENT OF HEALTH**  
**THE CITY OF NEW YORK**  
**DIVISION OF COMMUNICABLE DISEASES**  
**BOROUGH OF.....**

Report of Case of..... Case No.....  
Name.....  
Address..... Clinic No.....  
Care of..... Floor.....  
Age..... M. F., M. S. W. Nationality.....  
Occupation..... Diagnosis.....  
Reported by..... Date.....  
Address.....

M. D.







TUBERCULOSIS  
NAME  
ADDRESS

—FLOOR

REPORTED  
BY

Date

Age

M.F.

M.S.W.

Nation

Occup.

F.R.

Complaint

REMARKS

REMARKS

REMARKS

REMARKS

REMARKS

M. F., M. S. W. Nationality







In ordering fumigation, the date on which it is to be done is always to be given on card, but cards are not to be forwarded until the day before that date.

Unless the premises are in very bad condition, it is usually sufficient to renovate the room occupied by the patient, and to fumigate the rest of the apartment. Where the entire premises are probably infected, renovation should be complete. In cases where the premises are in very good condition, fumigation of the room occupied by the patient may be all that is necessary.

Great care and accuracy are necessary in recommending the kind and amount of renovation necessary, both for the sake of justice to the owner and because an error means a reinspection, probably rescindment of the order for renovation and the submitting of a new complaint. The floor and position of rooms are always to be ascertained. The full name of owner or agent is given in complaint; if it cannot be obtained, the fact is stated. "Care of Janitor" is not accepted in lieu of owner's name or address. All complaints and reports, without exception, are mailed on the day the inspection is made. The regular blank (Form 3 L) is used for all reports.

NURSES.—All district nurses report at their Borough Office at 9:30 A. M. every Tuesday, bringing with them their note books (Form 221 L) and any incompletd assignments. Every day, except Saturdays and holidays, each nurse telephones the Department between 11:30 A. M. and 12:30 P. M. when she returns the information regarding the previous day's assignments and receives new assignments. Each nurse is expected to make at least eighty inspections a week. All new cases are visited within 24 hours, and all information called for on observation card obtained, special attention being paid to: physical condition of patient; whether he is a menace to those about him; sanitary condition of premises; domestic and financial circumstances; need of assistance; knowledge on the part of the patient of the nature of his disease; the care taken to prevent spread of disease; previous or simultaneous occurrence of other cases on the premises or in same family; if patient is under treatment, with name and address of physician or institution. In giving instructions, the nurse is guided by the patient's knowledge of the nature of the disease. When the patient knows that he is suffering from pulmonary tuberculosis, full instructions are given. In every case, however, the danger of promiscuous spitting and the necessity for the destruction of sputum is clearly pointed out, and the nurse leaves a copy of the "Circular of Information to Consumptives and Those Living With Them," each of which is printed in English and the language spoken by the patient. [German, Form 23 L., Italian, Form 35 L., Yiddish, Form 36 L., Bohemian, Form 37 L., Polish, Form 133 L., Slovak, Form 134 L., Ruthenian, Form 135 L., Chinese, Form 162 L., see page — to —.]



221 L-1907

NURSE NAME ADDRESS	FLOOR	REPORTED BY	Date	Age	M.F.	M.S.W.	Nation	Occup.
								REMARKS
								REMARKS
								REMARKS
								REMARKS
								REMARKS

A postal card (Form 171 L) on which to report change of address is left with each family. An observation card is forwarded for every case living at home, even if the patient is out or is to leave the premises at once. Where information cannot be obtained as to a particular point, a ? is used. The name and address of the owner or agent of premises occupied by patient is obtained in every instance. Every observation card is dated and signed by the person filling it out, and it is stated if the patient is to be kept under observation (K U O ? yes or no). All cases under observation are visited once every week or ten days, the date of each visit and the condition of the patient being noted on the white card. These cards are gone over every two weeks by the Inspector-in-Charge.



The following circulars, etc., are issued by the Department to physicians and others interested: Leaflet in Reference to the Reporting of Cases of Tuberculosis by Physicians (Form 9 L). Circular of Information Regarding Measures Adopted for the Sanitary Supervision of Tuberculosis (Form 66 L). Circular Regarding Importance of Early Diagnosis of Tuberculosis (Form 75 L). "Sweeping and Dusting," (Forms 176 L, 177 L, 200 L, see pages — to —). Circular of Information to Consumptives and Those Living With Them (Forms 23 L, 35 L, 36 L, 37 L, 133 L, 134 L, 135 L, 162 L; see pages — to —). "Don't Spit" Circulars in various languages (Forms 231 L, 236 L, 238 L, 240 L, 241 L). Consumption Cures (Form 229 L). Handbook of Help for Consumptives (Form 2 L). Consumption Catechism (Form 246 L) for use in public schools.

9 L-1907

21c-846, '07, 3,000 (P)

## DEPARTMENT OF HEALTH

### THE CITY OF NEW YORK

#### DIVISION OF COMMUNICABLE DISEASES

### Regarding the Reporting of Cases of Tuberculosis

Section 133 of the Sanitary Code classes pulmonary tuberculosis as "an infectious and communicable disease." Under the provisions of this section **physicians are required** to report to the Department of Health the **name, address, age, sex and occupation** of every case of tuberculosis coming under their professional care. **The information thus received is SOLELY FOR REGISTRATION, and cases so reported are not visited by the Inspectors of this Department, nor are they interfered with in any way, except upon the request of the attending physician.**

The residences of all cases of tuberculosis reported to this Department by **public institutions** are visited by Medical Inspectors or Nurses, who there give information with regard to the nature of the disease and the precautions necessary to prevent the infection of others. When residences occupied by consumptives are vacated through the death or removal of the patient, the Inspectors recommend such renovation or disinfection as may be required to free them from infection. The orders for such renovation are enforced by the Board of Health.

Postal cards for the notification of cases of tuberculosis, and circulars of information for physicians and for the public, can be obtained from this Department upon application.

For further information, apply to the Chief of the Division of Communicable Diseases, Department of Health, Sixth Avenue and 55th Street, New York City.

THOMAS DARLINGTON, M. D.,  
*President.*

HERMANN M. BIGGS, M. D.,  
*Medical Officer.*



66 L-1908

21-432, '08, 3,000 (P)

**DEPARTMENT OF HEALTH**

THE CITY OF NEW YORK

Sixth Avenue and 55th Street

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**DIVISION OF COMMUNICABLE DISEASES**

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Circular of Information Regarding the  
Measures Adopted by the Board of  
Health for the Sanitary Supervision of  
Tuberculosis in The City of New York.

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1908



DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Sanitary Agents and Inspectors

DIVISION OF CONTAGIOUS DISEASES

Circular of Information Regarding the  
Measures Adopted by the Board of  
Health for the Sanitary Supervision of  
Tuberculosis in The City of New York

1908



# CIRCULAR OF INFORMATION

REGARDING THE

## Measures Adopted by the Board of Health for the Restriction and Prevention of Tuberculosis in The City of New York

It is well known to the physicians of New York City that for a number of years the Department of Health has been earnestly engaged in the study of Tuberculosis, the most widespread and fatal disease occurring in this city, and in the initiation of such measures for the curtailment of its ravages as seemed practicable and imperative. After a period of preliminary study and observation lasting seven years, the Board of Health passed a series of resolutions on February 13th, 1894, designed to assist in the accomplishment of its aims for the suppression of this disease. One of these resolutions involved the reporting of certain classes of cases of tuberculosis. In compliance with it, 4,166 cases were reported in 1894, 5,818 in 1895, and 8,344 in 1896, and the Department was enabled without opposition, or the imposition of hardship upon individuals, to extend its educational work and protect a large number of persons from exposure to infection.

In order to more firmly establish and extend the work carried on under the resolutions above mentioned, on January 19th, 1897, the following amendment to the Sanitary Code was adopted by the Board of Health:

"SECTION 153.—That pulmonary 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 this city to report to the Sanitary Bureau in writing the name, age,



sex, occupation and address of every person having such disease who has been attended by, or who has come under the observation of, such physician for the first time, within one week of such time. It shall also be the duty of the commissioners or managers, or the principal, superintendent, or physician of each and every public or private institution or dispensary in this city to report to the Sanitary Bureau, in writing, or to cause such report to be made by some proper and competent person, the name, age, sex, occupation, and last address of every person afflicted with this disease, who is in their care or who has come under their observation within one week of such time. It shall be the duty of every person sick with this disease, and of the authorities of public and private institutions or dispensaries, to observe and enforce all the sanitary rules and regulations of the Board of Health for preventing the spread of pulmonary tuberculosis."

(In the present Sanitary Code, sections 133 and 138, all forms of tuberculosis are considered to be infectious and communicable.)

The objects in view were both to prevent the extension of pulmonary tuberculosis, and also to promote the recovery of those already stricken with the disease.

The result is shown in the following table. The incidence of pulmonary tuberculosis is best estimated by its death rate, for, although as will be shown later, the Department of Health has every reason to be satisfied with the success attained in connection with the registration of tuberculosis, yet under the most favorable circumstances a certain number of cases are not reported during life.

In 1881 the death rate in New York City from pulmonary tuberculosis per 1,000 inhabitants was 4.27. As shown in the following table it has steadily fallen since then, until in 1907 it was only 2.10 per 1,000, a reduction of over 50 per cent. In other words, in 1881, with a population of 1,244,511 there were 5,312 deaths from pulmonary tuberculosis, while in 1907, when the



population had increased to 4,285,435, there were only 8,999 deaths from this disease, an increase of less than 70 per cent. in the deaths, although the population had increased almost 300 per cent.

TABLE GIVING DEATH RATE, NUMBER OF DEATHS, AND OTHER DATA CONCERNING TUBERCULOSIS IN THE CITY OF NEW YORK FROM 1881 TO 1907.

I.—MANHATTAN AND THE BRONX.

YEAR	General Population	Total Deaths All Causes	General Death Rate	Total Tuberculosis Deaths	Death Rate All Tuberc.	Deaths Pulm. Tuberc.	Deaths Other Tuberculosis	Per Cent. of Tuberc. on Total Deaths	Death Rate Pul. Tuberc.	Total No. Cases Tuberc Reported Inc Duplicates	Duplicates	No. Spec. Sputum Exam.
1881	1,244,511	38,624	31.04	6,123	4.92	5,312	811	15.85	4.27			
1882	1,280,857	37,924	29.61	6,052	4.72	5,247	805	15.96	4.10			
1883	1,318,264	34,011	25.80	5,943	4.51	5,290	653	17.47	4.01			
1884	1,356,764	35,034	25.82	6,039	4.45	5,235	804	17.28	3.86			
1885	1,396,388	35,682	25.55	5,945	4.26	5,196	749	16.66	3.72			
1886	1,437,170	37,351	25.99	6,349	4.42	5,477	872	16.99	3.81			
1887	1,479,143	38,933	26.32	6,007	4.06	5,260	747	15.43	3.56			
1888	1,522,341	40,175	26.39	6,073	3.99	5,260	813	15.12	3.46			
1889	1,566,801	39,679	25.32	6,041	3.86	5,179	862	15.22	3.30			
1890	1,612,559	40,103	24.87	6,409	3.97	5,492	917	15.98	3.41			
1891	1,659,654	43,659	26.31	6,109	3.56	5,160	949	13.99	3.11			
1892	1,708,124	44,329	25.95	6,061	3.55	5,033	1,028	13.67	2.95			
1893	1,758,010	44,486	25.30	6,163	3.51	5,124	1,039	13.85	2.91			
1894	1,809,353	41,175	22.76	5,720	3.16	4,658	1,062	13.89	2.57	4,166		511
1895	1,873,201	44,420	23.18	6,283	3.35	5,205	1,078	14.47	2.78	5,824		1,147
1896	1,906,139	41,622	21.84	5,926	3.11	4,994	932	14.24	2.62	8,334		1,856
1897	1,940,553	38,877	20.03	5,791	2.98	4,843	948	14.89	2.50	9,735		2,703
1898	1,976,527	40,438	20.46	5,901	2.99	4,957	944	14.59	2.51	10,798	2,239	2,920
1899	2,014,330	39,911	19.81	6,209	3.08	5,238	971	15.56	2.60	10,484	2,472	3,115
1900	2,055,714	43,227	21.03	6,179	3.00	5,278	901	14.29	2.56	9,639	2,436	3,512
1901	2,118,209	43,307	20.44	6,049	2.85	5,233	816	13.97	2.47	12,135	3,005	4,397
1902	2,182,836	41,704	19.11	5,744	2.63	4,893	851	13.77	2.24	13,383	3,738	4,631
1903	2,241,680	41,749	18.56	6,086	2.70	5,250	836	14.60	2.33	15,787	4,698	7,764
1904	2,318,831	48,693	21.00	6,275	2.71	5,495	780	12.89	2.37	20,451	6,638	9,606
1905	2,390,382	45,199	18.91	6,348	2.66	5,678	670	14.04	2.38	24,142	9,106	11,431
1906	2,464,432	46,108	18.71	6,606	2.72	5,900	796	14.52	2.39	22,092	8,201	16,003
1907	2,541,084	47,698	18.76	6,809	2.68	6,030	779	13.49	2.37	24,363	10,746	20,595

II.—GREATER NEW YORK.

1898	3,272,418	66,224	20.26	9,265	2.69	7,724	1,541	13.97	2.25			3,945
1899	3,356,722	65,344	19.47	9,575	2.70	8,016	1,559	14.05	2.26			4,500
1900	3,446,042	70,872	20.57	9,630	2.79	8,154	1,476	13.59	2.37	14,433	2,456	5,289
1901	3,554,070	70,717	19.91	9,389	2.64	8,135	1,254	13.28	2.29	17,588	4,191	6,744
1902	3,665,825	68,112	18.58	8,883	2.42	7,571	1,312	13.44	2.07	16,614	4,268	7,820
1903	3,781,423	67,923	17.96	9,287	2.46	8,001	1,286	13.70	2.12	20,266	5,052	11,859
1904	3,901,023	77,985	19.99	9,744	2.50	8,495	1,249	12.49	2.18	28,444	9,721	16,971
1905	4,024,780	73,714	18.31	9,638	2.40	8,535	1,123	13.10	2.12	31,963	11,132	18,639
1906	4,152,860	76,203	18.35	10,194	2.45	8,955	1,239	13.38	2.16	30,826	10,741	21,779
1907	4,285,435	79,205	18.70	10,262	2.26	8,099	1,263	12.96	2.10	32,730	13,005	27,277



The procedure followed by the Board is as follows:

1st. All cases of pulmonary tuberculosis occurring in The City of New York are registered at the Department of Health.

2nd. Every person suffering from pulmonary tuberculosis is furnished with instructions as to the measures to be taken to prevent its extension.

3rd. All premises which have been occupied by persons suffering from pulmonary tuberculosis are, on death or removal, disinfected with formaldehyde, or renovation is ordered.

4th. Charitable assistance or hospital care is provided so far as is possible for all cases wishing or requiring such assistance or care.

5th. The general public is educated as to the nature of the disease, the precautions to be taken against its spread, the advisability of institution and sanatorium treatment, etc.

These measures may be considered somewhat more in detail:

1st. The Department of Health registers the name, address, sex, age, color, and nationality, and the character of the dwelling of every person suffering from tuberculosis in this city. The information reaches the Department in several ways, appropriate action being taken in each.

(a) Private cases reported by the attending physician. These cases are reported in two ways: by the postal cards furnished by the Department for that purpose; and by the forwarding of specimens of sputum for examination by the Department, when such examination shows the presence of tubercle bacilli. (See special



note.) A positive result constitutes an official report of a case, but when the microscopical examination is negative, the mere sending of a specimen of sputum is not considered as a notification.

THE INFORMATION THUS OBTAINED REGARDING PRIVATE CASES IS FOR RECORD, AND IN NO INSTANCE ARE VISITS MADE TO SUCH PERSONS BY THE INSPECTORS OF THE DEPARTMENT, NOR DOES THE DEPARTMENT OF HEALTH ASSUME ANY SANITARY SURVEILLANCE OF SUCH CASES (UNLESS THE PERSON RESIDES IN A TENEMENT HOUSE OR LODGING HOUSE, OR UNLESS THE ATTENDING PHYSICIAN REQUESTS THAT AN INSPECTION OF THE PREMISES BE MADE). IN NO CASE WHERE THE PERSON RESIDES IN A TENEMENT HOUSE WILL ANY ACTION BE TAKEN, IF THE PHYSICIAN REQUESTS THAT NO VISITS BE MADE BY INSPECTORS AND IS WILLING HIMSELF TO DELIVER CIRCULARS OF INFORMATION OR TO FURNISH SUCH EQUIVALENT INFORMATION AS IS REQUIRED TO PREVENT THE COMMUNICATION OF THE DISEASE TO OTHERS.

In all private cases the attending physician is notified of the receipt of his report, and a copy of the circular "Information for Consumptives or Those Living with Them" is sent him with a request that it, or its equivalent, be given to the patient.

Once a year the attending physician is requested by letter to inform the Department whether the patient is still living; if so, where, and whether his condition has changed for the worse or better. Physicians are also required by the Department to report any change of address or discontinuance of treatment on the part of their consumptive patients.

(b) Cases reported by institutions: The authorities of all public or private institutions, such as hospitals, sanatoria, dispensaries, asylums, prisons, homes, etc., are required to furnish the



necessary data concerning every consumptive coming under their observation, within seven days of such time. They must also furnish the same information, together with the duration of residence in the institution of every case of tuberculosis discharged from the institution or transferred to another institution, previous to or on the day of such discharge or transfer. These reports are obtained by telephone.

All the larger institutions report daily and twice a year a census is taken of all cases of pulmonary tuberculosis which are inmates of the public institutions of the city.

(c) Cases reported by citizens' complaints or by the inspectors or employees of other Departments and Charitable Organizations (Tenement House Department, Department of Charities, Charity Organization Society, United Hebrew Charities, Association for Improving the Condition of the Poor, etc.).

When the name and address of the attending physician of such cases can be ascertained, he is visited and inquiry made as to whether the case is one of pulmonary tuberculosis, and if so, why it was not reported to the Department. If no physician is in attendance, and the case, on being visited, proves to be one of tuberculosis, it is so reported by the Inspector, and taken charge of by the Department of Health, being either referred to one of the Tuberculosis Clinics of the Department, kept under observation at home, or admitted to a hospital.

A certain number of deaths from pulmonary tuberculosis are reported to the Bureau of Records which have not been previously reported to this Department while living. In these cases the physician signing the death certificate must furnish a valid reason for not having reported the case in accordance with the requirements of the Sanitary Code.



Investigation has shown that in only a very small percentage of fatal cases of pulmonary tuberculosis, is the cause of death ascribed to some other condition.

Through these various channels about 85 per cent. of all living cases of tuberculosis are reported to the Department of Health. The non-reported cases fall into two categories—patients of the better class, whose physicians fail to obey the law, and those of the poorest class, who have no attending physician. On the whole, the results obtained have been very satisfactory.

2nd. All cases of pulmonary tuberculosis residing in tenement houses or lodging houses are visited by nurses of the Department, unless the attending physician has requested that no visits be made. The nurses visit the premises, note the precautions taken against the spread of the disease, the character of the ventilation, lighting and sanitary arrangements; whether there is overcrowding and whether work (tailoring, etc.) is being done on the premises. Reports as to unsanitary conditions of the premises are referred to the Tenement House Department for appropriate action. The patient and the family are instructed as to the chief dangers in connection with pulmonary tuberculosis, and how they may be avoided, care being taken if patients are ignorant of the nature of their disease, not to unduly alarm them. When the patient is at work and his condition is such that his presence may be a danger to his fellow employees, an inspection is made of the work place, necessary instructions given, and cuspidors and placards installed. In suitable cases they advise hospital care, and in worthy cases, recommend that charitable aid be given (see below). They give full instructions, both verbally and by circular, as to the measures which should be taken to prevent the spread of the disease, and as to the proper disposal of the sputum. The Department supplies suitable paper sputum cups, free of charge, to persons unable



to buy them. Where patients are incapacitated for work the Department nurse repeatedly visits the case, ascertains whether instructions are being observed, distributes sputum cups, and makes herself generally useful. In suitable cases where it is certain that renovation will be required on removal of the patient, the owner or agent is instructed to notify this Department when such removal takes place and also of the new address of the family. In infective cases, where it is necessary, periodic disinfection of rugs, clothing and other articles likely to be soiled by sputum, is done from time to time.

Previous to the discharge of all cases of pulmonary tuberculosis from hospitals or other institutions, a nurse visits the premises to which the patient expects to go, in order to learn whether he is known there, if his return is desired, if proper care will be taken of him, and if the premises are in good sanitary condition. If the conditions are satisfactory, the patient is allowed to leave the hospital, but he is at once visited by a nurse in order to ascertain if he has returned to address given and if he has been properly instructed as to the nature of his disease.

3rd. In all cases in which it comes to the knowledge of the Department of Health that rooms or apartments which have been occupied by a person suffering from pulmonary tuberculosis have been vacated by death or removal, an inspector visits the premises and, when necessary, directs the removal of infected articles, such as carpets, rugs, bedding, etc., for disinfection, and makes such written recommendations as may be required regarding the cleansing and renovation of the rooms or apartments or their fumigation with formaldehyde. When cleansing and renovation are required, an order embodying the recommendations is issued on the owner of the premises, and compliance with this order is enforced. No other persons than those there residing at the time are allowed to



occupy such rooms or apartments until the order of the Board has been complied with. When there is reason to suppose that this regulation will be disregarded, a paster stating the facts is affixed to the door. Infected articles, such as mattresses, pillows, carpets, rugs, etc., are removed by the Department of Health, disinfected and returned without charge to the owner. All bedding is fumigated before removal. If the owner or occupant of the premises desires to carry out the necessary disinfection himself, he may do so, providing that he satisfy all the requirements of the Department, and furnish the Department with a statement from the attending physician, showing the number of rooms disinfected, the cubic feet of air space, and the kind and amount of disinfectant used. A special blank has been prepared for this purpose, and will be furnished on application.

4th. When application is made to the Department for the admission of a case of pulmonary tuberculosis to a hospital, or when the nurse finds that the patient cannot receive proper care, food, or medical attention at his home, or when, either wilfully or otherwise, the patient constitutes a danger or menace to those about him, the case is referred to the Department of Charities, with the recommendation that he be sent either to the Metropolitan Hospital for Tuberculosis on Blackwell's Island, or to Seton Hospital, where the city maintains a number of free beds. When such a case refuses to go to a hospital, the patient may be forcibly removed or may be referred to a charitable organization for assistance, in the shape of food, fuel, or medical attention.

In instances where a person suffering from pulmonary tuberculosis absolutely refuses to take the necessary precautions as to the proper disposal of the sputum, etc., the Department of Health will enforce removal. It has fitted up special pavilions for advanced cases at Riverside Hospital (the Riverside Sanatorium for



Pulmonary Diseases), where such cases may be sent at a few hours' notice and detained if necessary.

The Department nurses visit all indigent cases and those that are unable to work; they recommend charitable assistance, and see that it is given. In addition to the staff of regular inspectors and nurses, the Department also has special inspectors, who make house to house visits, following up previously reported cases, and looking for new ones.

Clinics for the treatment of pulmonary diseases have been established at 967 Sixth Ave., Manhattan, 361 Jay St., Brooklyn, and 3731 Third Ave., The Bronx, where every facility is afforded for the proper study and treatment of pulmonary tuberculosis. The Manhattan clinic is open from 10 A. M. to 4 P. M. every week day, and from 8 to 9 P. M. on Mondays, Wednesdays and Fridays. The Brooklyn and Bronx clinics are open daily from 2 to 4 P. M.

The objects in view are as follows:

(a) The medical care and supervision of all cases of tuberculosis applying for treatment; thorough instruction as to the dangers to themselves and others, and as to the necessary prophylactic measures; the provision of medicines and sputum cups.

(b) The continued observation at their homes of all indigent, needy and ambulatory cases and those discharged from the public institutions of the city. Nurses detailed for this special purpose visit such patients at their homes, see that instructions are carried out, that the sanitary surroundings are satisfactory, and render assistance in every way possible.

(c) The provision of a municipal institution to which all cases of tuberculosis may be referred by the various charitable



organizations throughout the city, and from which suitable cases may be referred to various public institutions for their care.

(d) The prompt recognition of incipient cases, so that they may be sent as early as possible to sanatoria outside the city.

(e) The supplying of proper food, in the form of milk and eggs, to favorable, indigent cases.

5. Everything possible is done to educate the public, not only as to the precautions which should and must be observed by persons suffering from pulmonary tuberculosis, but also as to the harmlessness to the community of patients who are careful as to their expectoration, etc.\* Circulars have been prepared and widely distributed dealing with: (a) the dangers of dusting; (b) pulmonary tuberculosis, its nature and treatment; (c) how to keep from contracting the disease; (d) the free tuberculosis clinics; (e) instructions to patients therein; (f) tuberculosis catechism for the 650,000 school children of New York; (g) early diagnosis of tuberculosis; and (h) what the Department of Health does to prevent the spread of the disease. All of the above are printed in several languages (English, German, Italian, Yiddish, etc.) and will be sent free of charge on application. Stereopticon exhibitions are given during the summer in the parks and recreation piers, and during the winter in halls, parish houses, etc. Traveling exhibits of apparatus, photographs of sanatoria, explained by lectures, etc., are also given in the schools, parish houses, etc.

NOTE: *Sputum Examinations.* For the prevention and successful treatment of pulmonary tuberculosis it is of vital importance that a positive diagnosis be made at the earliest possible moment. The Department of Health is prepared to examine



specimens of sputum for the presence of tubercle bacilli from any person residing in New York City. Samples of the sputa, freshly discharged, should be furnished in clean, wide-necked, well-stoppered bottles, accompanied by a blank giving the name, age, sex, color, nationality, occupation and address of the patient and the character of the premises, etc. Bottles for collecting the sputa, with blank forms to be filled in, can be obtained without charge at any of the drug stores now used as stations for the distribution and collection of serum tubes for diphtheria cultures. After the sputum has been obtained, if the bottle with the accompanying blank filled out be left at any of these stations, it will be collected by the Department of Health, the sputum examined microscopically, and a report of the examination forwarded to the attending physician, free of charge. *The information regarding cases of pulmonary tuberculosis obtained by the Department of Health through such bacteriological examination of sputum is solely for registration, and cases of pulmonary tuberculosis thus reported will not be visited by inspectors of the Department of Health, nor will circulars be forwarded to them, without the special permission of the attending physician.*

This service is being more and more appreciated and utilized by physicians every year. During 1907 27,277 specimens of sputum were submitted for examination, an increase of 5,498 over 1906. Tubercle bacilli were found in 7,546 specimens (27 per cent.).

It is the earnest wish of the Board of Health that all practicing physicians in this city co-operate with the Board in an intelligent and sustained effort to restrict the ravages of this, the most prevalent and formidable disease with which we have to deal. For any further information apply to J. S. Billings, Jr., M. D., Chief of



Division of Communicable Diseases, Department of Health, 969  
Sixth Avenue, New York. Telephone, 4900 Columbus.

THOMAS DARLINGTON, M. D.,  
*President.*

EUGENE W. SCHEFFER,  
*Secretary.*

HERMANN M. BIGGS, M. D.,  
*Medical Officer.*



75 L-1908

21-435, '08, 1,000 (P)

# DEPARTMENT OF HEALTH

CITY OF NEW YORK

SIXTH AVENUE AND FIFTY-FIFTH STREET

DIVISION OF COMMUNICABLE DISEASES

## CIRCULAR OF INFORMATION

REGARDING THE

IMPORTANCE OF BACTERIOLOGICAL EXAMINATION OF THE SPUTUM

IN THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS

1908

Note - All admissions, discharges and deaths of persons suffering from

F 88 LL-1906



CIRCULAR OF INFORMATION

REGARDING THE

## Importance of Bacteriological Examination of the Sputum in the Early Diagnosis of Pulmonary Tuberculosis

THE symptoms of incipient pulmonary tuberculosis are few in number and frequently not characteristic. They are often not sufficiently marked to attract the attention of the affected individual, and their significance may not be recognized by physicians, as there are other conditions which closely resemble incipient pulmonary tuberculosis.

Tuberculosis results from the reception of tubercle bacilli into the system of a susceptible person. The bacilli are usually inspired with the air and find lodgment in some portion of the respiratory passages. There, when favorable conditions exist, they increase in number, and by their growth set up an inflammation which becomes evident in the formation of new tissue, the so-called tubercle. The inflammatory changes are usually at first very slight and the effects entirely local. Moreover, in this early stage there is a marked tendency to localization and restriction of the process and to entire recovery. Many persons recover without treatment. In such cases the bacilli die or are rendered harmless, and the tubercles are gradually replaced by fibrous tissue. At this time,—*i. e.*, when an individual has tuberculosis, but when the disease is confined to a small, sharply circumscribed area,—there is the best opportunity for successful treatment.

On the other hand, in a large percentage of the unrecognized and neglected cases, recovery does not take place, but the tuberculous process extends, the bacilli multiply, new tubercles form, the old ones become necrotic, and there is a coalescence of separate foci of infection, forming larger and larger areas of disease until a great part of one or both lungs is affected. At the same time, the bacilli in their growth form poisons, which are absorbed by the system, and other bacteria are deposited in the diseased or necrotic tissues, producing so-called "mixed in-

fection." The disease has now assumed a far more serious aspect, is easily recognizable and constitutes what is commonly called consumption. This is apt to progress to a fatal termination. The classical symptoms commonly assigned to pulmonary tuberculosis, *i. e.*, persistent cough with expectoration, loss of appetite and weight, and hæmoptysis, are really symptoms, in most instances, not of the incipient affection, but of the advanced disease. In the early stage, a positive diagnosis is often possible only when tubercle bacilli are found in the expectoration. There is a common impression that tubercle bacilli are not found unless the disease has advanced to a point at which the signs presented on a physical examination are themselves almost conclusive. Such, however, is not the case; bacilli are not infrequently found in the expectoration, when the physical signs are indicative only of a slight bronchitis, or when there are absolutely no abnormal physical signs observable. When signs of consolidation are present, the affected area is always considerable, and usually far greater than would be inferred from the evidences obtained on physical examination.

It is of supreme importance that the diagnosis should be made at the earliest possible moment. The expectoration should be examined early, and if bacilli are not found immediately, it should be examined repeatedly in every case of a doubtful nature. In all cases, also, in which there is a cough, with expectoration, persisting for more than a few weeks, and in those where there is unexplained pallor, loss of appetite, languor or loss of weight (general debility), even if the cough appears to be almost entirely absent, tuberculosis should be suspected, and tubercle bacilli should be sought for in the expectoration.

In conclusion, emphasis should be laid upon the following clearly demonstrated facts:

FIRST.—Incipient tuberculosis tends to recovery.

SECOND.—Advanced tuberculosis, with or without mixed infection, tends to a fatal issue.

THIRD.—In all coughs which last more than a few weeks, and which are not associated with asthma, emphysema or cardiac disease, tuberculosis is to be suspected as a cause.

FOURTH.—Successful treatment and prophylaxis demand the earliest possible diagnosis.

FIFTH.—The diagnosis of incipient pulmonary tuberculosis, properly so called, is made positive when tubercle bacilli are found in the expectoration.

SIXTH.—Repeated examinations of the expectoration are frequently necessary to demonstrate the presence of the tubercle bacilli in incipient cases of pulmonary tuberculosis.

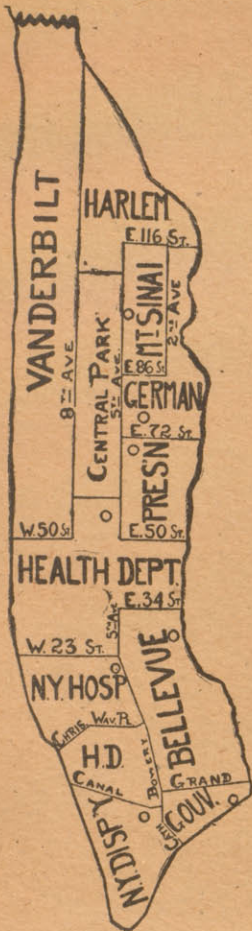
—In order that bacteriological examinations of the sputa may be at the service of physicians in all cases, the Health Department is prepared to make such examinations, if samples of the sputa, freshly discharged, are furnished in clean wide-necked tightly stoppered bottles, accompanied by the name, age, sex and address of the patient, duration of the disease, and the name and address of the attending physician.



## Free Dispensaries and Clinics for the Treatment of Tuberculosis

### DISPENSARIES

NOTE.—Manhattan applicants for examination or treatment should apply at the dispensary in the district in which they live. The dispensary districts are shown on the map.



#### MANHATTAN

- Harlem Hospital Dispensary, 136th St. and Lenox Ave. Week days, 3 to 4 P. M.
- Mt. Sinai Hospital Dispensary, Madison Ave. and 100th St. Week days, 10 to 11 A. M.
- German Hospital Dispensary, 76th St. and Park Ave. Week days, 2 to 4 P. M.
- Vanderbilt Clinic, 60th St. and Amsterdam Ave. Week days, 2 to 3 P. M. Mon., Wed., Fri., 9 to 10.30 A. M.
- Presbyterian Hospital Dispensary, 70th St. and Madison Ave. Mon., Wed., Fri., 1.30 to 3.30 P. M.
- Department of Health, 55th St. and 6th Ave. Week days, 10 A. M. to 4 P. M. Mon., Wed., Fri., 8 to 9 P. M.
- Bellevue Hospital Dispensary, Foot of East 26th St. Week days, 1 to 3 P. M.
- New York Hospital Dispensary, 8 West 16th St. Week days, 2 to 4 P. M.
- Gouverneur Hospital Dispensary, Gouverneur Slip. Mon., Wed., Fri., 2 to 4 P. M.
- New York Dispensary, 137 Centre St. Week days, 11 A. M. to 12.30 P. M.

#### THE BRONX

- Department of Health, 3d Avenue and St. Paul's Place. Week days, 2 to 4 P. M.

#### BROOKLYN

- Department of Health, 361 Jay St. Week days, 2 to 4 P. M.
- Brooklyn City Dispensary, 11 Tillary St. Week days, 2 to 4 P. M.

For further information apply to Dr. J. S. Billings, Jr., Chief of Division of Communicable Diseases, Department of Health, 55th St. and 6th Ave., N. Y. City.

231 L-1908

21-488, '08, 250,000 (P)

## PULMONARY TUBERCULOSIS

OR

## Consumption

HOW TO KEEP FROM  
GETTING IT  
HOW TO KEEP FROM  
GIVING IT

## DON'T SPIT

DEPARTMENT OF HEALTH  
THE CITY OF NEW YORK

THOMAS DARLINGTON, M. D.  
Commissioner of Health

EUGENE W. SCHEFFER  
Secretary

HERMANN M. BIGGS, M. D.  
General Medical Officer

1908

## Pulmonary Tuberculosis

or

## Consumption

Is chiefly caused by the Filthy Habit of

## SPITTING

TAKE THIS CARD HOME,

READ IT CAREFULLY,

And show it to your family, friends and neighbors.

Pulmonary tuberculosis or consumption is a disease of the lungs. It is taken from other people who have it, and is not simply caused by a cold, although a cold may make it easier to take the disease.

The matter coughed up and sneezed out by people who have the disease is full of living germs or "tubercle bacilli" too small to be seen. These germs are the cause of tuberculosis and when they are breathed into the lungs of weakened and debilitated people, they set up the disease.

### DON'T GET TUBERCULOSIS YOURSELF

Keep as well as possible, for the healthier your body, the harder for the germs of tuberculosis to grow therein. To keep healthy observe the following rules:

**DON'T** live, study or sleep in rooms where there is no fresh air. Fresh air and sunlight kill the tubercle bacilli and other germs causing other diseases, therefore have as much of both in your room as possible.

**DON'T** live in dusty air; keep rooms clean; get rid of dust by cleaning with damp cloths and mops. **DON'T** sweep with a dry broom.

**KEEP** one window partly open in your bedroom at night, and air the room two or three times a day.

**DON'T** eat with soiled hands. Wash them first.

**DON'T** put your hands or pencils in your mouth or any candy or chewing gum other persons have used.

**DON'T** keep soiled handkerchiefs in your pockets.

**TAKE** a warm bath with soap at least once a week.

**DON'T** neglect a cold or a cough, but go to a doctor or dispensary (see last page).

## HOW TO GET WELL IF YOU HAVE TUBERCULOSIS

If you or anyone in your family have tuberculosis, you must obey the following rules if you wish to get well:

**DON'T** waste your money on patent medicines or advertised consumption cures, but go to a doctor or dispensary (see last page). If you go in time, you can be cured; if you wait, it may be too late.

**DON'T** drink whiskey or other forms of liquor.

**DON'T** sleep in the same bed with anyone else and, if possible, not in the same room.

**Good food, fresh air and rest are the best cures. Keep out in the fresh air and in the sunlight as much as possible.**

**KEEP** your windows open winter and summer, day and night.

**IF** properly wrapped up you will not catch cold.

**GO** to a sanatorium if you can and before it is too late.

**A person who has pulmonary tuberculosis or consumption is not dangerous to those with whom he lives and works, if he is careful and clean.**

### DON'T GIVE TUBERCULOSIS TO OTHERS

Many grown people and children have pulmonary tuberculosis or consumption without knowing it, and can give it to others. Therefore every person, even if healthy, should observe the following rules:

**DON'T** swallow your expectoration, but—

**DON'T SPIT** on the sidewalks, playgrounds, or on the floors or hallways of your home or school. It spreads disease, and is dangerous, indecent and against the law.

**WHEN YOU MUST SPIT**, spit in the gutters or into a spittoon half filled with water.

**DON'T COUGH OR SNEEZE** without holding a handkerchief or your hand over your mouth or nose.

**DON'T** blow your nose on your fingers.

Take This Card Home and Show It to Your Family.



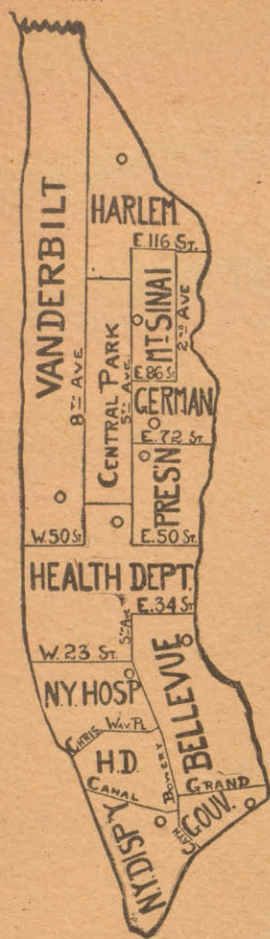




## Dispensarii Gratuiti e Cliniche per la Cura dei Tubercolosi

### DISPENSARII

NOTA: Coloro che desiderano farsi esaminare o curare nel Manhattan Borough devono rivolgersi al Dispensario del Distretto in cui essi vivono.



#### MANHATTAN

Dispensario Harlem Hospital, 136th St. e Lenox Ave., ogni giorno dalle 3 alle 4 p. m., eccetto le feste.  
 Dispensario Mt. Sinai Hospital, Madison Ave. e 100th St., ogni giorno dalle 10 alle 11 a. m., eccetto le feste.  
 Dispensario German Hospital, Park Ave. e 76th St., ogni giorno dalle 2 alle 4 p. m., eccetto le feste.  
 Dispensario Presbyterian Hospital, 70th St. e Madison Ave., ogni Lunedì, Mercoledì, e Venerdì, dalle 1.30 alle 3.30 p. m.  
 Vanderbilt Clinic, 60th St. e Amsterdam Ave., ogni giorno dalle 2 alle 3 p. m., eccetto le feste. Lunedì, Mercoledì, Venerdì, 9-10.30 a. m.  
 Dipartimento di Sanità, 55th St., e 6th Ave., 10 a. m. alle 4 p. m., ogni giorno eccetto i giorni festivi, e dalle 8 alle 9 p. m. solo il Lunedì, Mercoledì e Venerdì.  
 Dispensario del N. Y. Hospital, 8 West 16th St., tutti i giorni dalle 2 alle 4 p. m., eccetto le feste.  
 Dispensario Bellevue Hospital. Orario dall'1 alle 3 p. m., ogni giorno, eccetto i giorni festivi.  
 Dispensario Gouverneur Hospital. Gouverneur Slip, Lunedì, Mercoledì e Venerdì dalle 2 alle 4 p. m.  
 N. Y. Dispensario, 137 Centre St., ogni giorno dalle 11 a. m. alle 12.30 p. m., eccetto le feste.

#### BROOKLYN

Dipartimento di Sanità, 361 Jay St., ogni giorno dalle 2 alle 4 p. m., eccetto le feste.  
 Dispensario Brooklyn City, 11 Tillary St., dalle 2 alle 4 p. m., ogni giorno, eccetto i giorni festivi.

#### THE BRONX

Dipartimento di Sanità, 3d Ave. e Saint Paul's Place, ogni giorno dalle 2 alle 4 p. m., eccetto le feste.

Per altre informazioni rivolgersi al Dr. J. S. Billings, Jr., Capo per le Divisioni delle Malattie Contagiose. Dipartimento di Sanità, 55th St. e 6th Ave., Città di New York.

# La Tuberculosis Polmonare

## Consunzione

Come si deve fare per non contagiarsi.

Quale è il mezzo per non contagiare gli altri

# NON SPUTATE

## DIPARTIMENTO DI SANITÀ

CITTÀ DI NEW YORK

THOMAS DARLINGTON, M. D.  
 Commissario di Sanità

EUGENE W. SCHEFFER  
 Segretario

HERMANN M. BIGGS, M. D.  
 Medico Ufficiale Generale

1908

La Tuberculosis Polmonare è principalmente causata dalla brutta abitudine di

## SPUTARE

**PORTATE QUESTA CARTA A CASA e fatela leggere alla vostra famiglia, amici e vicini**

La tuberculosis polmonare è una malattia dei polmoni, che è presa da altre persone, che ne sono malate e non è semplicemente causata dai raffreddori, quantunque un raffreddore possa favorire lo sviluppo della malattia.

Lo sputo emesso dai tisici per mezzo della tosse o dello starnuto, è pieno di germi viventi o bacilli della tuberculosis, troppo piccoli per essere visibili. Questi germi sono la causa della tuberculosis polmonare, e quando sono ispirati nei polmoni, producono la malattia.

### Cercate di non ammalare di tuberculosis polmonare

Mantenetevi sani il più che sia possibile, poichè quanto più forti voi siete, tanto più difficile sarà per i germi della tuberculosis di guadagnare terreno su di voi. Ogni persona dovrebbe osservare le seguenti norme:

Cercate di non vivere, studiare o dormire in camere dove non vi sia aria fresca. L'aria fresca e la luce del sole uccidono i germi della tuberculosis, ed altri germi causanti altre malattie, perciò abbiate il più che sia possibile di aria e di luce nelle vostre stanze.

Non vivete in ambienti polverosi, mantenete le stanze pulite, liberatevi della polvere coll'usare panni o stracci umidi.

Non spazzate con scope asciutte.

Mantenete una finestra nella vostra stanza da letto in parte aperta la notte, e date inoltre aria alla stanza due o tre volte al giorno.

Non mangiate con mani sporche. Lavatele prima.

Non mettete in bocca le mani, le matite o qualsiasi candy o chewing gum usati da altre persone.

Non conservate fazzoletti sporchi nelle vostre tasche.

Prendete un bagno caldo con sapone almeno una volta la settimana.

Non trascurate un raffreddore o una tosse, ma andate a trovare un dottore o recatevi a un dispensario (vedi l'ultima pagina).

## QUALE È IL MODO DI STAR MEGLIO SE VOI SIETE MALATI DI TUBERCOLOSI

Se voi o qualsiasi altra persona della vostra famiglia soffre di consunzione, dovete obbedire alle seguenti regole per star bene:

Non consumate danaro in medicine patentate o specifici per la tuberculosis, ma andate a trovare un dottore, o recatevi a un dispensario (vedi l'ultima pagina). Se voi andate in tempo, voi potete essere curati; se voi aspettate, può essere troppo tardi. Non bevete whiskey o altri liquori.

Non dormite nello stesso letto con qualsiasi altra persona e se è possibile, non dormite nella stessa stanza.

**Buon nutrimento, aria fresca e riposo sono le migliori cure; state fuori all'aria fresca e alla luce del sole il più che sia possibile.**

Tenete le vostre finestre aperte inverno e estate, giorno e notte. Se siete ben coperti non prenderete raffreddori.

Andate in un sanatorio per curarvi, quando la malattia è solo al suo principio, prima che sia troppo tardi.

**L'ammalato di tuberculosis che abbia cura di sé e sia pulito, non è pericoloso per quelli coi quali egli vive e lavora.**

## NON DATE LA TUBERCOLOSI AGLI ALTRI

Molte persone adulte e bambini sono malati di tuberculosis senza saperlo, e possono darla agli altri. Perciò, ogni persona, anche sana, dovrebbe osservare le seguenti norme:

Non inghiottite l'espessorato o il catarro, ma non sputate però neppure sui marciapiedi, in ritrovi pubblici, o sui pavimenti della vostra casa o delle scuole. Lo sputare diffonde la malattia ed è pericoloso, indecente, e contro la legge.

Quando dovete sputare, sputate fuori del marciapiedi quando siete in istrada, e nelle sputacchiere riempite a metà di acqua in casa.

Non sputate e non starnutate senza tenere un fazzoletto o la vostra mano sulla bocca o sul naso.

Usate soltanto il fazzoletto per soffiarvi il naso; non adoperate le dita.

Portate questa carta a casa e fatela leggere alla vostra famiglia.



Bezplatné ambulanční kliniky (dispensarie), ve kterých se souchotě léčí se zvláštním úspěchem.

**DISPENSARIE.**

**Manhattan.**

Harlemská nemocnice, roh 136. ulice a Lenox ave. Denně vyjma neděle od 3 do 4 hod. odpol.

Mt. Sinai nemocniční klinika (dispensarie). Na Madison ave. a 100 ulici všední dny od 10. — 11. hod. ráno.

Německá nemocnice a klinika (dispensarie) v 76. ul. a Park Ave., všední dny od 3—4 hodin odpol.

Dispensarie Presbyterianské nemocnice, roh 70. ulice a Madison ave., v pondělí, ve středu a v pátek od 1:30 do 3.30 hod. odpoledne.

Vanderbiltova klinika, 60. ul. a Amsterdam Ave. Denně vyjma neděle od 2—3 hodin odpol. V pondělí, ve středu a v pátek od 9-10.30 hod. dop.

Městský zdravotní úřad, 967 šestá Ave., roh 55. ul. Každý den vyjma neděle od 10—12 hod dop. a od 2—4 odp. V pondělí, ve středu a v pátek ještě od 8—9 hod. večer.

N. Y. Nemocnice, oddělení pro venkovské pacienty, 8 záp. 16. ulice. Ve všední dny od 2 do 4 hod. odpoledne.

Bellevue nemocnice. Oddělení pro venkovské pacienty úpatí 26. ul. Denně vyjma neděle od 1 do 3 hod. odp.

Dispensarie v Gouverneur nemocnice Water ul., roh Gouverneur. V pondělí, ve středu a v pátek od 2 do 4 hod. odp.

N. Y. Dispensarie 137 Centre ulice, Denně vyjma neděle od 11 dop. do 12.30 odpoledne.

**V Brooklyně.**

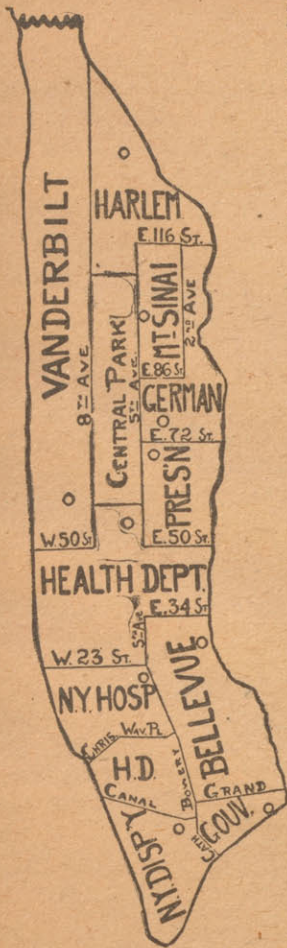
Městský zdravotní úřad 361 Jay ul. Všední dny od 2 do 4 hod. odp.

Brooklynská městská nemocnice 11 Tillary ul. Všední dny od 2 do 4 hod. odpoledne.

**V Bronx.**

Městský zdravotní úřad 3. ave. a St. Paul Pl. (náměstí). Všední dny od 2, do 4 hod. odpoledne.

Další informace sdělí Dr. J. S. Billings, vrchní lékař nakažlivých nemocí městského zdravotního úřadu roh 55. ul. a 6. Ave. New York City.



**SOUCHOTĚ**

JAK SE JIM UBRÁNITI,

JAK JE NEROZNÁŠET.

**Neplivejte**

ZDRAVOTNÍ ÚŘAD MĚSTA

NEW YORKU.

Dr. Thomas Darlington,  
komisař.

Eugene W. Scheffer,  
Secretary.

Dr. Herman M. Biggs,  
Vrchní lékař.

1908.

**PLICNÍ TUBERCULE**

— neb —

**Souchotě.**

JSOU PŘENÁŠENY HLAVNĚ

**Pliváním**

Čtěte pozorně.

Vezměte tento lístek s sebou domů, čtěte, ukažte ho celé rodině a pak sousedům.

Souchotě jest plicní neduh, přenášený z jedné osoby na druhou a není pouze následkem nastuzení, avšak každé nachlazení činí zárodek i nákazu možnějším.

Chrchle a vůbec vše co souchotináři vyplijí neb vykýchnou, jsou plny nakažlivých zárodků. Tyto zárodky jsou příčinou souchotin, jsouli vdýchány lidem vysíleným.

**NENECHTE SE SAMI NAKAZIT.**

Držte se dle následujících pravidel:

Držte svoje tělo v nejlepší míře zdraví, tak aby se Vás nic nechytlo.

Nespěte v místnostech, kde není čistého vzduchu.

Nepracujte ani nejzte v místnostech naplněných prachem.

Mějte v ložnici jedno okno otevřené ve dne i v noci.

Neplivejte na chodník neb podlahu ve světnicích neb veřejných místnostech, pouličních vozech atd. jest to pro jiné nebezpečné a proti zákonu.

Musíte-li plivati, tedy plivejte do plivátka naplněného do polovice vodou a vyplachujte často horkou vodou.

Nechovteje dlouho suchý kapesník při sobě.

Nejte se špinavýma rukama ani nedávejte peníze papírové nebo tužky do úst.

Koupejte se v teplé vodě s mýdlem alespoň jednou týdně.

Nezanedbejte nastuzení. Nemůžete-li jíti k lékaři, jděte do jedné z dispenserií (adresy na poslední straně.)

**JAK SE VYLÉČITI, MÁ-LI KDO JIŽ SOUCHOTĚ.**

Máte-li souchotě, neb některý člen Vaší rodiny a chcete-li se vyléčit, musíte se řídit dle následujících pravidel:

Nevyhazujte peněz na patentní léky a všelijaké v novinách ohlašované prostředky a tak zvané balsámy, ale jděte k lékaři neb na kliniku do nemocnice. Učinite-li tak v čas, můžete býti vyléčení. Budete-li však odkládat až nebudete moci chodit neb pracovat, pak bude již pozdě se léčit.

Nepijte kořalku ani jiné lihoviny.

Nespěte v jedné posteli s nemocnými a pokud možno ani v jedné světnici.

**Dobrá strava, čerstvý vzduch a klid jsou nejlepšími léky. Buďte na výslunni co nejvíce můžete a pohybujte se na čerstvém vzduchu.**

Nechte okna pootevřená v zimě v létě, ve dne i v noci, čerstvý vzduch jest nejlepší lék.

Mějte vždy teplý oblek neb pokrývku.

Odhodlejte se do sanatoria jíti v čas, můžete-li.

**Pozorný a čistotný souchotinář není nebezpečný těm, s kterými bydlí a pracuje.**

**Opatrností nikdy nezbývá — nenakažte svojí vlastní rodinu.**

Mnozí dospělí lidé i děti mají souchotě, aniž by o tom věděli a mohou jiné nakazit, proto každý člověk, třeba v dobrém zdraví se má řídit dle následujících pravidel:

Neplivejte všude na všech místech, mějte vždy na mysli, že se může nakazit u Vás ještě jiná část' plic, Vaším vlastním chrchlem. Nepolykejte chrchle.

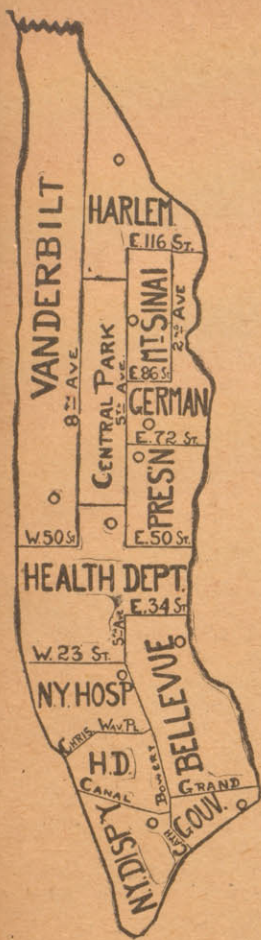
Nekýchejte přes stůl neb do obličeje jiného, aniž byste chránili ústa rukou neb kapesníkem.

Neutírejte nos svými prsty.

**ČTĚTE POZORNĚ A DEJTE PAK TENTO LÍSTEK SOUSEDU KŮ ČTENÍ.**



In nachfolgenden Dispensarien wird Schwindsucht gratis und mit bestem Erfolge geheilt:



**Manhattan.**

Harlem-Krankenhaus, Ecke 136. Str. und Lenox Ave.; täglich, ausgenommen Sonntags, 3-4 Uhr Nachmittags.  
 Dispensary im Mt. Sinai Krankenhaus, Ecke 100. Str. und Madison Ave.; Vormittags an Wochentagen von 10-11 Uhr.  
 Dispensary im Deutschen Krankenhaus, Ecke Park Ave. und 76. Str.; an Wochentagen von 2-4 Uhr Nachmittags.  
 Dispensary Presbyterian-Krankenhaus, Ecke 70. Str. und Madison Ave.; Montag, Mittwoch und Freitag, von 1.30 bis 3.30 Uhr Nachmittags.  
 Vanderbilt-Klinik, 60. Str. und Amsterdam Ave.; täglich, ausgenommen Sonntags, von 2-3 Uhr Nachmittags. Montag, Mittwoch und Freitag von 9-10.30 Vormittags.  
 Die städtische Gesundheits-Behörde, 967 6. Ave., Ecke 55. Str.; täglich, ausgenommen Sonntags, von 10-12 Uhr Vormittags und 2-4 Uhr Nachmittags, Montag, Mittwoch und Freitag auch noch von 8-9 Abends.  
 New York Krankenhaus, Abtheilung für auswärtige Kranke, 8 West 16. Str.; an Wochentagen von 2-4 Nachmittags.  
 Bellevue-Krankenhaus, Abtheilung für auswärtige Kranke, Fuß 26. Str.; täglich, ausgenommen Sonntags, von 1-3 Uhr Nachmittags.  
 Dispensary im Gouverneur-Krankenhaus, Water Str., Fuß Gouverneur Str.; Montag, Mittwoch und Freitag, 2-4 Uhr Nachmittags.  
 New York Dispensary, 137 Centre Str.; täglich, ausgenommen Sonntags von 11 Uhr Vormittags bis 12.30 Nachmittags.

**Brooklyn.**

Städtisches Gesundheits-Amt, 361 Jay Str.; an Wochentagen 2-4 Nachmittags.  
 Brooklyn Städtisches Krankenhaus, 11 Tillary Str.; an Wochentagen 2-4 Uhr Nachmittags.

**Bronx.**

Städtisches Gesundheits-Amt, 3. Ave. und St. Pauls Place; an Wochentagen 2-4 Uhr Nachmittags.

Alle weiteren Informationen ertheilt auf Ansuchen Dr. J. S. Billings, Chef-Arzt für ansteckende Krankheiten der städtischen Gesundheitsbehörde, Ecke 55. Straße und 6. Ave., New York.

**Lungen-Tuberculose**

oder

**Schwindsucht**

Wie ihr vorzubeugen und Verschleppung zu vermeiden.

**Spucken Sie nicht**

Gesundheits-Behörde  
der Stadt New York.

Dr. Thomas Darlington,  
Commissär.

Eugene W. Scheffer,  
Sekretär.

Dr. Herman M. Biggs,  
Haupt-Arzt.

**Lungen-Tuberculose oder Schwindsucht**

wird meistens durch  
**Spucken**

verbreitet.

Nehmen Sie dieses nach Hause, lesen Sie es aufmerksam, zeigen Sie es Ihrer ganzen Familie und Ihren Nachbarn.

Lungen-Tuberculose oder Schwindsucht ist eine Krankheit der Lungen. Sie wird von einer Person, die mit ihr belastet ist, auf die andere übertragen, und ist nicht bloß eine Nachfolge von Erkältung, doch jede Erkältung ermöglicht eine Ansteckung.

Der Speichel, überhaupt alles, was Schwindsüchtige ausspucken oder niesen, ist voll ansteckender Keime, zu klein, gesehen zu werden.

Diese Keime sind die Ursache von Schwindsucht.

Daher halten Sie in Ihrem Schlafzimmer stets, bei Tag und bei Nacht, ein Fenster etwas geöffnet.

Um gesund zu bleiben, befolgen Sie die folgenden Regeln:

Frische Luft und Sonnenlicht sind die Feinde der Tuberculosis-Bacillen und anderer Krankheitskeime.

**Schützen Sie sich vor Ansteckung.**

Halten Sie stets Ihren Körper im besten Gesundheitszustande, daß sich Ihnen nichts anhafte.

Je gesünder der Körper, um so schwieriger ist es für die Bacillen, in ihm zu wachsen.

Schlafen Sie nie in Räumlichkeiten, wo unreine Luft herrscht.

Arbeiten und speisen Sie nie in Räumlichkeiten, wo Staub sich ansammelt. Stauben Sie mit einem feuchten Tuch, nie mit einem trockenen Besen.

Essen Sie nie mit unreinen Händen und stecken Sie nie Papiergeld oder Bleifedern in den Mund.

Behalten Sie nie lange ein schmutziges, trockenes Taschentuch bei sich.

Baden Sie zumindest einmal wöchentlich in warmem Wasser mit Seife.

Bernachlässigen Sie nie eine Erkältung. Können Sie nicht zu einem Arzte gehen, gehen Sie in eine Dispensary. Adressen auf der letzten Seite.

**Wie Lungen-Tuberculose oder Schwindsucht geheilt werden kann.**

Sind Sie schwindsüchtig, oder irgend ein Glied Ihrer Familie, und wollen Sie wieder gesund werden, müssen Sie folgende Maßregeln befolgen:

Geben Sie kein unnützes Geld aus für Patent-Medikinen und allerhand in Zeitungen angepriesene Mittel und sogenannte Balsame, sondern gehen Sie sofort zu einem Arzt oder in die Klinik in einem Krankenhaus.

Thuen Sie dies zur rechten Zeit, dann können Sie geheilt werden.

Trinken Sie keine geistigen Getränke.

Schlafen Sie nicht in einem Bette mit einem Kranken und womöglich auch nicht im selben Zimmer.

Gute Nahrung, frische Luft und Ruhe sind die besten Mittel.

Halten Sie sich möglichst viel an der Sonnenseite auf und bewegen Sie sich stets in frischer Luft.

Halten Sie die Fenster ein wenig offen, Sommer und Winter, bei Tag und bei Nacht — reine Luft ist die beste Medizin.

Tragen Sie stets warme Kleidung und warme Decken.

Entschließen Sie sich zur rechten Zeit in eine Heilanstalt zu gehen, falls Sie es können und bevor es zu spät ist.

Ein vorsichtiger und reinlicher Schwindsucht-Kranker ist nie denen gefährlich, mit denen er wohnt und arbeitet.

**Vorsicht schadet nie. Stecken Sie nicht Ihre eigene Familie an.**

Viele erwachsene Leute und auch Kinder leiden an Schwindsucht, ohne es zu wissen, und können andere anstecken, daher soll jedermann, auch ein Gesunder, die folgenden Regeln wahren:

Schluden Sie nicht Ihren eigenen Speichel, jedoch spucken Sie nicht auf Fußsteige, den Fußboden der Zimmer, oder öffentliche Räume, Straßenbahnen u. s. w., es ist für andere gefährlich, unschön und ungesund.

Müssen Sie spucken, dann thuen Sie es bloß in Spucknapfe, angefüllt zur Hälfte mit Wasser, und spülen Sie diese öfters mit heißem Wasser aus.

Niesen Sie nicht über den Tisch, oder jemandem in's Gesicht, sondern halten Sie stets ein Taschentuch, oder die Hand vor. Reinigen Sie die Nase nicht mit den Fingern.

Lesen Sie dieses aufmerksam durch, und reichen Sie es dann Ihrer Familie zum Lesen.



# קאנסאמשען

ווי אזוי מ'דארף זיך האלמען, אום דאס ניט צו קריגען;  
ווי אזוי מ'דארף זיך האלמען, אום דאס ניט צו איבערגעבען.

# שפייען ניט

## דעפארטמענט אוו העלטה

סיטי און ניו יארק

טהאמאס דארלינגטאן, מ. ד.

קאממישיאנער און העלטה

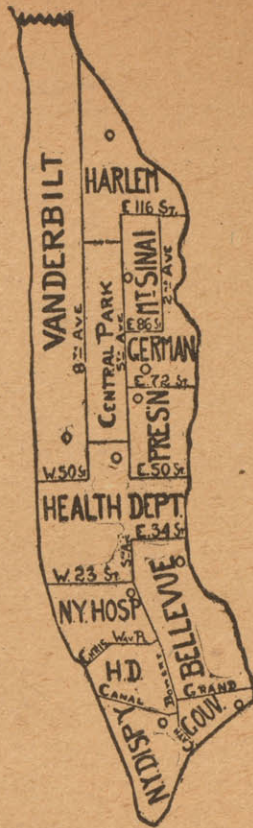
הערמאן מ. בינגס, מ. ד.  
מעדיקאל אפיסער.

ירושון וו. שעפער  
סקרעטער.

1908

# פרייע דיספענסעריס אין קליניקע פון די שווינדוכטאג

מאנאט און



הארלעם האספיטאל דיספענעריס  
סעריע 136 טע שטראסע און לעקס  
עוועניו; אפען יעדען וואכענדיגען  
טאג פון 3 ביז 4 אויך נאכמיטאג.  
מיינט טינאי האספיטאל דיס  
פענסעריע, מעדיסאן עוועניו און  
100 טע שטראסע; אפען אן וואכענ  
טאגען פון 10 ביז 11 אויך מארג.  
דימפעס האספיטאל דיספענעריס  
סעריע 76 טע שטראסע און פארק  
עוועניו; אפען אן וואכענדיגען פון  
2 ביז 4 אויך נאכמיטאג.  
פרעסביטעריאן, 70 טע שטראסע  
און מעדיסאן עוועניו; אפען אס מאנ  
טאג, מיטוואך און פרייטיאג פון  
3-1:30 נאכמיטאג.  
וואנדערבילט קליניק, 60 טע  
שטראסע און אסטעדראם עוועניו;  
אפען יעדען וואכענדיגען טאג פון 2  
ביז 3 נאכמיטאג, אס מאנטיאג, מיט  
וואך און פרייטיאג אויך אפען פון 9  
ביז 10:30 אויך פרייט.  
דעפארטמענט אוו העלטה, 55 טע  
שטראסע און 6 טע עוועניו; אפען  
פון 10 אויך אין דער פרייט ביז 4  
אויך נאכמיטאג, יעדען וואכענדיגען  
טאג, אס מאנטיאג, מיטוואך און פריי  
טיאג אויך אפען פון 8 ביז 9 אבענדס,  
ניו יארק האספיטאל, 8 וועסט  
16 טע שטראסע; אפען יעדען וואכענ  
דיגען טאג פון 2 ביז 4 נאכמיטאג.  
בעלווי האספיטאל דיספענסעריס  
נערע פון דער איסט 26 טע שטראסע;  
אפען יעדען וואכענדיגען טאג פון 1  
ביז 3 נאכמיטאג.  
נאווערניער האספיטאל, וואסער  
שטראסע און נערע פון גאווערניער  
שטראסע; אפען מאנטיאג, מיטוואך  
און פרייטיאג פון 2 ביז 4 אויך נאכ  
מיטאג.  
ניו יארק דיספענסעריס, 137  
טענטעל שטראסע; אפען יעדען וואכ  
ענדיגען טאג פון 11 ביז 12:30 נאכ  
ברוקלין:

דעפארטמענט אוו העלטה, 361 דוועניו שטראסע, און Jay St.  
יעדען וואכענדיגען טאג פון 2 ביז 4 נאכמיטאג.  
ברוקלין סיטי דיספענסעריס, 11 טיללרי שטראסע, Tillary St.  
אפען יעדען וואכענדיגען טאג פון 2 ביז 4 נאכמיטאג.  
דיא בראנקס:  
דעפארטמענט אוו העלטה, 8 טע עוועניו און סט. פאולס פלויס;  
אפען יעדען וואכענדיגען טאג פון 2 ביז 4 נאכמיטאג.  
פיר ווייטערע אינפארמאציען קערט זיך צו דר. די. ס. ביללינגס,  
טייערע און די ווייטען פון אנטשעקענדע קראנקהייטען, דעפארטמענט  
פון העלטה, 55 טע שטראסע און 6 טע עוועניו, נ. י. סיטי.

# ווי אזוי צו ווערען געוונד אויב איהר האט קאנסאמשען.

אויב איהר אדער יעמאנד פון אייער פאמיליע האט קאנסאמט  
שען, מוזט איהר אפשימען די פאלגענדע רעגעלען, אויב איהר ווילט  
ווערען געוונד:

ווארפט ניט ארויס אייער געלד אויף פאמענטירטע מעדוצינס  
אדער רעקלאמירטע הויל-מיטלען, נור געהט צו א דאקטאר אדער אין  
א דיספענסערי (זעהט לעצטע זוימען). אויב איהר געהט בעזיימענס,  
קענט איהר ווערען אויסגעוויילט, אויב איהר ווארט, קען זיין, אז  
ס'וועט זיין צו שפעט.

טרונקט ניט קיין שנאפס אדער אנדערע סארטען ליקער.  
שלאפט ניט אין איין בעט מיט אן אנדער פערזאן און אויב  
מעגליך, שלאפט אין א בעזונדערען צימער.

גוטע שפיון, ריינע לופט און רוהע זיינען די בעסטע הייל-  
לונג מיטלען. זייט אויף דער פרייער לופט און זון-שיין וויפעל  
ס'איז מעגליך.

האלט אייערע פענסטער אפען ווינטער אין זומער, בייטאג און  
ביינאכט.

אויב איהר זייט נור גוט אינגעדעקט, וועט איהר זיך ניט  
צוקיהלען.

טרעט אריין אין א סאניטאריום ביז וואנען איהר קענט נאך  
און ס'איז ניט צו שפעט.

א פארזיכטיגער און ריינער שווינדוכטיגער איז ניט גע-  
פעהרליך פיר די יעניגע, מיט וועלכע ער לעבט און ארבייט צו-  
זאמען.

**איבערגעבט ניט שווינדוכט צו אנדערען.**

פיעלע ערוואקסענע מענשען און קינדער האבען קאנסאמשען,  
אלוין ניט וויסענדיג דערפון, און קענען דאס איבערגעבען צו אַנ-  
דערע, איבער דעם זאל יעדערער, זאגאר געזונדע מענשען, אפשימען די  
פאלגענדע רעגעלען:

שלינגט ניט ארונטער אייער שפיוען, אבער שפיוט אויך ניט  
אויף די סיידוואקס, פלוי גראונדס אדער אויף די פלארס פון אייער  
הויז אדער סקול: עס פערשפרייט קראנקהייט און ס'איז געפעהרליך  
מיאוס און אונגעזעצליך.

אויב איהר מוזט שפיוען, שפיוט און א רינשטאק, אדער אין  
שפיו-קעסטלעך, וואס זיינען האלב אנגעפילט מיט וואסער.  
ווען איהר הוסט אדער ניסט, האלט א טאשען-טייכלעל איבער  
אייער מויל אדער נאז.

שנייבט ניט דעם נאז מיט אייערע פינגער.

נעהמט דווע קארטע אהיים און ווייזט זי צו אייער פאמיליע.

# קאנסאמשען

איז הויפטעליך פערארזאכט ביי דעם מיאוסען געוואוינהייט

# צו שפייען

נעהמט דיעזע קארטע אהיים.

אונד ווייזט זי צו אייערע פאמיליע, פריינדע און נאכבארען.  
קאנסאמשען איז א קראנקהייט פון די לונגען, וועלכע מ'נעהמט  
אויבער פון אנדערע, וועלכע האבען עס, און וועלכע ווערט פעראר-  
זאכט נישט נור ביי פערקיהלונגען, אבוואהל א פערקיהלונג קען מאכען  
לויכטער צו קריגען די קראנקהייט.

די מאמעריע, וואס ווערט אויסגעקוסט און אויסגעניסט פון א  
שווינדוכטיגען, איז פול מיט לעבעדיגע דזשוירמס (טויבערקול  
באצוללי) וועלכע זיינען צו קליין צו זיין בעמערקט. דיעזע דזשוירמס  
זינד די אורזאכע פון קאנסאמשען און ווען איינגעאטהעמט און די  
לונגען פון שוואכליכע מענשען, פערארזאכען זיי די קראנקהייט.

**קריגעט ניט קיין קאנסאמשען.**

האלט זיך ווי מעגליך געזונד, ווייל וואס שטארקער ס'איז אייער  
קערפער, דאס שווערער איז פיר די קאנסאמשען דזשוירמס דארין  
צו וואקסען.

אום צו בלייבען געזונד היט אפ די פאלגענדע רעגעלען:

איהר זאלט ניט וואונען, לערנען, אדער שלאפען אין צימערען,  
און וועלכע ס'איז נישט קיין פרייע לופט. פרייע לופט און זונען-  
שיין טוישען די קאנסאמשען-דזשוירמס און אנדערע דזשוירמס, וואס  
פערארזאכען אנדערע קראנקהייטען — איבער דעם זעהט צו האבען  
זוי בודע אין אייער צימער וויפיעל ס'איז מעגליך.

לעבט ניט אין שטויביגע לופט; האלט די צימערען ריין; הוי-  
ניגט אפ דעם שטויב מיט פויכטע קלוידער און וואש-ביזוימער;  
קעהרט ניט מיט א טרוקענעם בעזים.

האלט איין פענסטער פון אייער שלאפצימער א ביסעל אפען  
ביינאכט; און לופטונג דעם צימער צוויי אדער דריי מאל א טאג.  
עסט ניט מיט אנדרייען הענד; וואשט זיי פרייער אפ.  
האלט ניט די הענד אדער פענסילס אין אייער מויל, אדער קענדי  
אדער טשווינג גאס וואס אנדערע האבען געניצט.

האלט ניט קיין אונרוינע נאדטייכלעך אין אייערע פאקעטס.  
נעהמט א ווארעמע באד מיט זיף אס ווייניגסטענס איין מאל  
אין דער וואך.

פערלאזט ניט קיין פערקיהלונג אדער א הוסט, נור געהט באלד  
צו א דאקטאר אדער אין א דיספענסערי (זעהט לעצטע זוימען).



229 L-1908

1870, '08, 10,000 (P)

# DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Sixth Avenue and 55th Street

DIVISION OF COMMUNICABLE DISEASES

Circular of Information

ON

Special Methods of Treatment for

## PULMONARY TUBERCULOSIS

"CONSUMPTION CURES"

1908

246 L-1908

2518, '07.

# **DO NOT SPIT**

## **A TUBERCULOSIS (CONSUMPTION)**

### **CATECHISM AND PRIMER FOR SCHOOL CHILDREN**

ISSUED BY

THE DIVISION OF COMMUNICABLE DISEASES

OF

### **THE DEPARTMENT OF HEALTH**

CITY OF NEW YORK

THOMAS DARLINGTON, M. D.

President

HERMANN M. BIGGS, M. D.

Medical Officer

EUGENE W. SCHEFFER

Secretary

1908



# DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Sixth Avenue and 55th Street

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DIVISION OF COMMUNICABLE DISEASES

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Circular of Information

ON

Special Methods of Treatment for

## PULMONARY TUBERCULOSIS

“ CONSUMPTION CURES ”

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1908



# Special Methods of Treatment for Pulmonary Tuberculosis

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## “CONSUMPTION CURES”

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PERSONS SUFFERING FROM PULMONARY TUBERCULOSIS OR CONSUMPTION ARE THE IDEAL VICTIMS OF THE QUACK, CHARLATAN AND VENDER OF PATENT MEDICINES. Such tuberculosis patients spend more money on patent medicines and special modes of treatment than any other class of persons who are really ill. The amount of money thus thrown away is almost as great as that obtained from fancied or real sufferers from catarrh or dyspepsia. Every year sees new remedies and methods of treatment advertised, only to be replaced later by others; and almost all these “cures,” if well advertised for a time, pay their originators well. ALL SUCH ADVERTISED SPECIAL “CURES” AND METHODS OF TREATMENT ARE PRACTICALLY WORTHLESS, AND MANY OF THEM HARMFUL. As Samuel Hopkins Adams says in his article on “The Great American Fraud” in *Collier's Weekly*, “Every advertisement of a consumption cure cloaks a swindle.”

There are a number of reasons why the sufferer from pulmonary tuberculosis (consumption) is such an easy prey to quacks and charlatans. It is not a disease of rapid progress as compared to



other illnesses, even the cases of acute tuberculosis—"galloping consumption"—rarely terminate in less than three months.

Pulmonary tuberculosis, if recognized early and properly treated is not a very fatal disease, and many patients recover. Even where no treatment is taken and the patient neglects himself, the average duration of life is at least two or three years. There is ample time for the patient to look about him, and to grasp at anything that may promise assistance. Persons suffering with tuberculosis are as a rule hopeful—and this optimism brings with it credulity. Many patients have not the time or money to undergo sanatorium treatment, or to provide themselves with the special diet so often necessary, and naturally lend a willing ear to the assertions of the quack, who promises to cure them rapidly, cheaply and without keeping them from their work. In tuberculosis there is not the prostration and dulling of the senses which so frequently accompanies other grave diseases. The sufferer has time to realize all that life means, and to desire ever more ardently and keenly to live.

Special methods of treatment for tuberculosis and "consumption cures" may be classified as follows:

1. Patent Cough Medicines. These almost without exception contain either considerable amounts of opium or morphine, or else alcohol. Both drugs are bad for tuberculosis; they give only temporary relief and leave the patient in a worse state than before.

2. Special Remedies for Tuberculosis. These consist of preparations of vegetable or mineral substances, usually claimed to be very rare or to be found only in distant parts of the world. They are all practically without any effect whatsoever as regards curing the disease.



3. Serum Treatment. Based on the remarkable value of anti-toxic serum for diphtheria, many serums are advertised to cure tuberculosis. So far no serum having any curative effect has been discovered.

4. Special Diet. Curative influence is claimed by some of the quacks for special kinds of food—all meat or no meat, beef blood, onions, olives, etc.

5. Electricity, X-rays, Light and Cabinet Cures. These various methods have no special value in tuberculosis. Some of the frauds claim by their means to render the absorption of specific medicines more rapid and thus more efficacious.

6. Plasters, Poultices and Other External Applications. While the pain of a tuberculous pleurisy may be relieved by the application of a mustard plaster, yet such procedures have no effect on the disease of the lungs. To produce ulcers of the chest wall by means of blistering plasters is a useless, brutal mode of treatment, and to claim that the discharge ("corruption") from such ulcers comes from the lungs is a deliberate falsehood, uttered knowingly. Such procedures are harmful, as they exhaust the strength of the patient.

THERE IS NO SPECIFIC TREATMENT FOR PULMONARY TUBERCULOSIS (CONSUMPTION). A SUFFICIENT AMOUNT OF PROPER FOOD, WITH PLENTY OF FRESH AIR AND REST, CONSTITUTE THE ESSENTIAL BASIS OF ALL SUCCESSFUL METHODS OF TREATMENT.

Realizing the truth of the above statement, the Committee on the Prevention of Tuberculosis of the Charity Organization Society of the City of New York has passed the following resolution:

*Whereas*, It has come to the knowledge of the Committee on the Prevention of Tuberculosis of the Charity Organization Society



that many so-called specific medicines and special methods of cure for pulmonary tuberculosis have been and are exploited and widely advertised, and,

*Whereas*, In our opinion there is no specific medicine for this disease known and the so-called cures and specifics and special methods of treatment (by electricity, x-rays, electric light treatment, "diet" cures, plasters, serums, etc.) widely advertised in the daily papers are in the opinion of the Committee, without value and do not at all justify the extravagant claims made for them, and serve chiefly to enrich their promoters at the expense of the poor and frequently ignorant or credulous person suffering from tuberculosis; therefore,

*Resolved*, That a public announcement be made that it is the unanimous opinion of the members of this Committee that there exists no specific medicine for the treatment of pulmonary tuberculosis, and that no cure can be expected from any kind of advertised medicine or method, but only from a sufficient supply of pure air, nourishing food, needed rest, attention to the hygiene of the skin and such medicine as appears from time to time required, in the judgment of a physician.

The above-mentioned Committee is composed of the following physicians and laymen, all of whom are specially interested in the subject of tuberculosis, its prevention and cure:

EDGAR J. LEVEY, Chairman, Tuberculosis Committee of the Char. Org. Soc.  
HERMANN M. BIGGS, M. D., General Medical Officer, Department of Health.  
J. S. BILLINGS, JR., M. D., Chief Div. Commun. Dis., Department of Health.  
DAVID BLAUSTEIN, Manager of Educational Alliance.  
JOHN W. BRANNAN, M. D., President, Board of Trustees Bellevue and Allied Hospitals.  
HERBERT S. BROWN,  
JOS. D. BRYANT, M. D., Prof. Surgery, Univ. and Bellevue Hosp. Med. College.  
EDMUND J. BUTLER, Commissioner of the Tenement House Department.  
CHARLES F. COX,  
THOMAS DARLINGTON, M. D., Commissioner, Department of Health, N. Y. City



ROBERT W. DE FOREST, President of the Charity Organization Society.  
 EDWARD T. DEVINE, General Secretary, Charity Organization Society.  
 HOMER FOLKS, Secretary State Charities Aid Association.  
 LEE K. FRANKEL, Manager United Hebrew Charities.  
 ROBERT W. HEBBARD, Commissioner Public Charities.  
 L. EMMETT HOLT, M. D., Physician to Babies' and N. Y. Foundling Hospitals.  
 J. H. HUDDLESTON, M. D., Chief of Gouverneur Tuberculosis Clinic.  
 A. JACOBI, M. D.,  
 WALTER B. JAMES, M. D., Prof. of Medicine, Coll. of Physicians and Surgeons.  
 E. G. JANEWAY, M. D., Prof. of Medicine, Univ. and Bellevue Medical College.  
 MISS A. B. JENNINGS,  
 S. A. KNOFF, M. D., Assoc. Dir., Tuberculosis Clinic, Department of Health.  
 ALEXANDER LAMBERT, M. D., Professor of Clinical Medicine, Cornell University.  
 ERNEST J. LEDERLE, M. D., Ex-Commissioner of Health, N. Y. City.  
 EGBERT LEFEVRE, M. D., Prof. of Therapeutics, Univ. and Bellevue Med. College.  
 HENRY M. LEIPZIGER, Supervisor of Lectures, Department of Education.  
 ALFRED MEYER, M. D., Physician to Bedford Tuberculosis Sanatorium.  
 JAMES ALEXANDER MILLER, M. D., Director Tuberculosis Clinic, Bellevue Hosp.  
 THOS. M. MULRY, President of Particular Council, Society of St. Vincent de Paul.  
 MRS. JAMES E. NEWCOMB, President Stony Wold Tuberculosis Sanatorium.  
 EUGENE A. PHILBIN, Ex-District Attorney, N. Y. City.  
 T. MITCHELL PRUDDEN, M. D., Prof. of Pathology, Coll. of Physicians and Surg.  
 E. GUERSEY RANKIN, M. D., Chairman Tuberc. Committee, Metrop. Hosp.  
 ANDREW H. SMITH, M. D., Physician, St. Luke's and Presbyterian Hospitals.  
 ANTONIO STELLA, M. D.,  
 W. GILMAN THOMPSON, M. D., Prof. Medicine, Cornell Univ. Med. College.  
 E. L. TRUDEAU, M. D., President, Adirondack Cottage Sanatorium.  
 LAWRENCE VEILLER, Dir. of Dept. of Social Conditions of the Char. Org. Soc.  
 FRED'K L. WACHENHEIM, M. D.,  
 J. SEELY WARD, JR., Board of Managers, Assoc. for Imp. Cond. of the Poor.  
 B. H. WATERS, M. D., Chief of Tuberculosis Clinics, Department of Health.

*The attention of the public is called to the fact, that while the presence of tubercle bacilli in a person's sputum indicates that he has pulmonary tuberculosis or consumption, yet absence of tubercle bacilli does not mean freedom from the disease. Repeated examinations of the sputum must be made over a considerable period of time before such a conclusion is justified.*

In conclusion, therefore, all persons suffering from tuberculosis are warned against the innumerable quacks and charlatans and their fraudulent cures and methods of treatment. Not only do they waste their money, but also that which is more precious—their time; for early treatment is essential to recovery. They should consult their own family physician or any reputable doctor. There are a number of special dispensaries throughout the city, where patients unable to obtain private care may go for diagnosis and treatment



free of charge. In suitable cases arrangements are made for admission to sanatoria in the country. In other cases remaining at their homes, the patients are given free treatment and many are supplied with special diet. The addresses of the various tuberculosis dispensaries in New York City are given on the last page of this circular. For any further information, apply to the Division of Communicable Diseases, Department of Health.

THOMAS DARLINGTON, M. D.,

*President.*

EUGENE W. SCHEFFER,

*Secretary.*

HERMANN M. BIGGS, M. D.,

*Medical Officer.*



# **DO NOT SPIT**

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EUGENE W. SCHEFFER  
Secretary

1908



Take This Book Home and Show It to Your  
Family and Friends.

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## TUBERCULOSIS. WHAT IT IS.

1. What is Pulmonary Tuberculosis or Tuberculosis of the Lungs?

Tuberculosis is a very common and often fatal disease of the lungs, which is given by the sick to the well. It is largely spread by the filthy habit of spitting.

2. What is it often called?

Consumption. The disease "consumes" you.

3. What are some of the early symptoms of the disease?

Cough, fever in the afternoon and loss of appetite, strength and weight. Sputum or phlegm is coughed up, and sometimes there is hemorrhage (bleeding) from the lungs.

4. What causes Tuberculosis?

A tiny living germ or bacillus, called the tubercle bacillus, too small to be seen without a powerful microscope.

5. Does Tuberculosis affect other parts of the body besides the lungs?

Yes; the bones, joints, glands of the neck, and other parts are often attacked.



## HOW ONE GETS TUBERCULOSIS OF THE LUNGS.

1. How does one person "infect" or give Tuberculosis of the Lungs to another?

By means of the Tubercle Bacilli in the matter (phlegm, sputum) coughed up from the diseased lungs, which often contains millions of the germs.

2. How do the germs get out of the body of one who has Tuberculosis?

In the phlegm or sputum which is coughed up, and in the little drops, too small to be seen, which are sprayed out when persons with Tuberculosis cough or sneeze.

3. Can the Tubercle Bacillus live outside the body?

Yes. If the sputum is discharged on the floor or on carpets or clothing, the germs may live for months, especially if they lodge in a dark, moist place. But out of doors, in the sunshine and free air, they quickly die.

4. How does one get Tuberculosis of the Lungs?

Tubercle Bacilli, coming from the diseased lungs of some person who has Tuberculosis, are taken into the healthy lungs, and growing there, cause the disease.

5. How do the Bacilli get into the lungs?

They are breathed in, either in dust which contains dried and powdered sputum, or in the tiny drops of

sputum sprayed out by persons with tuberculosis when they cough.

The bacilli sometimes enter the body in food and drink, especially milk.

6. What kind of people are most likely to get Tuberculosis?

Those who are sickly and run down from other diseases; from intemperance; from poor or insufficient food; from living in dark, overcrowded rooms; or from overwork. Their weakened systems cannot resist the bacilli.

7. What common sickness frequently favors the development of Tuberculosis of the Lungs?

An ordinary cold or cough which is neglected. A cold does not cause Tuberculosis, but it helps the germs to get a foothold in the lungs and to multiply there.

8. What else may lead to the disease?

Studying, working or living in dusty rooms, especially where the air is bad from poor ventilation and overcrowding. Tubercle Bacilli are often present in such rooms, especially where a careless person has spit on the floor.

9. Is it safe to move into a house or rooms in which a person with Tuberculosis has lived?

No, not until the house or rooms have been thoroughly cleaned and disinfected or renovated.



## HOW TO KEEP FROM GETTING TUBERCULOSIS.

1. What is the first and most important rule to keep from getting Tuberculosis?

Keep as strong and healthy as possible.

2. Why?

When the Tubercle Bacilli get into the body or lungs of a healthy person, they do not multiply, and are usually soon killed; while in the lungs of a weak or sickly person, they often increase in numbers and produce Tuberculosis.

3. What things help in keeping one well?

Fresh, pure air in the home, school room and work room, proper food, cleanliness, temperance in all things, leading a regular life, and living out of doors as much as possible.

4. How can one get fresh, pure air?

(a) By keeping out of doors and avoiding dust as much as possible. (b) By admitting plenty of fresh air several times a day to the rooms, in which one lives or works or studies. (c) By keeping at least one window of the bedroom open all night. (d) By cleaning with damp cloths and brooms (never using a dry broom or duster) to prevent dust from floating in the air of the room.

5. What ought one to do when a cough lasts more than two weeks?

Go to a doctor or a dispensary and have the lungs examined.

6. What habits of school children are dirty, dangerous and to be avoided?

(a) Putting the fingers, coins, pencils or playthings in the mouth. (b) Eating candy or chewing gum which other children have had in their mouths.

7. Is bathing a necessity?

Yes. Every one should take a warm bath with soap at least twice a week, and those who can should have a cold bath every morning. (See list of public free baths at the end of this book.)

8. Is the drinking of whiskey and other forms of alcohol injurious?

Yes. They weaken the body so that it cannot resist disease germs. Many drunkards have Tuberculosis.

9. How can one keep from catching cold?

(a) By always having plenty of fresh air night and day, and taking a cold bath every morning. (b) By keeping away from, and complaining of, persons who have a cough and who spit on the floor or sidewalk. (c) By avoiding exposure to cold and damp after such diseases as measles and whooping cough. (d) By keeping the feet dry and avoiding exposure to cold or winds, when very warm or very tired. (e) By avoiding close, overheated rooms, crowded with people.



## HOW TO KEEP PERSONS WITH TUBERCULOSIS FROM SPREADING THE DISEASE.

---

1. Is it dangerous to live or work with a person who has Tuberculosis?

No, not if he is careful and cleanly.

2. Of what must he be careful?

To destroy all the sputum coughed up.

3. What is the best way to do this?

A person with Tuberculosis must never spit on the floor or sidewalk or in street cars, but always into a cuspidor or into a paper cup, which he should have with him at all times, and which can be burned. Old rags or cheese-cloth squares which can be easily burned, may also be used.

4. How can he keep from spraying out tiny drops of sputum when he coughs, laughs or sneezes?

By holding a handkerchief or a square of cheese-cloth in front of his mouth whenever he coughs or sneezes.

5. Should a person with Tuberculosis sleep in the same bed with any one else?

No, and if possible, not even in the same room.

## HOW TO CURE TUBERCULOSIS.

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1. Can Tuberculosis be cured?

Yes, if treatment is begun early.

2. How?

By good food, fresh air and rest, and such medicines as the doctor may prescribe.

3. Where are these best obtained?

In hospitals located in the country and called sanatoria.

4. When a person learns he has Tuberculosis, what should he do?

Go at once to a doctor or dispensary, and do as advised. **DO NOT WASTE TIME AND MONEY** on patent medicines, advertised cures or advertising doctors. **THEY ARE WORTHLESS.**



TUBERCULOSIS KILLS MORE PEOPLE THAN ANY OTHER DISEASE. MANY GROWN PEOPLE AND CHILDREN WHO HAVE COUGHS, HAVE TUBERCULOSIS WITHOUT KNOWING IT, AND THEY CAN AND DO GIVE IT TO OTHERS. SO YOU MUST NOT SPIT ON THE SIDEWALKS, PLAYGROUNDS OR ON THE FLOORS OR HALLWAYS OF YOUR HOME OR SCHOOL. NOT ONLY TUBERCULOSIS, BUT OTHER DISEASES, ARE SPREAD IN THIS WAY.

**SPITTING IS DANGEROUS, INDECENT AND AGAINST THE LAW.**

For further information, literature, etc., apply to Dr. J. S. Billings, Jr., Chief of Division of Communicable Diseases, Department of Health, 55th St. and Sixth Ave. New York City.

**PUBLIC BATHS: LOCATION AND HOURS.**

**324-326 Rivington Street, near Goerck Street.**

WOMEN, 6 A. M. to 9 P. M., Mondays, Wednesdays and Fridays.  
MEN, 6 A. M. to 9 P. M., Tuesdays, Thursdays and Saturdays.  
CHILDREN, 3 to 5 P. M., daily.

**133 Allen Street, near Rivington Street.**

WOMEN, 6 A. M. to 9 P. M., daily.  
MEN, 6 A. M. to 9 P. M., daily.  
CHILDREN, 3 to 5 P. M., daily.

**538 East Eleventh Street, near Avenue B.**

WOMEN, 6 A. M. to 9 P. M., daily.  
MEN, 6 A. M. to 9 P. M., daily.  
CHILDREN, 3 to 5 P. M.

**Corner Avenue A and East Twenty-third Street.**

WOMEN, 7 A. M. to 9 P. M., Mondays, Wednesdays and Fridays.  
MEN, 7 A. M. to 9 P. M., Tuesdays, Thursdays and Saturdays.  
CHILDREN, 7 A. M. to 5 P. M., daily.

**347 West Forty-first Street, near Ninth Avenue.**

WOMEN, 6 A. M. to 9 P. M., daily.  
MEN, 6 A. M. to 9 P. M., daily.  
CHILDREN, 6 A. M. to 5 P. M., daily.

**232 West Sixtieth Street, near West End Avenue.**

WOMEN, 7 A. M. to 9 P. M., Mondays, Wednesdays and Fridays.  
GIRLS, 3 to 5 P. M., Mondays, Wednesdays and Fridays.  
MEN, 7 A. M. to 9 P. M., Tuesdays, Thursdays and Saturdays.  
BOYS, 3 to 5 P. M., Tuesdays, Thursdays and Saturdays.

**573 East Seventy-sixth Street, near Avenue B.**

WOMEN, 6 A. M. to 9 P. M., daily.  
MEN, 6 A. M. to 9 P. M., daily.  
CHILDREN, 9 A. M. to 5 P. M., daily.

**243 East One Hundred and Ninth Street,  
near Second Avenue.**

WOMEN, 7 A. M. to 9 P. M., daily.  
MEN, 7 A. M. to 9 P. M., daily.  
CHILDREN, 9 A. M. to 5 P. M., daily.



## CLINICS FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES.

The Manhattan Clinic for the Treatment of Communicable Pulmonary Diseases of the Department of Health was opened March 1st, 1904, at No. 967 Sixth Avenue (adjoining the headquarters of the Department at Sixth Avenue and 55th Street), in a building especially designed for the purpose. Since that date similar clinics have been opened at 361 Jay Street, Brooklyn, and 3731 Third Avenue, The Bronx.

Each contains a registration room, a drug room, waiting rooms, throat department, and two clinics for male and female patients, respectively, each with its examination room. The Manhattan Clinic has also a complete radiographic department. The clinics were established with the following objects in view:

- (a) The early recognition and accurate diagnosis of pulmonary tuberculosis.
- (b) The careful supervision of persons receiving treatment, including not only medicinal treatment, but also the furnishing of circulars of information in various languages, of paper sputum cups and gauze handkerchiefs, and proper food (milk and eggs) in indigent and needy cases.
- (c) The continued observation at their homes by a special staff of nurses, of indigent, needy and ambulatory cases, including all those discharged from public institutions of the city.
- (d) The removal to hospitals or sanatoria of (1) advanced or bedridden cases, with profuse expectoration, whose presence at home is a menace to others in the family; (2) cases able to get about but who are unable to work, and who are entirely dependent upon their earnings for their livelihood; (3) incipient cases, who stand a fair chance of recovery if removed to sanatoria outside of the city, and (4) lodging house, or homeless cases.
- (e) Provision of municipal institutions where cases of tuberculosis may be referred (1) by physicians, (2) by institutions on discharge therefrom, (3) by the various charitable organizations throughout the city, and (4) by persons doing individual charitable work.
- (f) The extension and strengthening of the sanitary control of tuberculosis among the poor by the Department of Health.
- (g) The care of laryngeal cases—one of the saddest complications of pulmonary tuberculosis.

Note: Association of Tuberculosis Clinics: The Manhattan clinic forms one of a group of tuberculosis clinics which divide the Borough into districts, all applicants being referred to the clinic caring for patients from the district in which the applicant lives: patients refusing to attend the clinics are visited by inspectors or nurses of the Department of Health, and if in need of treatment, are notified that they must either attend the clinic, put themselves under the care of a private physician or enter a hospital or sanatorium. The children, also, of those patients found to be tuberculous, are examined in this group of clinics, the result of examination being recorded on a special history card (Form 248 L).

To insure the attendance of such children, the nursing staff of each clinic is used, supplemented by the tuberculosis nurses of the Department of Health.



DEPARTMENT OF HEALTH, DIVISION OF COMMUNICABLE DISEASES  
CHILDREN'S CLINIC RECORD

Dispensary..... No..... Date.....  
Surname..... Given Name.....  
Address..... Floor..... School, Yes, No. Number.....  
Date of Birth..... Child No..... Country of Birth.....

**HISTORY**

Mother	Birthplace	Father	Feeding During 1st Year. Breast, Yes, No. Bottle, Yes, No. Modified Milk, Yes, No. Raw Milk, Yes, No. Weaned..... Months.....
Yes, No.	Hebrew	Yes, No.	Feeding After 1st Year. Satisfactory in Amount, Yes, No. Good. Bad.
Yes, No.	Tuberculous	Yes, No.	Weight..... lbs. Height..... Cm.
Yes, No.	Alcoholic	Yes, No.	Chest Measures: Contracted..... Cm. Expanded..... Cm.
Yes, No.	Clean	Yes, No.	Diameter: Ant. Post..... Cm. Trans..... Cm. Index.....
Yes, No.	Dirty	Yes, No.	Rachitic: Yes, No. Symmetry.....
Symptoms: .....			Temp..... ° Pulse..... Resp.....

Whooping Cough, Yes, No. Pneumonia, Yes, No. Measles, Yes, No. Adenitis, Yes, No. Operation, Yes, No.  
Examination Shows Abnormalities of: Lungs, Yes, No. Heart, Yes, No. Glands, Yes, No. Bones and Joints, Yes, No. Ears, Yes, No.  
Nose and Throat, Yes, No. Abdomen, Yes, No. Sputum, Yes, No.  
Details of Examination: .....

Diagnosis..... M. D.

ROUTINE PROCEDURE.—The Manhattan clinic is open daily, except Sundays and holidays, from 9 A. M. to 4 P. M., and from 8 P. M. to 9 P. M., on Mondays, Wednesdays and Fridays, classes being conducted morning, afternoon and evening. The Brooklyn and Bronx clinics are open from 2 to 4 P. M. daily.

All floors and metal furniture are cleaned every morning and the building is disinfected with formaldehyde gas weekly. The gowns supplied are disinfected at the same time.

The clinic staff includes: The Director; the Associate Director of Manhattan Clinic; Chief of Clinic in each clinic; attending physicians, two being on duty for each class; assistant attending physicians, available in case of absence of attending physicians; attending laryngologists; radiographer; various nurses on duty in the men's clinics, the women's clinics, the registration rooms, and the throat rooms; drug clerks; hospital clerks, watchmen; matrons; and scrubwomen.

The name, address, age, sex, nationality, employment, history, number, and clinic class of every patient is entered in a journal (Form 218 L); also the history number, sex, class and diagnosis of every patient returning for treatment.











An admission card (Form 7 L) numbered to correspond with history, with an envelope (Form 92 L), a sputum jar and a handkerchief are given to each new patient, together with instructions as to the care of the expectoration.

<b>ALWAYS BRING THIS CARD</b>	
DEPARTMENT OF HEALTH, THE CITY OF NEW YORK DIVISION OF COMMUNICABLE DISEASES	
BOROUGH OF _____	
<b>CLINIC FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES</b>	
Name _____	
Address _____	
Date _____	No. _____
Days _____	Hours _____

7 L.—1907 21a-297, '07, 5,000 (P)

Keep card clean. Come only on appointed days and hours.  
Come alone, if possible.

Halte diese Karte sauber. Komme nur an den vorgeschriebenen Tagen und Stunden. Komme allein wenn irgend möglich.

Tenete questa carta pulito. Venite soltanto al giorno ed all'ora fissi. Venite solo se possibile.

האלט דיא קארטע ריין. קאממט נור אין דען דארטן בעשטימטען טאגען אונד שטונדען ברענגט קיינעם מיט זיך. קומט אליין ווען ניר מעגליך.



All information required on the front of the primary history card (Form 67 L) is obtained by the registration room nurse.

21-433, '08, 10,000 (P)

67 L-1908

**DEPARTMENT OF HEALTH, CITY OF NEW YORK, BOROUGH**

No. \_\_\_\_\_ Class \_\_\_\_\_  
 Date \_\_\_\_\_ Dr. \_\_\_\_\_  
 Name \_\_\_\_\_ INSTITUTION \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ M. F., Color \_\_\_\_\_ M. S. W. Ref. by \_\_\_\_\_  
 \_\_\_\_\_ Floor \_\_\_\_\_ Care of \_\_\_\_\_ Religion \_\_\_\_\_

Nationality \_\_\_\_\_ of parents \_\_\_\_\_ Reason for coming to Clinic \_\_\_\_\_  
 Occupation \_\_\_\_\_ Formerly \_\_\_\_\_ How long in U. S. \_\_\_\_\_ In N. Y. City \_\_\_\_\_  
 Tentative Diagnosis \_\_\_\_\_ Final Diagnosis \_\_\_\_\_ Stage \_\_\_\_\_ Prognosis \_\_\_\_\_

**Family History.** F. \_\_\_\_\_ M. \_\_\_\_\_ B. \_\_\_\_\_ S. \_\_\_\_\_ H. W. \_\_\_\_\_  
 S. D. \_\_\_\_\_ Gf. (P. M.) \_\_\_\_\_ Gm. (P. M.) \_\_\_\_\_ A. (P. M.) \_\_\_\_\_ U. (P. M.) \_\_\_\_\_ C. \_\_\_\_\_

**Contact.** Family \_\_\_\_\_ Boarders \_\_\_\_\_ Friends \_\_\_\_\_ At work \_\_\_\_\_  
 Past History. Measles \_\_\_\_\_ Pertussis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Typhoid \_\_\_\_\_  
 Pneumonia \_\_\_\_\_ Pleurisy \_\_\_\_\_ Influenza \_\_\_\_\_ Fistula \_\_\_\_\_ Traumatism \_\_\_\_\_

Other Diseases, operations or injury to chest \_\_\_\_\_ Alcohol, none, mod., exc. \_\_\_\_\_ Sufficient Food \_\_\_\_\_  
 Personal habits \_\_\_\_\_ Tobacco, none, mod., exc. \_\_\_\_\_

Previous treatment \_\_\_\_\_ Duration \_\_\_\_\_  
**Present Illness.** Began (date) \_\_\_\_\_ Supposed exciting cause \_\_\_\_\_  
 Initial Symptom \_\_\_\_\_ Disease first recognized \_\_\_\_\_ Mental condition \_\_\_\_\_

Now complains of \_\_\_\_\_ Height, Ft. \_\_\_\_\_ In. \_\_\_\_\_ Throat Symptoms \_\_\_\_\_  
 Weight, normal \_\_\_\_\_ Min. \_\_\_\_\_ Present \_\_\_\_\_ Diarrhoea \_\_\_\_\_ Sleep \_\_\_\_\_

Appetite \_\_\_\_\_ Indigestion \_\_\_\_\_ Bowels \_\_\_\_\_ Weakness \_\_\_\_\_  
 Fever \_\_\_\_\_ Chills \_\_\_\_\_ Night-Sweats \_\_\_\_\_ Dyspnoea \_\_\_\_\_  
 Cough \_\_\_\_\_ Expectorations, Amt., etc. \_\_\_\_\_ Pain \_\_\_\_\_ Const. \_\_\_\_\_  
 Hemoptysis, Date and Amt. \_\_\_\_\_



**General Condition.** Subjective..... Objective; Stout, Well-nourished, Spare, Emaciated.  
 Anaemic..... Tongue..... Gums..... Teeth..... Fingers..... Hair, L., Bl., R. Skin..... Bl., Br.  
 Temp., A. M..... P. M..... Pulse..... Volume..... Tension..... Vessels..... Resp.....  
**Thorax.** Shape..... Symmetry..... Cyrtom No.....  
 Dimensions, Insp..... cm. At Rest..... cm. Exp..... cm. Spirom..... Diam., a. p..... cm. lat..... cm.

		RIGHT.						LEFT.							
		Expans.	Frem.	Percuss.	Breath	Râles	Cav.	Voice	Expans.	Frem.	Percuss.	Breath	Râles	Cav.	Voice
ANT.	Apex.														
	Upper L.														
	Middle L.														
	Lower														
POST.	Apex.														
	Upper L.														
	Middle L.														
	Lower														
Depressions, Prominences.															

Description of lesion.....  
 Heart; Apex..... Sounds.....  
 Abdomen.....  
 Glands.....  
 Bones..... Joints.....  
 Testicles..... Genito-Urinary.....  
 Menstruation.....  
 Admitted to..... (San.) Date..... Voluntary Forced  
 Died..... Discharged..... Reason.....  
 Condition on discharge..... Behavior of Patient.....







## THROAT, NOSE AND EAR

No. \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_ Dr. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

DIAGNOSIS: Tentative \_\_\_\_\_ Final \_\_\_\_\_ Prognosis \_\_\_\_\_

HISTORY: THROAT AND NOSE: Odynphagia \_\_\_\_\_ Odynphonia \_\_\_\_\_ Sensitive to Touch \_\_\_\_\_

Rawness \_\_\_\_\_ Tickling \_\_\_\_\_ Dryness \_\_\_\_\_ Dripping \_\_\_\_\_

VOICE: Dyspnoea \_\_\_\_\_ Aphonia \_\_\_\_\_ Weak \_\_\_\_\_ Hoarse \_\_\_\_\_ Modified \_\_\_\_\_

RESPIRATION: Dyspnoea \_\_\_\_\_ Nasal Breathing, Unobstructed \_\_\_\_\_ Obstructed \_\_\_\_\_

Other Symptoms: Dysphagia, etc. \_\_\_\_\_

Previous History, Treatment, etc. \_\_\_\_\_

EAR SYMPTOMS: Deafness \_\_\_\_\_ Pain \_\_\_\_\_ Ringing \_\_\_\_\_ Other Symptoms \_\_\_\_\_

EXAMINATION: Left Nasal Chamber \_\_\_\_\_

Right Nasal Chamber \_\_\_\_\_

Septum \_\_\_\_\_ Accessory Sinuses \_\_\_\_\_ Choanae \_\_\_\_\_

Oro-Pharynx: Mucous Membrane \_\_\_\_\_ Faucial Tonsils \_\_\_\_\_

Naso-Pharynx: Mucous Membrane \_\_\_\_\_ Eustachian Tube \_\_\_\_\_

Lingual Tonsil \_\_\_\_\_ Soft Palate \_\_\_\_\_ Uvula \_\_\_\_\_

Larynx and Trachea: Mucous Membrane \_\_\_\_\_

Epiglottis \_\_\_\_\_ Ary-Epiglot Fold \_\_\_\_\_

Inter-Aryt. \_\_\_\_\_ Vent. Bands \_\_\_\_\_

Vocal Cords \_\_\_\_\_ Aryt. \_\_\_\_\_

Ear \_\_\_\_\_ Remarks \_\_\_\_\_

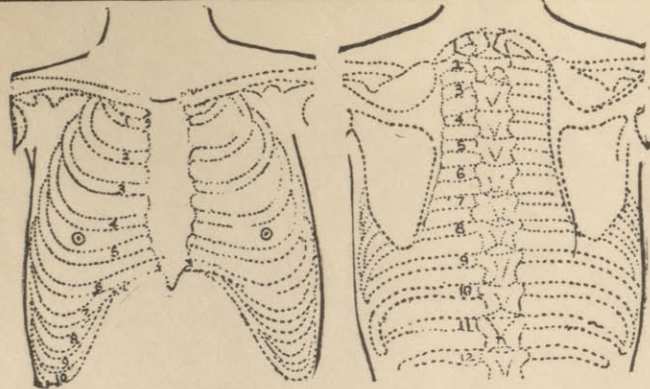


DEPARTMENT OF HEALTH, CITY OF NEW YORK

DIAGRAM CARD

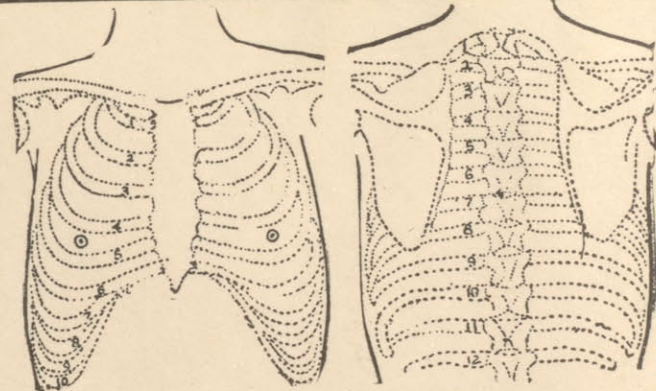
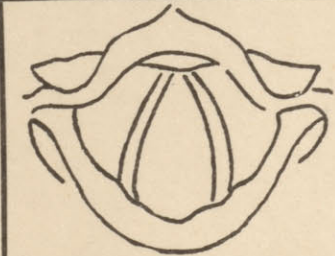
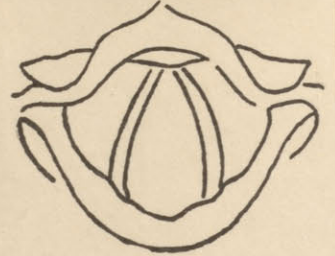
No. \_\_\_\_\_

Name \_\_\_\_\_



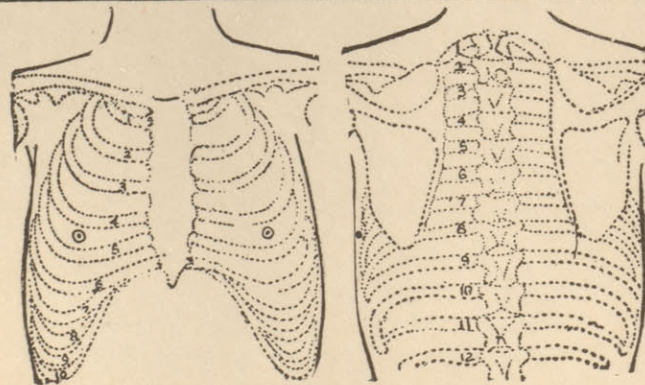
Date \_\_\_\_\_

Examiner \_\_\_\_\_



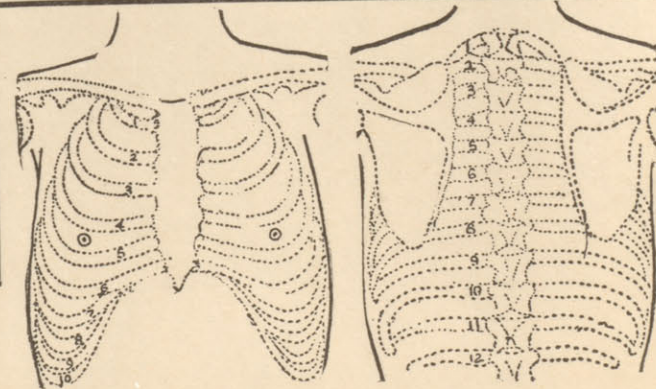
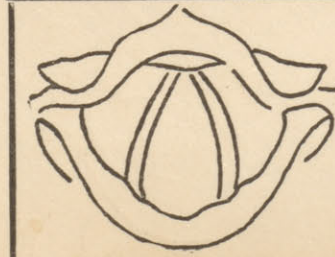
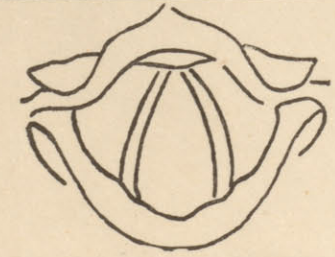
Date \_\_\_\_\_

Examiner \_\_\_\_\_



Date \_\_\_\_\_

Examiner \_\_\_\_\_



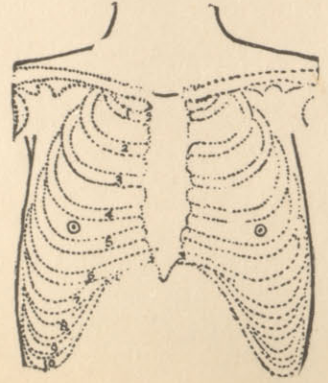
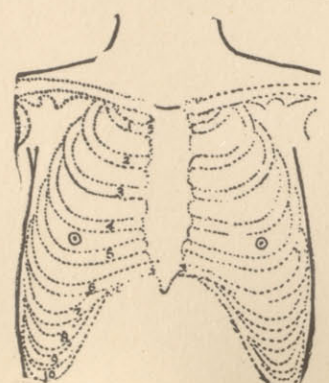
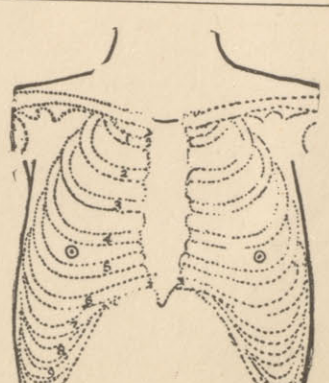
Date \_\_\_\_\_

Examiner \_\_\_\_\_



DATE	SPUTUM					
	Amount in 24 hours					
Tubercle Bacilli						
Other Organisms						
Blood						
Cells						
Elastic Fibres						
Miscellaneous						

DATE	X-RAY		
	Radiograph No. _____		

Result _____			
--------------	---	--	--



No. \_\_\_\_\_

### URINE

Name \_\_\_\_\_

Date			
Amount in 24 hours			
Color			
Transparency			
Reaction and per cent			
Specific Gravity			
Albumin			
Urea			
Sugar			
Diazo Reaction			
Indican			
Microscopical			

### BLOOD

Date			
Erythrocytes (per c.mm.)			
Leucocytes (per c.mm.)			
Haemoglobin			
Color Index			
Differential Count of Leucocytes			
Fresh Undried Specimen			
Stained Specimen			



53 L-1908

**NURSE'S CARD**

**DEPARTMENT OF HEALTH, CITY OF NEW YORK**

Division of Communicable Diseases  
 Borough of \_\_\_\_\_  
**CLINICS FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES**      Diagnosis \_\_\_\_\_  
 No. \_\_\_\_\_      Address \_\_\_\_\_      c/o \_\_\_\_\_  
 Name \_\_\_\_\_  
 Assigned \_\_\_\_\_  
 To \_\_\_\_\_  
 Age \_\_\_\_\_      Occupation \_\_\_\_\_      Nationality \_\_\_\_\_  
 Character of House, P. H., B. H., H., L. H., A., F., T. \_\_\_\_\_      How long resident there \_\_\_\_\_  
 Previous Treatment \_\_\_\_\_      Improved \_\_\_\_\_  
 No. of Rooms \_\_\_\_\_      Light \_\_\_\_\_      Condition of Rooms (Clean, Dirty) \_\_\_\_\_  
 Floors (Clean, Dirty) \_\_\_\_\_      Any work done there \_\_\_\_\_  
 Total Air Space \_\_\_\_\_      Cu. ft. Light \_\_\_\_\_      Ventilation \_\_\_\_\_  
 W. C. (Kind of Location) \_\_\_\_\_      Plumbing \_\_\_\_\_  
 No. in Family \_\_\_\_\_      Adults \_\_\_\_\_      Children \_\_\_\_\_      Boarders \_\_\_\_\_  
 Location Patient's Room \_\_\_\_\_      Air Space, Cu. ft. \_\_\_\_\_      Windows Open? \_\_\_\_\_  
 No. Windows, Air Shaft \_\_\_\_\_      Front \_\_\_\_\_      Sunlight \_\_\_\_\_  
 Separate Room \_\_\_\_\_      Separate Bed \_\_\_\_\_      Bath \_\_\_\_\_  
 Available Fire Escape \_\_\_\_\_      Nearest Park \_\_\_\_\_      School No. \_\_\_\_\_  
 Owner or Agent \_\_\_\_\_      Address \_\_\_\_\_  
 Present Work \_\_\_\_\_      Since \_\_\_\_\_      Previous Work \_\_\_\_\_  
 Hours \_\_\_\_\_      Place \_\_\_\_\_      Effect \_\_\_\_\_  
 Other Exercise \_\_\_\_\_      Effect \_\_\_\_\_  
 Hours in Bed \_\_\_\_\_      Hours Out of Doors \_\_\_\_\_      Personal Cleanliness \_\_\_\_\_  
 Disposal of Sputum \_\_\_\_\_      Cuspidors Burnt \_\_\_\_\_  
 Observation of Instructions \_\_\_\_\_  
 Circumstances \_\_\_\_\_      Income \_\_\_\_\_      Change of Residence Contemplated \_\_\_\_\_  
 Food, Quantity \_\_\_\_\_      Quality \_\_\_\_\_  
 Clothing (Clean, Dirty, Soiled with Sputum, Insufficient) \_\_\_\_\_      Bed Clothing (Soiled with Sputum) \_\_\_\_\_  
 Assistance Needed \_\_\_\_\_      Source of Infection \_\_\_\_\_  
 Other Cases, Family \_\_\_\_\_      House \_\_\_\_\_      Friends \_\_\_\_\_







The following system of filing is used, all history cards being filed in special envelopes with opening cut to show name and address.

(1) active cases under observation; (2) cases in hospital; (3) cases not found at address given; (4) cases discharged as non-tuberculous; (5) inactive tuberculous cases; (6) district nurses' reports; (7) dead cases (obtained from daily tuberculosis death list). All histories are examined by the Chief of Clinic before being filed. A name index card (Form 242 L) is filed alphabetically for each case. In all cases referred to the clinic, a report (Form 79 L) is mailed to the physician or institution giving the result of the examination.

21-496, '08, 15,000 (P)

242 L-1908

Name ..... No. ....

Address ..... Floor .....

Age ..... Occupation .....

Institution .....

Discontinued .....

Readmitted .....

Transferred .....

Not found .....

Discharged .....

21-488, '08, 1,000 (P)

79 L-1908

# DEPARTMENT OF HEALTH

THE CITY OF NEW YORK,  
Fifty-fifth Street and Sixth Avenue.

## DIVISION OF COMMUNICABLE DISEASES.

Clinics for the Treatment of Communicable Pulmonary Diseases.

NEW YORK, \_\_\_\_\_ 190

DEAR SIR:

The physical examination of

shows \_\_\_\_\_

The patient has been recommended to

Respectfully,

J. S. BILLINGS, JR., M. D.,

*Chief of Division.*

M. D.,

*Chief of Clinics.*



Recommendations by the attending physicians for the admission of cases to Metropolitan, St. Joseph's, Lincoln, Seton and St. Vincent's (S. I. Branch) Hospitals are referred to the executive office on card (Form 42 L, see page —), whence they are referred to the Department of Charities by double postal (Form 81 L, see page —). Arrangements for the admission of patients to Riverside, Otisville, Raybrook and other sanatoria are made through the Division of Communicable Diseases.

Each Monday a report (Form 156 L) is made by the Chief of Clinic to the Division of Communicable Diseases, giving the number of patients seen during the previous week, classifying them as old, new, male and female, under observation at home, receiving extra diet or referred to hospitals and charitable organizations and the number of prescriptions issued.

156 L-1908 2985, '08, 500 (P)

**DEPARTMENT OF HEALTH**  
**THE CITY OF NEW YORK**  
 Division of Communicable Diseases

**TUBERCULOSIS CLINICS**

TO DIRECTOR OF CLINICS \_\_\_\_\_

Report of \_\_\_\_\_ Clinic for week ending \_\_\_\_\_ 190

**DIAGNOSIS:**

Under observation for diagnosis, Date _____	_____
New patients examined, . . . . .	_____
Readmitted for diagnosis, . . . . .	_____
Total: Diagnosis, . . . . .	_____
Found not tuberculous and transferred or discharged, . . . . .	_____
Found tuberculous, . . . . .	_____
Diagnosis tuberculosis, sputum positive, _____	_____
Diagnosis tuberculosis, sputum negative, _____	_____
Discontinuing, not coming for diagnosis, . . . . .	_____
Under observation for diagnosis, Date _____	_____

**CASES UNDER TREATMENT:**

Under treatment, Date _____	_____
New cases under treatment, . . . . .	_____
Old cases readmitted, . . . . .	_____
Total cases under treatment during week, . . . . .	_____
Found not tuberculous and discharged, . . . . .	_____
Deaths, . . . . .	_____
Transferred to other clinics, . . . . .	_____
Entered hospitals, . . . . .	_____
Entered sanatoria, . . . . .	_____
Discontinuing, not found, . . . . .	_____
Discontinuing, not coming for treatment, . . . . .	_____
Under treatment, Date _____	_____
Total months all patients under treatment by clinic, . . . . .	_____
Total treatments of patients, . . . . .	_____

**VISITS TO CASES:**

Total months all patients under observation by clinic nurses, _____	_____
Visits to patients under observation, . . . . .	_____
Other visits to cases under clinic treatment, . . . . .	_____
Total visits by clinic nurses, . . . . .	_____
Visits by clinic physicians, . . . . .	_____

**MISCELLANEOUS:**

Prescriptions filled for clinic patients, . . . . .	_____
Quarts of milk supplied, . . . . .	_____
Number of eggs supplied, . . . . .	_____
Referred for hospital treatment, . . . . .	_____
Referred for charitable aid, . . . . .	_____

\_\_\_\_\_  
*Chief of Clinic*



All deaths from tuberculosis, as reported daily by the Registrar, are looked up in the clinic records; such histories are filed separately.

Sputum, blood and urine specimens are sent to the Diagnosis Laboratory at the close of the day's classes, duplicate slips (Form 261 L) accompanying each and numbered to correspond with the patient's history number. All results of examination are noted in a sputum record book and on a clinical record card (Form 212 L, see page —), which is filed with patient's history. (If an applicant for examination is apparently not tuberculous, a skeleton history is made out and sent to the physician who decides as to the final disposition of the case.)

All new cases of tuberculosis are reported by card (Form 194 L, see page —) one week after their visit, to the office of the Division of Communicable Diseases of the Borough in which they reside. Doubtful cases, later proving tuberculous, are similarly reported. All records of the clinic are filed in the registration room, and from there, all reports and recommendations are forwarded. In the examining rooms the patients at their first visit are weighed, the body temperature, pulse and general condition, noted on the history card; a complete physical examination made, the results noted on history card and also on diagram card (Form 211 L, see page —), and a record made of treatment ordered or of recommendations for x-ray examination, extra diet (milk and eggs), admission to hospitals, or discharge.

261 L-1908

275, '08, 500 Bks. (P)

DUPLICATE SLIPS MUST BE SENT WITH EACH SPECIMEN

SANATORIA AND CLINIC SPUTUM SLIP

Otisville    Riverside    Manhattan Cl.    The Bronx Cl.    Brooklyn Cl.

Date..... No. of Spec.    1    2    3    4    5    6    7    8

Name .....

Address .....

Received..... Prepared.....

Lab. No..... Day No.....

Result of Exam.    Num.    Mod.    Few    Neg.

Examined by .....






The result of the physical examination is dictated to the clinic nurse by the physician, the following system of abbreviations being used:

Only the extent of lesion is shown on diagram card.

I. MENSURATION (as indicated).





II. INSPECTION.

EXPANSION.







- Normal ..... 
- Diminished ..... 
- Absent ..... 

III. PALPATION.

FREMITUS.


- Normal ..... 
- Increased ..... 
- Diminished ..... 
- Absent ..... 




IV. PERCUSSION.

- Normal ..... 
- Slightly dull ..... 
- Dull ..... 
- Flat ..... 
- Hyper-resonant ..... 
- Tympanitic ..... 

V. AUSCULTATION.

RESPIRATION.

- Normal ..... 





- Harsh ..... 
- Diminished ..... 
- Absent ..... 

- Broncho-vesicular ..... **Br.v**
- Bronchial ..... **Br.**
- Amphoric or cavernous **Am.Cv**
- Cog wheel ..... **C.g**




EXPIRATION.

- Prolonged ..... **Epr.**
- High pitched ..... **Ehi.**

VOICE.

- Normal ..... 
- Increased ..... 
- Diminished ..... 
- Absent ..... 
- Bronchial or tubular ..... **Br.Tb**
- Aegophony ..... **Aeg**

RALES.

- Crepitant ..... **Cp.or.** 
- Sub-crepitant ..... **Sep.or.** 
- Creaking ..... **Ck**
- Friction sounds ..... 



The patient receives thorough instruction from the attending physician as to diet, mode of living, and exercise; special effort being made, where hospital care is indicated, to induce the patient to enter an institution; in addition, a circular of instruction printed in the language that the patient speaks is supplied—German (Form 139 L), Hebrew (Form 147 L), Italian (Form 155 L), English (Form 172 L).

172 L-1908

2113, '08. 5.000 (P)

**ADVICE FOR PATIENTS  
ATTENDING  
TUBERCULOSIS CLINICS**

ISSUED BY

**THE DEPARTMENT OF HEALTH  
CITY OF NEW YORK**

**Division of Communicable Diseases**

1908



# Printed for the Association of Tuberculosis Clinics

BY THE  
DEPARTMENT OF HEALTH, THE CITY OF NEW YORK

## ADVICE FOR PATIENTS SUFFERING WITH PULMONARY TUBERCULOSIS (CONSUMPTION)

### GENERAL.

Be hopeful and cheerful, for your disease can be cured, although it will take some time.

Carefully obey your physician's instructions. You may improve steadily for months, and lose it all by carelessness. Improvement does not mean cure; therefore continue to come to the Clinic as long as you are directed to do so.

Do not talk to anyone about your disease, except your physician or nurse.

Do not listen to tales of other patients, or follow their suggestions or those of others concerning the treatment of your disease.

Report to the Clinic when directed. Report immediately if you have fever, indigestion, diarrhœa, constipation, pain, increased cough or reddish expectoration. If you are too ill to come to the Clinic, send word.

If you have a hemorrhage do not become alarmed; keep quiet and send for some doctor, or notify the Clinic.

In the treatment of your disease, fresh air, good food, and a proper mode of life are more important than medicines. Take no medicine that is not ordered by your physician.

If you are offered admission to a sanatorium, accept at once.

Advise any of your family, friends, or neighbors, who have a persistent cough, and have no doctor, to come to the Clinic.

### COUGH AND EXPECTORATION.

Try to control your cough as much as possible. You should only cough when you have to expectorate.

Cover your mouth with your handkerchief or hand when you have to cough.

Your expectoration or spit contains germs and is dangerous to yourself, your family and your neighbors when not properly taken care of.

When in the house always spit into a spittoon half full of water; empty the vessel into the closet at least once a day and rinse it with boiling water.

It is much better, however, to use paper spit cups which can be burned after use. The Clinic will supply you with these.

When outdoors, spit in one of the paper pouches furnished by the Clinic, and burn it after use. You may also use pieces of muslin, carrying them in a paper bag and burning bag and all on your return home.

If you should be outdoors and have nothing with you to receive your expectoration, spit into the gutter. NEVER SPIT ON THE SIDEWALK. Never swallow your expectoration.

### PURE FRESH AIR.

Stay in the open air as much as you can; if possible, in the parks, woods or fields. Do not be afraid of cold water. Avoid draughts, dampness, dust and smoke. Dust and smoke are worse for you than rain and snow. Don't be afraid of night air; it is not harmful and contains less dust than day air.

Never sleep or stay in a hot or close room. Keep it always well ventilated.

Keep at least one window open in your bedroom at night.

Have a room to yourself, if possible; if not, be sure to have your own bed.



When indoors, remain in the sunniest and best ventilated room. The room should preferably be without carpets; small rugs may be allowed.

No dusting or cleaning should be done while the patient is in the room.

Cleaning should be done only with mops or moist rags.

Draperies, velvet furniture and dust-catching materials should not be in the patient's room.

#### FOOD AND FEEDING.

Take a half hour's rest on the bed or the reclining chair before and after the principal meals.

Avoid eating when bodily or mentally tired, or when in a state of nervous excitement.

Eat plenty of good and wholesome food. Besides your regular meals take a quart of milk daily, from three to six fresh eggs, and plenty of butter and sugar, provided they do not disagree with you.

Eat slowly; chew your food well; avoid anything which causes indigestion.

See that your eating utensils are thoroughly washed after use.

Do not smoke and do not drink liquor, wine or beer, except by special permission; but drink plenty of good, pure water between meal times.

Always wash your hands thoroughly before eating, and clean your finger nails.

#### REST.

Avoid all unnecessary exertion. Never run; never lift heavy weights. Never take any kind of walking, breathing or other exercises when you are tired, nor take them to the extent of getting tired. The kind and amount of exercise which you should take will be prescribed for you by your physician.

Go to bed early and sleep at least eight hours.

If you have to work take every chance to rest that you can when off duty.

When the physician prescribes a rest cure, either in bed or on a reclining chair, it must be carried out, either on the veranda, fire escape, roof or in front of an open window.

#### CLOTHING.

Wear underwear according to the season. Don't wear chest protectors.

Dress comfortably and sensibly, and avoid garments constricting neck and chest.

Keep your feet dry and warm. Wear overshoes in snowy or damp weather.

#### PERSONAL HYGIENE.

Keep your body clean and take a warm bath with soap once a week; take cold douches or cold baths according to the directions of your physician.

Avoid all bad habits.

Keep your teeth in good condition by brushing them regularly.

See that your bowels move regularly every day.

Shave your beard or wear it closely clipped. Do not kiss anyone.

Handle the soiled personal and bed linen, especially handkerchiefs, as little as possible in the dry state. When soiled, place these articles in water until ready to be washed.

**DON'T WASTE TIME OR MONEY ON PATENT MEDICINES OR ADVERTISED CURES FOR YOUR DISEASE: THEY ARE WORTHLESS.**

**GENERAL INFORMATION FOR THE PATIENT, AND HIS FAMILY AND FRIENDS.**

If the matter coughed up be promptly destroyed, a person suffering from pulmonary tuberculosis or consumption may frequently not only do his usual work without giving the disease to others, but may also thus improve his own condition and his chances of getting well. If all the above precautions are observed, there is no danger to the healthy in the ordinary intercourse of the family or society.



139 L-1908

2113, '08, 5,000 (P)

**Rathschläge für Patienten  
der Kliniken  
für Lungen-Tuberkulose**

Herausgegeben von der  
Abtheilung für ansteckende Krankheiten

...des...

**Gesundheits-Amtes  
der Stadt New York**

1908



Gedruckt von dem  
**Gesundheits-Amt der Stadt New York**  
 für den  
**Verein der Kliniken für Lungen-Tuberkulose.**  
 Rathschläge für Patienten, die an Lungen-Tuberkulose (Schwindsucht)  
 leiden.

**Allgemeines.**

Hoffe und sei fröhlich, denn Heilung ist möglich, wenn's auch einige Zeit dauert.  
 Folge den Anweisungen Deines Arztes getreulich.  
 Durch Nachlässigkeit kann monatelange Besserung wieder verloren gehen.

Besserung ist nicht Heilung, deshalb kommt zur Dispensary, so lange Euch dies gerathen wird.  
 Sprecht über Euer Leiden nur mit Eurem Arzt oder Pfleger, sonst mit Niemand.

Hört nicht auf andere Kranke, noch befolgt deren Rath, noch denjenigen Anderer bezüglich der Behandlung Eures Leidens.  
 Geht zur Dispensary, wenn es Euch gesagt wird; meldet sofort, wenn Ihr Fieber, Magenschmerzen, Durchfall, Verstopfung, Schmerz, stärkeren Husten oder röthlichen Speichel habt. Wer zu krank ist zu kommen, benachrichtige die Klinik.

Bei Blutsturz ängstigt Euch nicht; haltet Euch ruhig, schickt zu einem Arzt oder nach der Klinik.

Frische Luft, gutes Essen, und richtige Lebensweise sind bei Behandlung Eures Leidens wichtiger, als Medizin.  
 Nehmt keine Medizin, die Euer Arzt nicht verschrieben.  
 Wenn man Ihnen einen Platz in einem Sanatorium anbietet, so nehmen Sie denselben sofort an.  
 Rathen Sie irgend Jemand von Ihrer Familie, oder Fremden, oder Nachbarn, der einen Husten und keinen Arzt hat, zur Klinik zu gehen.

**Husten und Spucken.**

Haltet den Husten möglichst zurück. Hustet nur, wenn Ihr ausspucken müßt.

Haltet Euer Taschentuch vor den Mund, wenn Ihr husten müßt.  
 Euer Speichel enthält Keime, und ist Euch, Eurer Familie und Euren Nachbarn gefährlich, wenn er nicht richtig gehandhabt wird.  
 Zu Hause spuckt stets in einen Spucknapf halb voll Wasser, leert ihn täglich wenigstens einmal in den Abort und spült ihn mit kochendem Wasser aus.

Es ist jedoch viel besser, Papier-Spucknapfe zu gebrauchen, welche nach Benutzung verbrannt werden können. Die Klinik wird Euch stets mit denselben versorgen.

Wenn draußen, spucke in einen von den papierernen Beuteln, welche von der Klinik besorgt werden, und dann verbrenne denselben. Sie mögen auch Stücke von Muslin gebrauchen, welche in papierernen Beuteln getragen werden, und nachdem Sie nach Hause zurückgekommen, verbrennen Sie Beutel und Alles.

Wer draußen nichts bei sich hat, spucke auf die Gasse, nie auf's Trottoir!  
 Schluckt Euren Speichel nie herunter.

**Keine frische Luft.**

Weibe möglichst viel in freier Luft, wenn möglich in Parks, Wald oder Feld.

Fürchtet das kalte Wetter nicht.  
 Vermeidet Zug, Feuchtigkeit, Staub und Rauch. Staub und Rauch sind für Euch schlimmer als Regen und Schnee.  
 Fürchte nicht Nachtluft; diese ist nicht schädlich und enthält weniger Staub als die Tagesluft.

Schlaft und seid nie in heißem oder geschlossenem Zimmer.  
 Laßt in Eurem Schlafzimmer wenigstens ein Fenster offen.  
 Wenn möglich, habe ein eigenes Zimmer, aber jedenfalls ein eigenes Bett.

Zu Hause bleibt im sonnigsten und best gelüfteten Zimmer; es sollte ohne Teppiche sein; kleine Fußteppiche sind erlaubt.  
 Zimmer dürfen nicht gereinigt werden, wenn der Kranke darin ist.  
 Abstäuben im Krankenzimmer ist gefährlich.  
 Nur mit feuchten Lappen sollte gereinigt werden.  
 Draperien, Sammetmöbel und alle staubsaugenden Stoffe und Möbel sollten im Zimmer des Kranken vermieden werden.

**Nahrung.**

Vor und nach den Hauptmahlzeiten ruht Euch eine halbe Stunde auf dem Bett oder einem Lehnstuhl aus.  
 Eßt nicht, wenn körperlich oder geistig müde, oder im Zustand nervöser Aufregung.

Eßt viel gute und gesunde Speisen; außer der gewöhnlichen Nahrung nehmt täglich ein Quart Milch, drei bis sechs frische Eier, viel Butter und Zucker, wenn Ihr es vertragen könnt.

Eßt langsam, kaut gründlich; eßt nichts Unverdauliches.  
 Eßt, daß Euer Eßgeräth nach Gebrauch gründlich gereinigt wird.  
 Raucht nicht und trinkt weder Schnaps, Wein oder Bier ohne spezielle Erlaubniß; aber trinkt zwischen den Mahlzeiten viel gutes, reines Wasser.  
 Wascht Eure Hände stets vor dem Essen und reinigt Eure Fingernägel.

**Ruhe.**

Vermeidet alle unnötige Anstrengung. Lauft nie; hebt keine schweren Sachen. Macht keine Geh-, Athem- oder andere Übungen, wenn Ihr müde seid, noch so, daß sie Euch ermüden; Euer Arzt wird Euch vor-schreiben, wie und wieviel Ihr üben sollt.

Geht früh zu Bett und schlaft wenigstens acht Stunden.  
 Wer arbeiten muß, ruhe sich aus, so oft er kann.  
 Wenn der Arzt Ruhe verordnet, müßt Ihr im Bett oder Lehnstuhl, auf der Veranda oder am offenen Fenster ruhen.

**Kleidung.**

Tragt Unterzeug gemäß der Jahreszeit; keine Brustwärmer.  
 Kleidet Euch bequem und vernünftig; keine Hals oder Brust beengenden Kleider.  
 Haltet Eure Füße trocken und warm. Tragt Galoschen im Schnee oder in feuchtem Wetter.

**Persönliche Hygiene.**

Haltet Euren Körper rein und nehmt jede Woche ein warmes Bad mit Seife; kalte Douchen oder Bäder nach Anordnung Eures Arztes.  
 Vermeidet alle schlechten Angewohnheiten.  
 Haltet Eure Zähne in gutem Zustande und macht von Zahntoilette und Zahnbürste Gebrauch regelmäßig.

Seht, daß Euer Stuhlgang regelmäßig ist.  
 Rasirt den Bart ab oder tragt ihn ganz kurz.  
 Küsse Niemand.  
 Schmutzige Wäsche oder Bettzeug, hauptsächlich Taschentücher, muß trocken so wenig wie möglich gehandhabt, sondern gleich in's Wasser gesteckt werden, bis zum Waschen.  
 Verlieren Sie keine Zeit und kein Geld für verfertigte Medicinen oder für annoncirt Heilungen von Auszehrung. Sie sind werthlos.

**Zur allgemeinen Kenntniß für Schwindsüchtige und die mit den selben Lebenden.**

Wenn die ausgehustete Substanz prompt vernichtet wird, kann ein Schwindsüchtiger häufig nicht nur arbeiten, ohne Andere anzustecken, sondern seinen Zustand und seine Aussicht zu genesen, auch bessern. Und wenn alle obigen Vorschriften befolgt werden, ist im gewöhnlichen Familien- oder Gesellschaftsverkehr für die Gesunden keine Gefahr.



147 L-1908

2113, '08, 5,000 (P)

ראטה פיר פאציענטען

וועלכע ווערדען בעהאנדעלט אין קלויניקם

פיר

לונגענשווינדזוכט

ארויסגעגעבען פון

די דיוויזיאן און קאמיוניקייבל דיזאיוועם

און

דיא דעפארטמענט און העלטה

פון סיטי און ניו יארק

1908



# גערדוקט פיר דיא פערראייניגטע קליניקען פיר לונגענקראנקהייטען

בייא דעפארטמענט אוו העלטה פון דער שטאדט נירארק.

ראטה פיר דיא פאציענטען וואס האבען לונגענשווינדזוכט (קאנסומפצען).

## אלגעמיינעס.

זייט האפנונגספאלל אונד פרעהליך, ווייל אויער קראנקהייט קען געהילט ווערען זאגאר עס וועט געדויערען.

פאלגט אויס פינקטליך אויער דאקטארס בעפעחלע, אויער בעסערונג, וואס האט אויך גענומען מאנאמען לאנג, קענט איהר מוט אינמאל פערלוערען דורך נאבלעסיגקייט, בעסערונג מיינט נאך נישט אז מען איז געהיילט, דער ריבער קומט אין דער דיספענסערי ווי לאנג איהר זייט געארדערט צו קומען. רעדט נישט צו קיינעם וועגען אויער קראנקהייט, אויסער צו אויער דאקטאר אדער נזירס.

הערט זיך נישט צו דיא דערצעהלונגען פון אנדערע פאציענטען, פאלגט נישט זייערע עצות וועלכע זייא אדער אנדערע וועלען אויך געבען וויא אזויא צו היילען אויער קראנקהייט.

קומט צו דיא קליניק ווען מען ארדערט אויך, בעריכטעט גלויך אויב איהר האט פיבער, אונפערדייאונג, לויזען מאגען, עצירות, שמערצען, שטארקען הויס, מען אדער רויטליכען שפויטען, אויב איהר זייט צו קראנק צו קומען אין קליניק, לאזט וויסען וועגען דעם.

ווען איהר קריגט א בלוט שטורץ זאלט איהר זיך נישט דערשרעקען: זייט רוחיג אונד שיקט גלויך נאך א דאקטאר, אדער בעריכטעט אין קליניק.

אין קורירונג פון אויער קראנקהייט איז פרישע לופט, גוטע שפויזען אונד ארט לעבען פיעל וויכטיגער וויא מעדיצינען. נעהמט קיינע מעדיצינען וואס איז נישט פון אויער דאקטאר פערשריעבען.

אז מען וויל אויך ארויננעהמען אין א סאניטאריום, זאלט איהר דאס גלויך אננעהמען.

אויב יעמאנד פון אויער פאמיליע, פריינדע אדער נאכבארען האט א הויס, מען פאר א לענגליכע צייט און ער האט קיין דאקטאר, זאלט איהר איהם ראמעהן צו קומען אין קליניק.

## הויסטען אוו שפויטען.

פרובירט אינצוגעהאלטען אויער הויסטען זא פיעל וויא מעגליך: איהר זאלט דאן נור הויסטען, ווען איהר האט וואס ארויסצוהוואסען, בעדעקט אויער מויל מיט אויער טאשיענמיר אדער מיט דער האנד ווען איהר הויסטען אויערע שפויטען ענטהאלט מוקראכען אונד עס איזט געפעהרליך פיר אויך, פיר אויער פאמיליע אונד אויערע נאכבארן ווען איהר וועט דארויף נישט גוט אויפפאסען.

אויס הויזען, שפויט אוימער אין א שפיטזן האלב פול מיט וואססער: גיסט עס אויס אין קלאזעט אס ווייניגסטען אויך מאהל אין טאג אונד שוויינקט עס דערנאך אויס מיט ווייניג וואססער.

עס איז אבער פיעל בעסער צו געברויכען פאפיערענע שפיטזנס וועלכע מען קען פערברענען נאך דעם בענוצען. דיא קליניק וועט אויך מיט זייא פערזארגען.

ווען איהר זייט דרויסען שפויט און דעם פאפיערענעם בויטעל וואס איהר בעקומט אין קליניק אונד פערברענעט עס נאך דעם בענוצען. איהר קענט אויך געברויכען שטיקלעך מאזלען וועלכע איהר האלט אין א פאפיער בויטעל, אונד איהר מוסט פערברענען מאזלען און בויטעל גלויך וויא איהר קומט צו הויז.

ווען איהר זייט אין סטריט און האט נישט אין וואס הערוינצושפויזען, שפויט אין רינשטאק, שפויט קיין מאהל נישט אויפען סידוואק, שליינגט קיין מאהל נישט הערונטער אויערע שפויטען.

## ריינע פרישע לופט.

בלויבט וואס לענגער אויפ'ן פרייזען לופט: אויב מעגליך אין פארקס, וועלדער אונד פילדער, האט נישט מורא פאר קאלטעס וואססער, פערמיידיט צוגולפטען, פויכטיגקייט, שטויב אונד הויך, רויך אונד שטויב זיינען ערגער פאר אויך אלס רעגען אונד שניען, האט נישט מורא פאר דער נאכט לופט, זיא וועט אויך נישט שאטען ווייל זיא ענטהאלט אין זיך ווייניגער שטויב וויא דיא בויטאגונג.

איהר זאלט קוינמאל נישט שלאפען אדער זיין אין א הייסען אדער פארר שטיקען רום. האלט אלע מאהל אויער רום גוט געלופטערט.

האלט אס ווייניגסטען אפען אויך פענסטער און אויער בעדערס בויא נאכט, האלט א ציממער פאר זיך אליין, ווען מעגליך, אויב נישט, זעהט כאטש צו האבען א בעט פאר זיך אליין.

ווען איהר זייט צו הויזען פערבלויבט אין דעם ליכטיגסטען אונד לופט-טיגסטען ציממער, דאס ציממער דארף בעסער זיין, אהן קארפעט, קלוינע

ראגס מעגען זיין, מען מאך נישט שטויבען אדער קלינען אין דער צייט ווען דער פאציענט איז אין ציממער.

קלינען מוז מען נור מיט א פויכטען מויל, דרויפעריס, סאמעמענע פארניטשור, אונד אלע שטויב-צויהענדע געגענד שטענדע אונד פארניטשור זאלען נישט זיין אין פאציענט'ס ציממער.

## עססען אונד נאהרונגסשטאפען.

רוחט זיך אפ א האלבע שטונדע אויפ'ן בעט אדער אויף א אכגעלעגטען שטוהל פאר אונד נאך דיא הויפט מאהלצייטען.

עסט נישט ווען איהר זייט קערפערליך אונד גייסטיג מועד: אדער ווען איהר זייט אין א נערוועזען אויפגערגעמען צושטאנד.

עסט א סך גוטע אונד נאהראפטע שפויז, אויסער אויערע בעשטענדיגע מאהלצייטען, טרינקט מעגליך א קויארט מילך, פון 2 ביז 6 פרישע אויער אונד א סך פוטער אונד צוקער, אויב איהר קענט דאס פערטראגען.

עסט לאנגזאם: צוקייט אויער שפויז, פערמיידיט אלעס וואס פערזאור-זאכט אונפערדייאונג.

זעהט דאס אויערע עססרגעשיער זאלען גוט אויסגעוואשען ווערען, נאך דעם געברויכען, רויכערט נישט אונד טרינקט נישט קיינע ליקערען, ביער אדער וויין אויסער ווען איהר וועט א ספעציעלע ערלויבניס בעקאמען: טרינקט אבער א סך גוטע ריינע וואסער צווישען אויערע מאהלצייטען.

וואשט אוימער זויבער אויערע הענד בעפאר דעם עססען, אונד האלט ריין אויערע פינגער-נעגעל.

## רוהע.

פערמיידיט יעדע אוננעהמיגע אינטערענגונג, לויפט נישט, הויבט קיינ-מאהל נישט שווערע לאסטען, נעהמט נישט קיין שפאצירונג אדער אירגענד וועלכע עקסערסיז און אטהעמען אונד אנדערע בעוועגונגען ווען איהר זייט מיעד, אויך פיהנט עס נישט ביז איהר זאלט ווערען מיעד, דיא ארט אונד ווייזע וויא פיעל עקסערסיז איהר זאלט מאכען וועט אויך אלעס פערשרייבען אויער דאקטאר.

געהט צו בעט פריח אונד שלאפט אס וועניגסטען 8 שטונדען.

אויב איהר מוסט ארבייטען, נוצט אויס יעדע געלעגענהייט וואס איהר קענט האבען צו רוהען.

ווען דער דאקטאר פערארדנעט אויך צו רוהען, ענטוועדער אין בעט אדער אויף א אכגעלויגטען שטער, זא מוז דיעזעס געשעהן אויף דער וועראנדא, אויף דעם רוף אדער בויא אויך אפענעס פענסטער.

## קליידונג.

טראגט אונטער וועש נאך דעם סיוזאן נאך, טראגט נישט קיין ברוסט פרא-טעקטארס, קלוידעט זיך בעקוועם אונד פערשטענדליך, אונד פערמיידיט קלויד-דער וועלכע זיינען ענג ביים האלז אונד בויא דער ברוסט.

האלט אויערע פיס טרוקען און ווארם, טראגט ראבערס אין א שנעאיגען אדער דאמפיגען וועטמער.

## פערזענליכע ריינליכקייט.

האלט ריין אויער קערפער אונד נעהמט א ווארעמע באד אינמאל א וואך: קאלטע שפויטען בעדער אדער קאלטע וואנעס זאלט איהר נעהמען נאך אויער דאקטארס פערארדנונג.

פערמיידיט אלע שלעכטע געוואאנהייטען.

האלט אויערע ציינער אין גוטען צושטאנד, רייניגט זייא מיט א צאהן בערשטעל רעגעלמעסיג.

זעהט איהר זאלט האבען רעגעלמעסיג שטוהלגאנג יעדען טאג, שיווט (ראזירט) אויער בארד אדער טראגט עס קורץ געשארען, קוישט זיך מיט קיינעם נישט.

האלט אויערע קוטיגע וועש אונד בעטוועש, הויפטזעכליך מאשענטיכער וויאס מעגליך וועניגער צייט אין א טרוקענעם צושטאנד, גלויך וויא זייא ווערען שמוטציג לעגט זייא ארוין אין וואססער ביז עס ווערט פערטיג צום וואשען.

פערשווענדט נישט אויער צייט אונד געדל אויף פעטענטורטע מעדיצינס אדער רעקלאמירטע הויילמייטלען פאר אויער קראנקהייט: זייא האבען קיינען ווערטה.

אלגעמיינע בעקאנטמאכונג פיר דעם פאציענטען, זיינע פאמיליע אונד פריינדע.

אויב דער לייכען וואס מען הויסט ארויס ווערט שנעלל פערניכטעט מען דיא ליידענדע פערזאן פון שווינדזוכט נישט נור טהון איהר געוועהנליכע אר-בייט אהנע אנצושטעקען אנדערע, זאנדערן קאן אויך פערבעסערען איהר אויך גענעם צושטאנד און פערגרעסערען איהרע שאנסען געזונד צו ווערען. אויב דיא אלע אויבען דערמאנטע פארזיכטיגקייטען זיינען ערפוללט, דאן איזט קיין געפאהר פיר דיא געזונדע, וועלכע זיינען אין בעריהר מיט דיעזער פאד-מיליע אדער געזעלשאפט.



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**CONSIGLI AI MALATI**  
DELLE  
**CLINICHE PER LA TUBERCOLOSI**

A CURA DELLA  
DIVISIONE DELLE MALATTIE INFETTIVE  
DEL DIPARTIMENTO DI SANITÀ  
CITTÀ DI NEW YORK

1908



## Stampata per la Associazione delle Cliniche per la Tubercolosi

A CURA DEL

### DIPARTIMENTO DI SANITÀ DELLA CITTÀ DI NEW YORK

#### INFORMAZIONI PER GLI AMMALATI DI TUBERCOLOSI POLMONARE (CONSUNZIONE)

##### INFORMAZIONI GENERALI.

Abbiate speranza e coraggio, perchè la vostra malattia può essere guarita quantunque occorra qualche tempo.

Obbedite strettamente alle prescrizioni dei vostri medici. Voi potete migliorare costantemente per mesi, e poi perdere tutto in poco tempo per trascuratezza. Miglioramento non significa guarigione; perciò continuate a venire alla Clinica finchè non vi sarà detto di farlo.

Non parlate a nessuno della vostra malattia salvo che al medico ed all'infermiera.

Non date ascolto alle parole degli altri ammalati, nè seguite i loro suggerimenti, o quelli di altri circa la cura della vostra malattia.

Venite alla Clinica se ne siete richiesti; informatela se avete febbre, indigestioni, dolori, diarrea, costipazione, aumento di tosse o sputi rossastri.

Se siete troppo ammalati per venire alla Clinica, mandatelo a dire. Se avete emorragie non vi allarmate. Tenetevi tranquilli, e mandate per un medico o informate la Clinica.

La cura della vostra malattia, consiste specialmente in aria buona, buon vitto e in un sistema di vita appropriato; ciò vale più di tutte le medicine.

Non prendete medicine che non vi siano state prescritte dal medico. Se vi venisse offerto di entrare in un Sanatorio, accettate subito.

Consigliate le persone della vostra famiglia, i vostri vicini e i vostri amici di venire alla Clinica se avessero tosse persistente e non avessero medico.

##### TOSSE ED ESPETTORAZIONE.

Cercate di reprimere la tosse il più che potete. Voi dovrete tossire soltanto quando dovete espettorare.

Tenete il fazzoletto o la mano davanti alla bocca quando tossite. Il vostro espettorato contiene germi che sono dannosi anche a voi altri, alla vostra famiglia e ai vostri vicini, se non avete riguardi.

A casa sputate nella sputacchiera piena per metà di acqua. Vuotatela nella latrina una volta al giorno almeno, e lavatela con acqua bollente.

E' molto meglio però di usare sempre sputacchiere di carta che possono essere bruciate dopo usate. La Clinica ve ne provvederà quando vi servano.

Quando siete fuori, però, sputate nelle borse di carta che vengono fornite dalla Clinica e bruciatele subito dopo adoperate. Voi potete anche usare un pezzo di mussolina trasportandolo in un cartoccio di carta quando uscite, e che potrete bruciare al vostro ritorno a casa.

Fuori di casa, se non avete la sputacchiera, non sputate mai sui marciapiedi. Non inghiottite mai lo sputo.

##### ARIA PURA E FRESCA.

State all'aria aperta il più che potete; se vi è possibile state nei parchi, nei campi e nei boschi. Non abbiate timore dell'aria fredda. Evitate le correnti, l'umidità, la polvere, il fumo. La polvere e il fumo sono più dannosi per voi che la pioggia o la neve. Non temiate l'aria notturna; essa non è dannosa, e inoltre contiene meno polvere che quella diurna.

Non dormite e non state mai in camere chiuse o riscaldate; mantenete la camera sempre ventilata.

Mantenete almeno una delle finestre della vostra camera da letto aperta di notte.

Abbiate una camera per voi soli se è possibile; se ciò non vi è possibile, siate sicuri di avere almeno un letto per voi soli.

In casa state sempre nella camera la più assoluta e la meglio ventilata; essa deve possibilmente essere senza tappeto; potete tenere però piccoli tappeti. Non si debbono fare le pulizie della camera nè spolverare quando il malato è in camera.

Le pulizie e lo spolverare debbono esser fatte solo con stracci umidi. Drapperie, portiere e mobili coperti di velluto o facili a raccogliere polvere, non debbono mai essere mantenute nella camera del malato.

##### CIBI E NUTRIZIONE.

Riposatevi per mezz'ora nel letto o su una sedia a sdraio, prima e dopo i pasti principali.

Evitate di mangiare quando siete stanchi di mente o di corpo, o se sotto una impressione nervosa.

Mangiate molto cibo nutriente. Oltre i vostri pasti regolari, prendete un litro di latte e da tre a sei uova fresche al giorno e molto zucchero e burro se ciò non vi dà disturbo alla digestione.

Mangiate lentamente; masticate il cibo con cura; evitate tutto ciò che può procurarvi indigestione.

Assicuratevi che i piatti in cui mangiate siano bene lavati dopo che avete mangiato.

Non fumate, nè bevete liquori, vini o birra, eccetto che per speciale permesso del medico; bevete invece più acqua fresca che potete, fra i pasti.

Lavate bene le vostre mani prima di mangiare, e pulite le vostre unghie con cura.

##### COME RIPOSARE.

Evitate tutte le fatiche inutili; non correte mai; non sollevate mai pesi troppo pesanti. Non camminate nè fate esercizi di respirazione o altri esercizi ginnastici che vi stanchino, o in tale maniera che vi possano stancare. Il vostro medico deve stabilirvi il genere di esercizi ginnastici, e la loro durata.

Andate a letto presto, e dormite almeno otto ore. Se voi dovete lavorare, riposatevi tutte le volte che potete farlo, quando il servizio ve lo permette.

Se il medico vi prescrive un'ora di riposo, voi dovete prenderla o sulla veranda o sul «fire-escape» o sul terrazzo o dinanzi a una finestra aperta.

##### COME VESTIRSI.

Vestitevi secondo le stagioni. Non portate i «protettori del petto». Vestitevi bene, evitando gli ornamenti e tutto ciò che stringendovi al collo, al petto, vi impedisca la circolazione e la respirazione.

Mantenete i piedi asciutti e caldi. Portate le soprascarpe di gomma quando piove e quando nevicata.

##### IGIENE PERSONALE.

Tenete il vostro corpo coperto, e prendete un bagno almeno alla settimana; prendete doccie fredde o bagni freddi secondo ciò che vi ordina il vostro medico.

Evitate tutte le brutte abitudini. Tenete i vostri denti in buone condizioni e puliteli regolarmente. Badate che il vostro corpo abbia almeno un movimento al giorno.

Radatevi la barba, o tenetela tagliata più corta che sia possibile. Non bacciate mai alcuno.

Non toccate le biancherie sporche e specialmente i fazzoletti, o almeno non li toccate quando sono secchi. Quando essi sono sporchi metteteli nell'acqua bollente e lasciateceli fino al momento di lavarli.

**NON SPRECAETE IL VOSTRO TEMPO E IL VOSTRO DANARO IN MEDICINE PATENTATE O IN CURE PER LA TUBERCOLOSI ANNUNZiate PUBBLICAMENTE A SCOPO DI LUCRO. ESSE SONO ASSOLUTAMENTE INUTILI.**

**AVVISO AL MALATO DI CONSUNZIONE E A CHI VIVE CON LUI, ALLA SUA FAMIGLIA ED AI SUOI AMICI.**

Se la materia espettorata viene distrutta prontamente, l'ammalato spesso può non solo attendere al suo lavoro abituale, senza trasmettere la malattia agli altri, ma può anche migliorare, al punto da avere probabilità di ristabilirsi bene. E se tutte le precauzioni suddette sono osservate, non vi è pericolo per i sani nei rapporti della famiglia o della società.



Medicines, when ordered on prescription (Form 39 LL) from the clinic formulary (Form 258 L), are supplied from the drug room, patients being instructed to wash empty bottles before returning same; special prescriptions for medicines not in the formulary, are obtained from the Drug Laboratory.

39 L.L-04.

**CLINIC OF THE  
DEPARTMENT OF HEALTH**  
FOR  
*Communicable Pulmonary Diseases*  
65TH STREET AND 6TH AVENUE  
NEW YORK

No. \_\_\_\_\_

**R**

Date \_\_\_\_\_

Attending Physician. \_\_\_\_\_

258 L-1908

3527, '07. 1,000 (P)

PROPERTY OF DEPARTMENT OF HEALTH

FORMULARY

DEPARTMENT OF HEALTH

NEW YORK

1908

NOT TO BE TAKEN OR GIVEN AWAY







FORMULARY

OF THE

DIVISION OF COMMUNICABLE DISEASES

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

1908

THOMAS DARLINGTON, M. D.  
President

EUGENE W. SCHEFFER  
Secretary

HERMANN M. BIGGS, M. D.  
General Medical Officer

J. S. BILLINGS, JR., M. D.  
Chief of Division of Communicable Diseases



LIBRARY

NEW YORK

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

1911





## COUGH MIXTURES

1. Heroin Hydrochlorate	Grains	2
Dilute Sulphuric Acid	Minims	45
Glycerin	Ounces	1
Cherry Laurel Water	Drams	4
Syrup of Wild Cherry	Drams	4
Distilled Water, To	Ounces	3
One teaspoonful three or four times a day.		

---

2. Codein	Grains	3
Dilute Sulphuric Acid	Minims	45
Glycerin	Ounces	1
Cherry Laurel Water	Drams	4
Syrup of Wild Cherry	Drams	4
Distilled Water, To	Ounces	3
One teaspoonful three or four times a day.		

---

4. Heroin Tablets, each	Grains	1-12
12 Tablets.		
One tablet three or four times a day.		

---

6. Morphine Sulphate Tablets, each	Grains	$\frac{1}{8}$
4 Tablets.		
One at bedtime.		



46. Terpene Hydrate Grains 64  
Glycerin Drams 4  
Syrup of Wild Cherry Ounces 1½  
One teaspoonful three or four times a day.
- 

84. Compound Licorice Mixture Ounces 8  
Two teaspoonsful three times a day.
- 

86. Stokes' Expectorant Ounces 4  
One teaspoonful three or four times a day.
- 

85. Oil of Eucalyptus Drams 1  
Spirits of Chloroform Drams 1  
Menthol Drams 1  
Five or ten drops on handkerchief or  
inhaler three or four times daily.
- 

### TONICS

8. Tinct. of Nux Vomica Drams 2  
Tinct. of Cinchona Ounces 1  
Tinct. of Colomba Ounces 1  
Tinct. of Gentian, To Ounces 4  
One teaspoonful in three tablespoonsful  
of water before meals.
- 

10. Rhubarb and Soda Mixture Ounces 6  
Two teaspoonsful after meals.







- |                               |       |    |
|-------------------------------|-------|----|
| 32. Liquor Potassium Arsenite | Drams | 2½ |
| Distilled Water               | Drams | 5½ |

Nine drops in one tablespoonful of water after each meal for one week; increase to twelve drops the second week and fifteen drops the third week. Then recommence with nine drops and increase as before.

---

### MISCELLANEOUS

- |   |        |       |
|---|--------|-------|
| 13. Atropine Sulphate Tablets, each<br>6 Tablets. | Grains | 1-100 |
|---|--------|-------|

One tablet at bedtime.

(For excessive sweating.)

- |                 |        |    |
|-----------------|--------|----|
| 15. Stypticin   | Grains | 2  |
| Acetate of Lead | Grains | 18 |
| Powd. Digitalis | Grains | 9  |
| Powd. Opium     | Grains | 5  |

Nine capsules  
One every four hours

(For pulmonary hemorrhage.)

- |                      |        |    |
|----------------------|--------|----|
| 32. Caffeine Citrate | Grains | 1  |
| Acetanilid           | Grains | 5  |
| Sodium Bicarbonate   | Grains | 10 |

One capsule.

(For headache.)



## DIGESTIVE MIXTURES

48. Salol Capsules, each Grains 2  
Twelve capsules.  
One three times a day.
- 

81. Liquor Peptone and Beef Extract, Ounces 8  
One tablespoonful three times a day after  
meals.
- 

88. Peptenzyme Drams 4  
Sodium Bicarbonate Drams 4  
Aromatic Powder Drams 4  
Powd. Rhubarb Drams 1  
Twenty-four capsules.  
One three times a day after meals.
- 

92. Tinct. of Nux Vomica Drams 2  
Sodium Sulphocarbolate Drams 2 Grains 40  
Glycerinum Ounces 1½  
Aqua Distillata, To Ounces 4  
One teaspoonful three times a day after meals.
- 

124. Elix. of Pepsin Lactate Ounces 6  
One teaspoonful three times a day after meals.
- 

## LAXATIVES

139. Ext. of Cascara Sagrada Tablets,  
each Grains, 5  
Six Tablets.



- |                           |        |               |
|---------------------------|--------|---------------|
| 18. Aloin                 | Grains | $\frac{1}{4}$ |
| Strychnin                 | Grains | 1-60          |
| Ext. of Belladonna Leaves | Grains | $\frac{1}{8}$ |
| Ipecac                    | Grains | 1-16          |
| Ten pills.                |        |               |
| Two at bedtime.           |        |               |
- 

- |                                       |        |               |
|---------------------------------------|--------|---------------|
| 19. Calomel Tablets, each             | Grains | $\frac{1}{4}$ |
| Twelve tablets.                       |        |               |
| One every hour for five or six doses. |        |               |
- 

- |                   |        |               |
|-------------------|--------|---------------|
| 20. Castor Oil    | Ounces | $\frac{1}{2}$ |
| Take as directed. |        |               |
- 

### CARDIAC MIXTURES

- |  |        |    |
|--|--------|----|
| 16. Tinct. of Digitalis                    | Minims | 30 |
| Distilled Water, To                        | Ounces | 2  |
| One teaspoonful three or four times a day. |        |    |
- 

- |  |        |    |
|--|--------|----|
| 17. Sodium Bromide                                       | Drams  | 2  |
| Chloral Hydrate  | Grains | 40 |
| Distilled Water, To                                      | Ounces | 2  |
| One teaspoonful in a little water three times a day.     |        |    |
| Note: For extra high tension pulse; one dose at bedtime. |        |    |



## ANTI-RHEUMATIC MIXTURE

222. Sodium Salicylate	Drams	3
Sodium Phosphate	Drams	4
Distilled Water, To	Ounces	4

Two teaspoonsful three times a day.

---

## DIARRHOEA MIXTURE

21. Powd. Opium	Grains	3
Bismuth Subnitrate	Drams	1½
Sodium Bicarbonate	Grains	45

Nine capsules.  
One capsule three or four times a day.

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## FOR EXTERNAL USE

26. Tinct. of Iodine	Drams	4
----------------------	-------	---

Use externally with a brush as directed.

---

27. Chloroform Liniment	Ounces	2
-------------------------	--------	---

Rub over painful parts as directed.

---

Mustard Plaster.

One plaster.

Apply as directed.

---

Zinc Oxide Adhesive Plaster.

One plaster.

Apply as directed.



## FOR THROAT AND NOSE

224. Boric Acid Drams 1  
 Glycerite of Tannic Acid Ounces  $\frac{1}{2}$   
 Oil of Gaultheria Minims 10  
 Distilled Water, To Ounces 4  
 To be used in atomizer after cleaning.
- 

225. Menthol Grains 20  
 Camphor Grains 6  
 Albolene, To Ounces 1  
 To be used in oil atomizer after cleansing nose.
- 

150. Menthol Grains 25  
 Olive Oil, To Ounces 1  
 For injection or spraying into larynx.
- 

226. Cocain Hydrochloride Grains  $\frac{1}{4}$   
 Morphine Sulphate Grains  $\frac{1}{4}$   
 Orthoform Grains 5  
 Twelve tablets.  
 Dissolve in mouth slowly about fifteen minutes before eating. For painful swallowing.
- 

227. Sodium Chloride Ounces 2  
 Sodium Bicarbonate Ounces 4  
 Dissolve small teaspoonful in pint of warm water and use for cleansing.



38. Seiler's Tablets.

Twenty-one tablets.

Dissolve one in two ounces of water and use as directed.

---

228. Potassium Permanganate Tablets, each, Grains 2  
Six tablets.

Dissolve one in two ounces of water and use as directed.

---

229. Tinct. of the Chloride of Iron	Minims 3
Mercuric Chloride	Grains 1-100
Tinct. of Aconite	Minims 2
Sugar of Milk	Q. S.

Twelve tablets.

To be taken for acute inflammation of tonsils and pharynx. One dissolved in two ounces of water and used as directed.

---

230. Tinct. of the Chloride of Iron	Drams	2½
Potassium Chlorate	Drams	½
Glycerin	Ounces	1
Distilled Water, To	Ounces	4

Take one teaspoonful in tablespoonful of water every three or four hours for acute inflammation of tonsils and pharynx.



Every new case is referred to the throat room for examination and treatment. Cases in which the diagnosis is doubtful are referred to the x-ray room, where a radiograph is made and kept on file and the result recorded on clinical record card. Every patient continuing under treatment is visited by a nurse. Her report of the home conditions (Form 53 L, see page —) when returned in envelope furnished (Form 91 L, see page —) is submitted to the attending physician for his information and signed by him. It is then filed separately, any special information being added to the patient's history card for the information of the physician. The Chief of Clinic indicates how frequently her visits are to be repeated (except in urgent cases, this not oftener than once a week). Suggestions as to diet and general treatment are noted by the physician for the nurse's information.

An index is kept of cases under observation and of those receiving extra diet.

In connection with the examination and treatment of cases, the following points are observed: Each new patient is carefully studied, and at the first and subsequent visits an earnest effort is made by the physician to gain that confidence, and to exercise that moral control of his patient, which is so necessary to good results. To this end, if it seems advisable, the patient is frankly told the nature of the disease, the result of the sputum examination, the weight, and the general prognosis. This information is, however, given *only* to patients or to those accompanying them.

The great importance of proper and sufficient food, fresh air, and hygienic daily living is emphasized.

A temporary, tentative diagnosis is made for each patient and written in ink in the proper space on the history card. *The final diagnosis is added as soon as possible thereafter*, and is also entered in the journal.

At each subsequent visit of the patient, the body temperature, weight, pulse, medication and general condition are noted on later history card (Form 68 L, see page —). A complete re-examination of the chest, with entry on diagram card, is made at least once in every two months. Patients are advised to return as frequently as the physician considers necessary, the interval between visits not being longer than one week. When required to return for a special purpose (calmette test, radiograph, etc.), they are given a special card (Form 5 L). No patient is refused examination and such medication as is necessary; those having no tuberculous lesion are referred to general hospitals and dispensaries. If for any reason the physician considers that a tuberculosis patient should not receive further treatment, the matter is referred to the Chief of Clinic, with a brief statement of the facts in the case. No patient is discharged as free from tuberculosis if there is cough and expectoration, unless three negative sputum reports have been received, and the physical signs and general history fully warrant such action.

Deserving patients who are in need are recommended for financial assistance by the attending physician, and such recommendations are forwarded, through the executive office, to the Charity Organization Society, Association for Improving the Condition of the Poor, United Hebrew Charities, Brooklyn Bureau of Charities, etc.



5 L-1908

2970, '08, 2,500 (P)

ALWAYS BRING THIS CARD

DEPARTMENT OF HEALTH, THE CITY OF NEW YORK  
Division of Communicable Diseases

BOROUGH.....

CLINIC FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES

Number..... Date.....  
To return..... 10 A. M. 2 P. M.  
For .....

Milk and eggs—milk—2 quarts daily for one month, eggs—3 daily for two weeks, are issued in deserving cases, to patients attending the tuberculosis clinics of the Department, as part of their treatment, and on recommendation of the clinic physicians. The case is investigated by a nurse and given a monthly order. (Manhattan, 182 L, Brooklyn, 189 L.) A record is kept of recommendations. All such cases in Manhattan are also referred to the Charity Organization Society (Hebrews to The United Hebrew Charities) for further investigation; in Brooklyn to the Brooklyn Bureau of Charities.

MANHATTAN DIET KITCHEN ASSOCIATION.

- Wickham Diet Kitchen.....137 Centre Street.
- Rusch Diet Kitchen.....146 East 7th Street.
- Hackley Diet Kitchen..... 26 Barrow Street.
- Freeman Diet Kitchen.....335 East 21st Street.
- Raymond Diet Kitchen.....423 West 41st Street.
- Gibbons Diet Kitchen.....140 East 97th Street.
- Anna Barbara Diet Kitchen.....205 West 62d Street.

Kitchens are open from 9 A. M. to 1 P. M.

BROOKLYN BUREAU OF CHARITIES.

- 1660 Fulton Street.
- 191 Marcy Avenue.
- 69 Schermerhorn Street.

Cases not returning for treatment within two weeks, and those in which notice of reference to the clinic has been received and which have not applied for treatment, are investigated by the clinic nurses.



REPORT OF THE PHYSICIAN TO THE BOARD OF HEALTH  
 IN CONNECTION WITH THE INVESTIGATION OF THE CASE OF  
 DISEASE OF THE PATIENT NAMED ABOVE  
 NAME OF PATIENT .....  
 RESIDENCE .....  
 STREET .....  
 CITY .....  
 COUNTY .....  
 STATE .....  
 DATE OF REPORT .....  
 NAME OF PHYSICIAN .....  
 ADDRESS OF PHYSICIAN .....  
 DIVISION OF CONTAGIOUS DISEASES  
 CITY OF NEW YORK  
 DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH  
 CITY OF NEW YORK  
 DIVISION OF CONTAGIOUS DISEASES

REPORT OF THE PHYSICIAN TO THE BOARD OF HEALTH  
 IN CONNECTION WITH THE INVESTIGATION OF THE CASE OF  
 DISEASE OF THE PATIENT NAMED ABOVE  
 NAME OF PATIENT .....  
 RESIDENCE .....  
 STREET .....  
 CITY .....  
 COUNTY .....  
 STATE .....  
 DATE OF REPORT .....  
 NAME OF PHYSICIAN .....  
 ADDRESS OF PHYSICIAN .....  
 DIVISION OF CONTAGIOUS DISEASES  
 CITY OF NEW YORK  
 DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH  
 CITY OF NEW YORK  
 DIVISION OF CONTAGIOUS DISEASES



# DEPARTMENT OF HEALTH

CITY OF NEW YORK

DIVISION OF COMMUNICABLE DISEASES

BOROUGH OF \_\_\_\_\_

..... 190

To the Brooklyn Bureau of Charities,  
69 Schermerhorn; 1660 Fulton; 191 Marcy Ave.

Kindly furnish.....(quarts of milk),

.....(eggs),  
daily to.....

Address.....

from.....to..... 190...

Recommended by.....

No..... M. D.  
Chief of Clinics

Delivered by.....Nurse

Both attached vouchers correctly filled out to be returned with  
monthly bill, the latter to be in triplicate.

## BROOKLYN BUREAU OF CHARITIES

No. \_\_\_\_\_

69 Schermerhorn; 1660 Fulton; 191 Marcy Ave.

to the DEPARTMENT OF HEALTH, CITY OF NEW YORK

.....

Upon your requisition of.....we have furnished to  
.....(Address).....

during the month of.....:

MILK.	EGGS.	MILK.	EGGS.
..... 1.....	.....	..... 17.....	.....
..... 2.....	.....	..... 18.....	.....
..... 3.....	.....	..... 19.....	.....
..... 4.....	.....	..... 20.....	.....
..... 5.....	.....	..... 21.....	.....
..... 6.....	.....	..... 22.....	.....
..... 7.....	.....	..... 23.....	.....
..... 8.....	.....	..... 24.....	.....
..... 9.....	.....	..... 25.....	.....
..... 10.....	.....	..... 26.....	.....
..... 11.....	.....	..... 27.....	.....
..... 12.....	.....	..... 28.....	.....
..... 13.....	.....	..... 29.....	.....
..... 14.....	.....	..... 30.....	.....
..... 15.....	.....	..... 31.....	.....
..... 16.....	.....	.....	.....

## BROOKLYN BUREAU OF CHARITIES

No. \_\_\_\_\_

69 Schermerhorn; 1660 Fulton; 191 Marcy Ave.

to the DEPARTMENT OF HEALTH, CITY OF NEW YORK

.....

Upon your requisition of.....we have furnished to  
.....(Address).....

during the month of.....:

MILK.	EGGS.	MILK.	EGGS.
..... 1.....	.....	..... 17.....	.....
..... 2.....	.....	..... 18.....	.....
..... 3.....	.....	..... 19.....	.....
..... 4.....	.....	..... 20.....	.....
..... 5.....	.....	..... 21.....	.....
..... 6.....	.....	..... 22.....	.....
..... 7.....	.....	..... 23.....	.....
..... 8.....	.....	..... 24.....	.....
..... 9.....	.....	..... 25.....	.....
..... 10.....	.....	..... 26.....	.....
..... 11.....	.....	..... 27.....	.....
..... 12.....	.....	..... 28.....	.....
..... 13.....	.....	..... 29.....	.....
..... 14.....	.....	..... 30.....	.....
..... 15.....	.....	..... 31.....	.....
..... 16.....	.....	.....	.....



# DEPARTMENT OF HEALTH

CITY OF NEW YORK

DIVISION OF COMMUNICABLE DISEASES

BOROUGH OF \_\_\_\_\_

..... 190

To the New York Diet Kitchen Association :

Kindly furnish.....(quarts of milk),  
 .....(eggs),  
 daily to.....  
 Address.....  
 from.....to.....190..  
 Recommended by.....  
 No..... M. D.  
 Chief of Clinics

Delivered by.....Nurse

Both attached vouchers correctly filled out to be returned with monthly bill, the latter to be in triplicate.

NEW YORK DIET KITCHEN ASSOCIATION No. \_\_\_\_\_  
 to the DEPARTMENT OF HEALTH, CITY OF NEW YORK

Upon your requisition of.....we have furnished to  
 .....(Address).....  
 during the month of..... :

MILK.	EGGS.	MILK.	EGGS.
..... 1.....	.....	..... 17.....	.....
..... 2.....	.....	..... 18.....	.....
..... 3.....	.....	..... 19.....	.....
..... 4.....	.....	..... 20.....	.....
..... 5.....	.....	..... 21.....	.....
..... 6.....	.....	..... 22.....	.....
..... 7.....	.....	..... 23.....	.....
..... 8.....	.....	..... 24.....	.....
..... 9.....	.....	..... 25.....	.....
..... 10.....	.....	..... 26.....	.....
..... 11.....	.....	..... 27.....	.....
..... 12.....	.....	..... 28.....	.....
..... 13.....	.....	..... 29.....	.....
..... 14.....	.....	..... 30.....	.....
..... 15.....	.....	..... 31.....	.....
..... 16.....	.....		

NEW YORK DIET KITCHEN ASSOCIATION No. \_\_\_\_\_  
 to the DEPARTMENT OF HEALTH, CITY OF NEW YORK

Upon your requisition of.....we have furnished to  
 .....(Address).....  
 during the month of..... :

MILK.	EGGS.	MILK.	EGGS.
..... 1.....	.....	..... 17.....	.....
..... 2.....	.....	..... 18.....	.....
..... 3.....	.....	..... 19.....	.....
..... 4.....	.....	..... 20.....	.....
..... 5.....	.....	..... 21.....	.....
..... 6.....	.....	..... 22.....	.....
..... 7.....	.....	..... 23.....	.....
..... 8.....	.....	..... 24.....	.....
..... 9.....	.....	..... 25.....	.....
..... 10.....	.....	..... 26.....	.....
..... 11.....	.....	..... 27.....	.....
..... 12.....	.....	..... 28.....	.....
..... 13.....	.....	..... 29.....	.....
..... 14.....	.....	..... 30.....	.....
..... 15.....	.....	..... 31.....	.....
..... 16.....	.....		



RULES FOR ATTENDING PHYSICIANS.—The attending physicians should arrive punctually at 10 A. M., 2 P. M., and 8 P. M., and must enter their names and the time of their arrival and departure in the time book in the registration room. If for any reason a physician is prevented from attending his class, he should notify the clinic promptly by telephone.

No tuberculous patient may be discharged except by their own request, and previous to discharge patients considered to be cured must be examined and their discharge approved by the Chief of Clinic.

Prescriptions must show the date, patient's clinic number, and the physician's signature. Each prescription must be recorded on the history card in every instance. If the physician desires that the patient should be revisited by the nurse, enter a hospital, receive charitable aid, be discharged from treatment or transferred to other classes, *he must state this fact on the history card.*

Each new patient must be referred to a throat class for examination, report, and treatment if needed.

All patients must attend the classes to which they have been assigned on their first visit. Patients applying for emergency treatment, however, must be examined and treated by the physician to whom they may be temporarily assigned. Medicines will be supplied *only* to bona fide patients of the clinic. They will not as a rule be renewed except for patients personally attending the clinic or on presentation of their admission card, but exceptions may be made for good reasons and at the discretion of the attending physician. When the clinic formulary is not used, prescriptions must be approved by the Chief of Clinic.

NURSES.—(a) Nurses must report promptly at 9 A. M. and remain until 4 P. M. or later, if necessary. At the night classes, nurses on duty report at 7:30 P. M.

(b) One hour is allowed for lunch, but at least one nurse must always be in the clinic between 12 M. and 2 P. M.

(c) Each clinic nurse must see that the supplies and instruments of the room under her charge are in good order.

(d) Thermometers must be kept in a solution of 1 to 100 carbolic acid.

(e) All diagnostic instruments must be wiped each day with a cloth wet with a solution of 1 to 100 carbolic acid.

(f) During the noon hour all the windows and inside doors must be opened for the airing and ventilation of the rooms.

(g) At the close of each class all histories must be returned to the registration room. All sputum specimens must be placed in the collection box and the rooms left in good order.

Sec. 184. The following circular is issued by the Department, and distributed to physicians and those interested:

“Circular of Information Regarding the Clinics for the Treatment of Pulmonary Diseases.”—(Form 60 L).



60 L-1908

21-431, '08, 5,000 (P)

**DEPARTMENT OF HEALTH**

THE CITY OF NEW YORK

Sixth Avenue and 55th Street

DIVISION OF COMMUNICABLE DISEASES

**Circular of Information**  
**Regarding the Clinics for the Treatment**  
**of Communicable Pulmonary Diseases**

1908



CIRCULAR OF INFORMATION REGARDING THE  
CLINICS OF THE DEPARTMENT OF HEALTH  
FOR THE TREATMENT OF PULMO-  
NARY DISEASES

---

On March 1, 1904, a clinic for the treatment of pulmonary diseases was opened by the Board of Health at No. 967 Sixth avenue (adjoining the headquarters of the Department, which are situated at Sixth avenue and Fifty-fifth street). A new building was erected, which was especially designed for the purpose.

It contains a registration room, drug room, two waiting rooms, X-ray room, throat department, and two clinics for male and female patients respectively, each with its examination room. The rooms are well ventilated and are all lighted by skylights, the building being only one story in height. Trained nurses are always in attendance. The success of this Clinic was so immediate and lasting, and it filled such a long-felt want, that similar clinics have been opened in Brooklyn (361 Jay street) and The Bronx (3731 Third avenue), uniform in equipment, organization and purpose with the Manhattan Clinic.

The objects in view in their establishment were as follows:

1. *The Early Recognition and Accurate Diagnosis of Pulmonary Tuberculosis*—It is now generally admitted that tuberculosis is frequently a curable disease and that incipient tuberculosis, under favorable conditions, tends to recovery; however, to insure such recovery the diagnosis must be made at the earliest possible moment. Not only are careful physical examinations, together



with repeated sputum examinations, made, as required, but in addition, when necessary, X-ray examinations are employed to assist in arriving at an early and correct diagnosis.

2. *The Careful Supervision of Persons Receiving Treatment—*

This supervision includes not only medicinal treatment, but also the furnishing of circulars of information in various languages (English, German, Yiddish, Italian, Chinese, Ruthenian, Polish, Hungarian and Russian) containing careful and thorough instruction as to the nature of the disease and the necessary precautions to be taken to prevent the infection of others. Paper sputum cups and paper handkerchiefs are supplied, and also proper food (milk and eggs), to indigent and needy cases.

3. *The Continued Observations at their Homes of Indigent, Needy and Ambulatory Cases, including all those Discharged from the Public Institutions of the City—*A special staff of trained nurses visit the patients at their homes to see that the instructions given are being observed, that the sanitary surroundings are satisfactory and that such assistance as is required is afforded. Suitable cases are referred to the various charitable organizations for food, fuel, ice, etc. Special attention is paid to the children in the families of patients and every effort is made to prevent their infection.

In suitable cases periodic formaldehyde disinfection of infected rugs, bed quilts, dressing gowns and clothing is carried out every few weeks.

4. *The Removal of Cases Requiring Such Care to a Hospital or Sanatorium—*These cases fall under four heads: (a) advanced or bed-ridden cases, with profuse expectoration, who will not or cannot take the necessary precautions against spreading the disease, and whose presence at home is a menace to others in the family; (b) cases able to get about, but who are unable to work and who

are entirely dependent upon their earnings for their livelihood; (c) incipient cases, who stand a fair chance of recovery if removed to sanatoria outside of the city; (d) cases living in lodging houses and others having no homes.

5. *The Provision of a Municipal Institution Where Cases of Tuberculosis may be referred—*(a) by physicians (indigent patients, etc.); (b) by institutions on the discharge of consumptive patients from hospitals or sanatoria; (c) by the various charitable organizations throughout the city which have tuberculous cases under observation; (d) by other persons doing individual charitable work who may come in contact with such persons.

Special double cards for reference of patients to the Clinics have been prepared and will be forwarded to anyone on application. One-half the card, giving the name, address, etc., of the patient and the date and name of the person or institution forwarding it, should be filled out and given to the patient, and the other half, giving similar data, should be sent to the Department of Health. If the patient does not report at the Clinic within two weeks he is visited in order to ascertain if he is receiving proper food, medical care, etc., and is taking the necessary precautions.

6. *The Extension and Strengthening of the Sanitary Control of Tuberculosis among the Poor by the Department of Health.*

This is done orally by the nurses, and by the distribution of circulars bearing on pulmonary tuberculosis, dangers of dust and of spitting, importance of early diagnosis and sputum examinations, and the uselessness of patent medicines and special methods of treatment.

7. *The Care of Laryngeal Cases—*The involvement of the larynx is one of the saddest complications of pulmonary tuberculosis, and the pain, distress and discomfort of the patients are exceedingly great. While the prognosis in these cases is extremely



grave, yet under proper treatment recovery takes place in some instances, and in most instances the distress of the patient can in some degree at least be relieved. A throat room has been fully equipped in each Clinic, and special attention is paid to such cases.

The Clinic hours are as follows:

Manhattan: From 10 A. M. to 4 P. M. daily, except Sundays and holidays, and from 8 P. M. to 9 P. M. on Mondays, Wednesdays and Fridays.

Brooklyn and The Bronx: 2 to 4 P. M. daily, Sundays and holidays excepted.

Physicians and others interested are cordially invited to visit the Clinics, and cards for referring patients thereto will be furnished on request. For further information apply to J. S. Billings, Jr., M. D., Director of the Tuberculosis Clinics.

THOMAS DARLINGTON, M. D.,  
*President.*

EUGENE W. SCHEFFER,  
*Secretary.*

HERMANN M. BIGGS, M. D.,  
*General Medical Officer.*

NOTE.—The special tuberculosis dispensaries in the Borough of Manhattan have associated themselves under the name of the Association of Tuberculosis Clinics, and co-operate in caring for tuberculous patients.

The methods in use correspond in general with those of the Department clinics, all cases being under the supervision of nurses at their homes. Each clinic cares for the patients from a certain district or section of the city, transferring to the proper clinics all applicants residing outside that district.

The map on the following page shows the location of the clinics, and the section of the city under the control of each. The street address and the hours for the attendance of patients are also given.

## Free Dispensaries for the Treatment of Pulmonary Tuberculosis or Consumption

### DISPENSARIES

NOTE:—Manhattan applicants for examination or treatment should apply at the Dispensary in the district in which they live.

#### MANHATTAN

Harlem Hospital Dispensary, 136th St. and Lenox Ave. Week days, 3 to 4 P. M.

Mt. Sinai Hospital Dispensary, Madison Ave. and 100th St. Week days, 10 to 11 A. M.

German Hospital Dispensary, 76th St. and Park Ave. Week days, 2 to 4 P. M.

Vanderbilt Clinic, 60th St. and Amsterdam Ave. Week days, 2 to 3 P. M. Mon., Wed., Fri., 9 to 10.30 A. M.

Presbyterian Hospital Dispensary, 70th St. and Madison Ave. Mon., Wed., Fri., 1.30 to 3.30 P. M.

Department of Health, 55th St. and 6th Ave. Week days, 10 A. M. to 4 P. M. Mon., Wed., Fri., 8 to 9 P. M.

Bellevue Hospital Dispensary, Foot of East 26th St. Week days, 1 to 3 P. M.

New York Hospital Dispensary, 8 West 16th St. Week days, 2 to 4 P. M.

Gouverneur Hospital Dispensary, Gouverneur Slip. Mon., Wed. and Fri., 2 to 4 P. M.

New York Dispensary, 137 Centre St. Week days, 11 A. M. to 12.30 P. M.

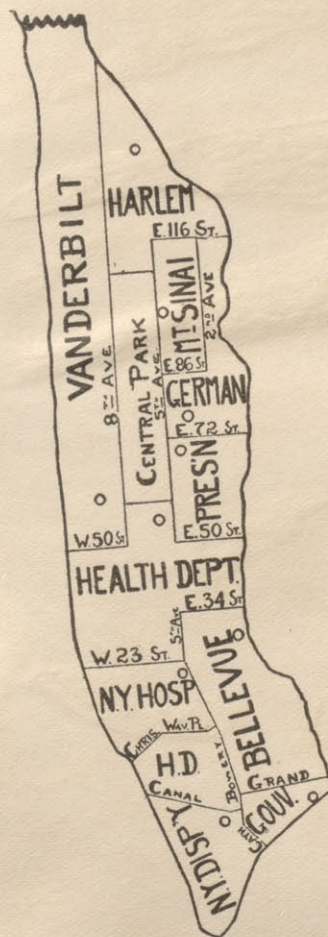
#### THE BRONX

Department of Health, 3d Ave. and St. Paul's Place. Week days, 2 to 4 P. M.

#### BROOKLYN

Department of Health, 361 Jay St. Week days, 2 to 4 P. M.

Brooklyn City Dispensary, 11 Tillary St. Week days, 2 to 4 P. M.





## DIAGNOSIS LABORATORY.

The work of the Diagnosis Laboratory consists of:

(A) The free examination for physicians of (1) cultures from suspected cases of diphtheria, (2) SPUTUM FOR TUBERCLE BACILLI, (3) blood for Widal reaction, (4) urine for Ehrlich's reaction, (5) blood for malarial plasmodia, and (6) spinal fluid for meningococci.

All specimens received during any given day are examined on the morning of the following day, and the results of examinations reported by mail to the attending physicians by 1 P. M. Results of examinations are telephoned to the attending physician when his telephone number is given. Diphtheria cultures are examined and reported Sundays and holidays, as well as on week days.

(B) The preparation and distribution of diphtheria, sputum, typhoid (blood and urine), malaria, and meningitis outfits.

The laboratory is open from 8 A. M. until 4 P. M. On Saturdays, Sundays and holidays from 8 A. M. to noon. The laboratory consists of a receiving, wash and sterilizing room, a sputum room, a preparation room (for all specimens other than tuberculosis), a large laboratory where examinations are made, a supply room where outfits are prepared, a store room, a lavatory and an office for the clerical force.

All specimens brought in for examination go at once to the receiving room. Here they are opened, dated, and slip and specimen marked with a corresponding serial "day" number; thence they go to the sputum or to the preparation room where slides, with corresponding day number, are prepared. After examinations are completed specimens go back to the wash room to be sterilized in the autoclave and destroyed. No specimens (except diphtheria cultures) are taken into the examining room. All culture media and swabs are prepared in the large laboratory. Every morning the entire laboratory is thoroughly cleaned, commencing at 6 A. M., floors and woodwork being washed with 5% carbolic acid solution, and desks scrubbed with scouring solution. A daily record (Form 22 LL) of work performed is kept, and a weekly report (Form 192 L) is forwarded by the Assistant Director at 10 A. M. every Monday, giving number of culture tubes, swabs and other outfits prepared, collections made, and microscopical specimens prepared and examined, classified as to nature, results, and Boroughs.

The following circulars relating to the general work of the Diagnosis Laboratory are issued: "On the Work and Products of the Laboratories of the Department of Health" (Form 105 L); "Notice to Physicians Regarding the Work of the Laboratory" (Form 1 L). List of Culture Stations and Information Concerning the Division of Communicable Diseases (Form 206 L).



This image shows a blank ledger page with a grid of blue and red lines. The page is numbered '122' in the top left corner. The grid consists of 10 vertical red lines and 20 horizontal blue lines, creating a series of columns and rows. The page is otherwise empty of any text or markings.



Manhattan	Bronx	Brooklyn	Queens	Richmond	Manhattan	Bronx	Brooklyn	Queens	Richmond	Manhattan	Bronx	Brooklyn	Queens	Richmond	Manhattan	Bronx	Brooklyn	Queens	Richmond
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**Diphtheria** Positive

Negative

Total

Primary

Positive

Negative

Doubtful

Total

Latens

Positive

Negative

Total

Schools

Positive

Negative

Doubtful

Total

Trials

Positive

Negative

Doubtful

Total

**Sputum**

Positive

Negative

Total

**Widal**

Positive

Negative

Doubtful

Total

**Diazo**

Positive

Negative

Doubtful

Total

**Malaria**

Positive

Negative

Total

**C. S. M.**

Positive

Negative

Total

Very Suspicious

**Glanders**

Suspicious

Negative

Total

Positive

Negative

Doubtful

Total

Visits to Stations



# DEPARTMENT OF HEALTH

## DIVISION OF COMMUNICABLE DISEASES

To J. S. BILLINGS, Jr., M. D.  
 Chief of Division

SIR:—

I have the honor to submit the following report of the work of the Diagnosis  
 Laboratory for the week ending ..... 190

Respectfully,

.....  
 Assistant Director, Diagnosis Laboratory.

	Manhattan	Bronx	Brooklyn	Queens	Richmond	Gr. New York
Diphtheria Examinations						
Positive						
Negative						
Total						
Primary						
Positive						
Negative						
Doubtful						
Total						
Laterals						
Positive						
Negative						
Total						
School Inspectors						
Positive						
Negative						
Total						
Trial						
Positive						
Negative						
Total						
<i>Sputum (Tuberculosis)</i>						
Positive						
Negative						
Total						
Widal (Typhoid)						
Positive						
Negative						
Doubtful						
Total						
Diazo (Typhoid)						
Positive						
Negative						
Doubtful						
Total						
Malaria						
Positive						
Negative						
Total						
Cerebro-spinal Menin.						
Positive						
Negative						
Total						
No. visits to Culture Stations						

No. of culture tubes prepared.....  
 " swabs prepared.....  
 " sputum jars prepared.....  
 " Widal outfits prepared.....  
 " Diazo outfits prepared.....  
 " Malaria outfits prepared.....







105 L-1908

21-445, '08, 1,000 (P)

DEPARTMENT OF HEALTH  
THE CITY OF NEW YORK  
SIXTH AVENUE AND 55th STREET

DIVISION OF COMMUNICABLE DISEASES

THE WORK AND THE PRODUCTS  
OF THE DIAGNOSIS, RESEARCH  
AND VACCINE LABORATORIES  
OF THE DEPARTMENT OF HEALTH

*List of Department Stations in All Boroughs*

1908



# CIRCULAR OF INFORMATION

## Regarding the Work and the Products of the Diagnosis, Research and Vaccine Laboratories of the Department of Health of The City of New York

The following circular is published for the general information of physicians in regard to the work of the Diagnosis, Research and Vaccine Laboratories of the Department of Health of The City of New York, and the products issued from these Laboratories.

### Bacteriological Examinations for the Diagnosis of Infectious Diseases

**1. DIPHTHERIA.** Bacteriological examinations of cultures from cases of suspected diphtheria are made daily (Sundays and holidays included) at the Diagnosis Laboratory, 55th Street and Sixth Avenue, Manhattan. All cultures received during any given day are examined on the morning of the following day, and the results of the examinations are reported by mail to the attending physician before 1 p. m. Results of examinations of primary cultures (those made for diagnosis) will be telephoned to the attending physician by 10.30 a. m., when his telephone number can be ascertained. It is therefore especially requested that physicians write their telephone calls on all slips sent with specimens, and also state whether antitoxin has been used.

Directions for making cultures will be found on the back of the blanks accompanying culture tubes, and must be *carefully* followed to insure satisfactory results. The information requested on the blanks should be given in full in every case.

**2. TUBERCULOSIS.** Specimens of sputum from cases of suspected pulmonary tuberculosis are examined bacteriologically, without charge, and results reported as promptly as is consistent with careful and accurate work, provided that the name and address of the patient be furnished with the specimen for record. Physicians are especially requested to fully fill out the blanks accompanying the bottles furnished by the Department for the collection of specimens of sputum. **THE DATA SO RECEIVED ARE SOLELY FOR REGISTRATION, AND THE PREMISES OCCUPIED BY THE PATIENT WILL NOT BE VISITED BY INSPECTORS OF THE DEPARTMENT, EXCEPT UPON THE REQUEST OF THE ATTENDING PHYSICIAN;** it is assumed that the latter will give instructions as to the proper disposal of the expectoration and the prevention of infection.

It is especially requested, in cases where for any reason other bottles than those furnished by the Department are used in forwarding specimens of sputum, that these be clean *and well corked*. Leaky specimens or those forwarded upon paper, cloth, etc., will not be examined. Discharges other than sputum, such as urine, faeces, etc., cannot be examined for tubercle bacilli.

Clinics for the treatment of pulmonary diseases have been opened at 967 Sixth Avenue, Borough of Manhattan; 361 Jay Street, Brooklyn, and 3731 Third Avenue, The Bronx, to which all cases of pulmonary tuberculosis may be referred for examination, treatment, and charitable aid. A supply of reference cards will be sent on request.



**3. TYPHOID FEVER.** The Widal serum test (blood) and Ehrlich's diazo test (urine) for the diagnosis of typhoid fever will be applied daily, Sundays and holidays excepted, to specimens forwarded from cases of suspected typhoid fever. Specimens may be left at any of the Department stations, a list of which is furnished below. Circulars of information and full directions for preparing specimens accompany each "outfit." The directions should be carefully followed. Physicians are requested to furnish in full the data asked for on the blanks supplied for the purpose. Where it is requested specimens of urine from cases of typhoid fever will be examined microscopically for the presence of typhoid bacilli.

**4. RABIES.** The Pasteur treatment for the prevention of rabies will be administered, free of charge, to any person residing in The City of New York who has been bitten by an animal known to be rabid. In addition, the diagnosis of rabies in dogs or other animals suspected of having this disease is made free of charge, by the rapid smear method, or when necessary by the longer animal tests. Usually when the tissue is fresh, the smear method is sufficient. Persons desiring treatment should apply at once to the Department of Health, Avenue D and 16th Street, between 10 and 11 a. m. The bodies of suspected animals should be forwarded as promptly as possible after death to the HOSPITAL BACTERIOLOGICAL LABORATORY, FOOT OF EAST 16TH STREET, and should be accompanied by a full statement of all the facts regarding the clinical symptoms, etc. The preventive treatment requires 15 to 28 days—the animal tests 9 to 15 days—the smear method 5 to 10 minutes.

**5. MALARIAL FEVER.** Specimens of blood will be examined for the presence of the *plasmodium malaria* daily, except Sundays and holidays. Outfits, together with circulars of information and full instructions, may be obtained at any of the Department stations where specimens may be left for collection.

**6. CEREBROSPINAL MENINGITIS.** Specimens of cerebrospinal fluid will be examined for the presence of the *diplococcus intracellularis* daily, except Sundays and holidays. Outfits for collecting the fluid, together with circulars of information, may be obtained at any of the Department stations where specimens may be left for collection.

**7. GLANDERS.** Specimens of blood from horses suspected of having glanders, and also from human beings thought to be suffering from the same disease, will be tested daily except Sundays and holidays, for the serum reaction.

From a horse not less than one-half ounce blood should be collected, if possible, before mallein is given, in a sterile tube or bottle.

From human cases the blood should be collected as for the test in typhoid fever in small capillary tubes. Specimens should be sent to the Research Laboratory, foot of East 16th Street.

#### GENERAL NOTE.

It is the earnest desire of the Department that the bacteriological service be made as perfect and as useful to physicians as possible.

When, therefore, the bacteriological results do not harmonize with the clinical history, or when there are any defects in or reasons for complaint regarding the service in any respect, physicians are earnestly requested to report these facts promptly to J. S. Billings, Jr., M. D., Chief of Division of Communicable Diseases. Knowledge of defects in the service must reach the Department largely through such reports, and the service can only thus be improved and perfected.

## Laboratory Products

**1. DIPHTHERIA ANTITOXIN.** Antitoxic serum for the treatment of diphtheria will hereafter be furnished by the New York City Department of Health in a refined and concentrated form prepared by a precipitation of the antitoxic or "soluble" globulin from the sera of immunized horses. By this process a considerable portion of the serum proteids and the other serum constituents are eliminated, while the antitoxic properties are retained and concentrated. The methods of administration and the therapeutic and prophylactic effects of the refined antitoxin are the same as those of the ordinary serum, while the rashes and other deleterious effects sometimes caused by the injection of serum are less apt to follow.

This refined antitoxin will be supplied in the following grades and sizes:

	Without Syringe.	With Syringe.
GRADE 1. "Refined."		
A 1000 units (600 units to c. c.)	\$1.00	\$1.25
B 2000 " 800 " " "	1.75	2.00
GRADE 2. "Refined."		
A 3000 units (1000 units to c. c.)	2.50	2.75
B 5000 " " " " "	3.50	3.75
C 10000 " " " " "	6.00	(Not sold with syringe.)

[NOTE.—The 10,000 unit vials (c) of Grade 2, can be obtained only at the various Borough offices of the Department of Health, and also at the following drug stores: Manhattan: Miner, Bowery and Spring Street; Kalish, Fourth Avenue and Twenty-third Street; Lascoff, Eighty-third Street and Lexington Avenue; Hegeman, 125th Street and Seventh Avenue; Cassebeer, Seventy-second Street and Columbus Avenue; Schlessner, Twenty-second Street and Ninth Avenue; Bigelow, Sixth Avenue and Eighth Street. Brooklyn: H. J. Scheidt, 969 Broadway. Bronx: Goldwater, Third Avenue and 143d Street.]

Although the number of units per c. c. may vary somewhat in either grade, the total number of units contained in each vial is guaranteed as labelled.

If kept in a cool, dark place (ice box or cellar) and unopened, these preparations will preserve their strength and quality unimpaired for at least nine months. The more concentrated preparations are the more desirable, as relatively small amounts are then used. Full directions for use accompany each vial.

**2. TETANUS ANTITOXIN.** Antitoxic serum for the treatment of tetanus is furnished by the Department, as follows:

Grade 1—1500 units.
Grade 2—3000 units.
5000 units.

The average initial dose of the serum varies with the age of the patient, the gravity of the case and the time when treatment is begun. Full directions for use accompany each vial.

The exact value of tetanus antitoxin in the treatment of tetanus, and the best method of administration, have not yet been fully determined, and the Department especially requests that all physicians using this preparation of antitoxic serum will forward to the Department a full report of the case and the results of treatment.



**3. BOVINE VACCINE VIRUS.** The vaccine virus now prepared and issued from the Vaccine Laboratory of the Department possesses great activity and durability. It is issued in the form of a liquid glycerinated pulp, as follows:

Capillary tubes (1 vaccination).....	\$0.10
Small vials (10 vaccinations).....	.75
Large vials (50 vaccinations).....	3.00

The virus dried on ivory points or quills, formerly prepared and issued by the Department, has been found to be unreliable, and is therefore no longer produced.

Before the virus from any animal is used, the calf from which it was obtained is killed and the organs examined for any evidence of disease. One sample of the virus is then examined bacteriologically, and a second is forwarded to the clinical tester of vaccine virus, and no virus is issued unless the reports of the pathologist, bacteriologist and clinical tester are all satisfactory.

Most satisfactory results have been obtained from the virus subjected to these rigid tests.

The virus should be kept unopened in a cool and dark place until used.

Full directions for use accompany each capillary tube or vial.

**4. MALLEIN.** The Department produces Mallein for use in the diagnosis of glandered horses. It is prepared by Nocard's method, and is furnished as follows:

In vials containing 2½ c. c.....	\$0.35
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Mallein should be kept in a cool and dark place until used. Directions for use accompany each vial.

The Department especially requests that all Veterinary Surgeons who use Mallein will forward full reports of the results obtained.

**5. TUBERCULIN.** This substance, prepared after Koch's method, and designed especially for use in the diagnosis of tuberculosis in cattle, is furnished by the Department as follows:

In vials containing 1 c. c. crude tuberculin (2 to 4 doses).....	\$0.50
In vials containing 10 c. c. diluted tuberculin, ready for use (2 to 4 doses) .....	.50

The diluted tuberculin is found to lose strength more or less rapidly with time, and is therefore not kept in stock, but is prepared only upon order. Both the crude and diluted preparations should be kept in a cool and dark place until used. Directions for use accompany each vial.

### Free Use and Administration of Diphtheria Antitoxin

All the grades of Diphtheria Antitoxin produced by this Department may be procured *free of charge* at the offices of the Department, or at the stations, for use in cases of diphtheria among very poor people, to whom payment for the same would be a hardship, *upon the express condition that the attending physician will furnish a history of the case to the Department, upon its termination either by death or complete recovery.* Blanks for reporting such cases may be obtained at the stations, and should be procured by the attending physician with the antitoxin. The stub attached to the blank must be signed by the physician, or his representative, and is retained by the druggist, as a voucher, for the antitoxin delivered free.

Antitoxin will be administered *free* to any case of diphtheria occurring in the city, upon the request of the attending physician. In the Borough of MANHATTAN such requests should be made to the office of the Division of Contagious Diseases, Sixth Avenue and Fifty-fifth Street (Telephone 4900 Columbus). The Medical Inspectors detailed for the free administration of antitoxin in this Borough are on duty at all times, day and night, and requests for their services will receive prompt attention.

In the other Boroughs of the City requests for the free administration of antitoxin should be made as follows:

BOROUGH OF THE BRONX: To the Borough office, 3731 Third Avenue (Telephone 975 Melrose).

BOROUGH OF BROOKLYN: To the Borough office, 38 and 40 Clinton Street (Telephone 4720 Main).

BOROUGH OF QUEENS: To the Borough office, 372-4 Fulton Street, Jamaica (Telephone 1200 Jamaica).

BOROUGH OF RICHMOND: To the Borough office, 54-56 Water Street, Stapleton, S. I. (Telephone 440 Tompkinsville).

It is advised that the attending physician himself administer the antitoxin, as valuable time is thus saved; or, if it seems necessary to request the services of the Department, that such requests be made *by telephone and as early in the day as possible.*

### Stations for the Collection of Specimens from Cases of Diphtheria, Tuberculosis and Typhoid Fever, and for the Distribution of Diagnostic Outfits, of Diphtheria Antitoxin and of Vaccine Virus.

Outfits for the preparation of specimens in cases of suspected diphtheria, tuberculosis, typhoid fever, malaria, and cerebrospinal meningitis, together with all the blank forms required in furnishing the necessary data, may be procured at the offices of the Department in common with the Laboratory Products of the Department, and in the same manner as stated with regard to the latter.

In addition, diphtheria antitoxin, vaccine virus and outfits may be obtained and specimens left for collection at the stations noted in the following list.



# LIST OF CULTURE STATIONS

## BOROUGH OF MANHATTAN

### EAST SIDE

131st St. and Madison Ave.....Erb	Lexington Ave., bet. 59th and 60th Sts., Nauhelm
125th St. (bet. Lexington and Park Aves.), Miner	Madison Ave., bet. 59th and 60th Sts..Smith
121st St. and Lexington Ave.....Halpern	59th St. and Madison Ave.....Kalish
2396 2d Ave.....Aronstam	56th St. and Lexington Ave., Block Deshell Co.
120th St. and 2d Ave.....Watkins	54th St. and 2d Ave.....Bogathy
119th St. and 1st Ave.....Hasselbach	53d St. and Madison Ave.....Larimore
116th St. and 3d Ave.....Trau & Co.	52d St. and 3d Ave.....Schaub
116th St. and Lexington Ave.....Ushkow	964 2d Ave.....Katzman & Co.
115th St. and 1st Ave.....Di Dario	50th St. and 1st Ave.....Edlich
113th St. and Lexington Ave.....Meyers	49th St. and 2d Ave.....Joffe
112th St. and Madison Ave., Leibovich & Robens	46th St. and 5th Ave.....Fraser & Co.
110th St. and 3d Ave....Romlein & Fuchs	45th St. and 3d Ave.....Brandt
109th St. and Madison Ave.....Perla	537 Fifth Ave.....Larimore
108th St. and 2d Ave.....De Maio	42d St., 40 E. (nr. Park Ave.)..Schoonmaker
107th St. and Madison Ave., Newman & Finestone	42d St. and 3d Ave.....Bohmfolk
106th St. and Lexington Ave.....Boetzel	39th St. and Lexington Ave.....Herz
105th St. and 3d Ave.....Aronstam	34th St. and 3d Ave.....Suchy
101st St. and Madison Ave.....Picker	31st St. and 4th Ave.....Reeder Bros.
101st St. and 2d Ave.....Halpern	†29th St. and 4th Ave.....Bagoe
97th St. and Madison Ave.....Levitas	375 3d Ave. (bet. 27th and 28th Sts.) Lehman
97th St. and Lexington Ave.....Larkin	†445 2d Ave. (bet. 25th and 26th Sts.) Jarchow
96th St. and Park Ave.....Streiffer	†23d St. and 4th Ave.....Kalish
96th St. and 2d Ave.....Berger	†21st St. and 4th Ave.....Haas
1679 3d Ave.....Beck	15th St. and 1st Ave.....Gregorius
92d St. and Lexington Ave.....Steinman	†University Pl. and 13th St..Watling & Co.
92d St. and Madison Ave.....Dauscha	†13th St. and 2d Ave.....Walters
91st St. and 3d Ave.....Frohwein	13th St. and Ave. A.....Lewin
90th St. and 1st Ave.....Eichler	162 Ave. C (cor. 10th St.).....Robinson
89th St. and Park Ave.....Gies	†9th St. and 2d Ave.....Weiss
87th St. and 2d Ave.....Roediger	†6th St. and 2d Ave.....Rosenthal
87th St. and Park Ave.....Ulfelder	†88 1st Ave. (bet. 5th and 6th Sts.)..Nemser
87th St. and Ave. A.....Bauman	†5th St. and Ave. A.....Klingelhoeffer
86th St. and Lexington Ave.....Foucar	†5th St. and Ave. C.....Shapiro
83d St. and Lexington Ave.....Lascoff	†3d St. and 2d Ave.....Fuehrer
1591 1st Ave. (nr. 83d St.).....Koehler	†443 E. Houston St. (cor. Cannon)..Goldblatt
79th St. and 2d Ave.....Lassas	†Rivington and Norfolk Sts.....Lewin
78th St. and Avenue A....Kimmel & Bro.	71 E. Houston St.....Colonello
76th St. and Lexington Ave.....Plump	†Broome and Cannon Sts.....Decker
73d St. and Park Ave.....Cramer	†Spring St. and the Bowery.....Miner
73d St. and 1st Ave.....Castka	†220 E. B'way (cor. Clinton St.)..Mamelok
72d St. and 2d Ave.....Davidson	†Grand and Henry Sts.....Gilbert
149 E. 71st St.....Roediger Bros.	Grand and Mott Sts.....Lo Pinto
67th St. and 3d Ave.....Zinckgraf	†Broome and Ludlow Sts.....Walker
64th St. and 1st Ave.....Wurthman	58 Henry St.....Weinstein
64th St. and Park Ave.....Timmerman	†172 Orchard St. (cor. Stanton)...Robinson
62d St. and 2d Ave.....Dittmar	40 Stanton St.....Rosenberg
1020 3d Ave. (nr. 60th St.)..Schwarz Bros.	214 Monroe St.....Rickey

# BOROUGH OF MANHATTAN—Continued

### WEST SIDE

Broadway, Kingsbridge.....Buck	88th St. and Broadway.....Breiting
185th St. and Amsterdam Ave.....Nevelson	85th St. and Amsterdam Ave.....Schwarz
166th St. and Amsterdam Ave.....Simon	82d St. and Columbus Ave.....Spangenberg
155th St. and Amsterdam Ave.....Hegeman	80th St. and Broadway.....Kinsman
781 St. Nicholas Ave.....Jacobson	76th St. and Broadway, Carpenter, Wallington & Co.
149th St. and Amsterdam Ave...Henrichsen	74th St. and Broadway (Ansonia)..Boisnot
145th St. and Edgecomb Ave.....Raub	72d St. and Columbus Ave.....Cassebeer
143d St. and 7th Ave...Rosemary Pharmacy	70th St. and Boulevard, Pond, Bowes & Cartwright
141st St. and 7th Ave.....Ferguson	68th St., West End Ave.....J. & L. Seley
2413 7th Ave.....University Drug Shop	61st St. & Columbus Ave..Dougan & Merritt
140th St. and Lenox Ave.....Klingman	10 Amsterdam Ave.....Cohen
137th St. and Lenox Ave.....Robbins	57th St. and 9th Ave.....Quencer
8th Ave., bet. 135th and 136th Sts..Rawlins	57th St. and 7th Ave.....Smith
135th St. and Broadway.....Bank	56th St. and 6th Ave.....McIntyre & Son
132d St. and 7th Ave.....Silverman	55th St. and 6th Ave..Department of Health
130th St. and 8th Ave.....Lauer	52d St. and 6th Ave.....Neergaard
130th St. and Amsterdam Ave.....Myers	778 9th Ave. (nr. 52d St.).....Robens
2343 8th Ave. (nr. 126th St.).....Roubicek	51st St. and 9th Ave.....Pundt
320 St. Nicholas Ave. (nr. 126th St.)..Diner	46th St. and Broadway.....James
125th St. and 8th Ave.....Kinsman & Co.	683 10th Ave.....Miller Bros.
1308 Amsterdam Ave. (bet. 124th and 125th Sts.).....Marks	†44th St. and 8th Ave.....James
125th St. and 7th Ave.....Hegeman	*43d St. and Broadway..Longacre Pharmacy
125th St. and 8th Ave.....Kinsman	*580 10th Ave. (nr. 42d St.)...McRae & Co.
124th St. and Lenox Ave.....Pfaff	39th St. and 6th Ave., Munch, Protzmann & Co.
Amsterdam Ave. and 122d St.....Friedgen	7 West 38th St.....Haas
120th St. and 8th Ave...Koehler & Woell	648 6th Ave. bet. 37th and 38th Sts...Hall
119th St. and 5th Ave.....Kohosoff	439 9th Ave.....Blomeier
118th St. and Manhattan Ave..Pope & Cook	34th St. and 10th Ave.....Lipset
118th St. and 7th Ave.....Reed	†366 9th Ave. (nr. 30th St.).....Schierer
116th St. and Manhattan Ave...Herrman	369 8th Ave. (nr. 28th St.).....Gregorius
116th St. and Lenox Ave.....Albert	23d St. and 6th Ave.....Riker
114th St. and Broadway.....Klipp	†22d St. and 9th Ave.....Schleussner
114th St. and Lenox Ave.....Diamond	22d St. and 7th Ave.....Gies
113th St. and 8th Ave.....Geety	†157 8th Ave. (nr. 18th St.).....Lins
112th St. and 7th Ave.....Robinson Bros.	†51 9th Ave.....Jacobson
107th St. and Broadway.....Freund	624 Hudson St.....Fritz
105th St. and Amsterdam Ave.....Geisler	†8th St. and 6th Ave.....Bigelow
104th St. and Columbus Ave.....Grube	†463 Hudson St. (cor. Barrow St.), Flower Drug Co.
102d St. and Broadway.....Kerley	†362 Hudson St. (cor. King St.).....Knapp
100th St. and Amsterdam Ave....Goetting	40 Grand St.....Herzenberg
262i Broadway.....Congleton	†172 Varick St. (cor. Charlton St.) Kienninger
98th St. and Broadway.....Keogh	†106 W. Houston St. (cor. Thompson St.) Gebicke
96th St. and Columbus Ave..Greenberg & Co.	
95th St. and Amsterdam Ave.....Fels	
94th St. and Columbus Ave.....Michel	
92d St. and Columbus Ave.....Higginbotham	



## BOROUGH OF THE BRONX

Wakefield .....Becker  
 Williamsbridge .....J. W. Fincke  
 Williamsbridge .....Chas. Humbert  
 Bedford Park (So. Boulevard, nr. Webster Ave.) .....C. Loeber  
 Fordham (Kingsbridge Rd. and Marion Ave.)  
     R. J. Hof  
 Webster Ave. and Fordham Rd.....Jones  
 Morris Heights (21 Cedar Ave.).....Clark  
 961 E. 184th St.....Schneider  
 Bathgate Ave. and 180th St.....Stacom  
 2007 Boston Road.....Miller  
 Westchester .....G. W. Smith  
 Westchester .....Connolly  
 Westchester .....Pierson  
 Morris Park Ave.....Buehrle  
 2691 Tremont Ave.....Herriman  
 Tremont and Clinton.....Lins  
 2435 Jerome Ave.....Rosenbaum  
 174th St. and Bathgate Ave.....Stecher  
 Washington and Wendover Aves.,  
     Romonoff Bros.  
 170th St. and Prospect Ave.....Schultze

169th St. and Jerome Ave.....Tretler  
 169th St. and 3d Ave.....Huether  
 712 Tremont Ave.....Miller  
 166th St. and 3d Ave.....Schaaf Bros.  
 165th St. and Forest Ave.....Koehler  
 162d St. and Morris Ave.....Wurm  
 3d Ave. and St. Paul's Place,  
     Borough Health Office  
 158th St. and Courtlandt Ave.....Hirseman  
 951 E. 156th St.....Hafferberg  
 156th St. and Melrose Ave.....Jorgensen  
 Westchester and Tinton Aves.....Rothman  
 155th St. and 3d Ave.....Schmidt  
 149th St. and 3d Ave.....Hegeman  
 793 Westchester Ave.....Bleidner  
 145th St. and Brook Ave.....Soskin  
 3d Ave., near 143d St.....Goldwater  
 140th St. and Willis Ave.....McKane  
 Alexander Ave. (nr. 141st St.).....Chery  
 Prospect Ave and Beck St...Romanoff Bros.  
 138th St. and Brown Pl.....Picker  
 858 E. 138th St.....Riegel  
 134th St. and St. Ann's Ave.....Valerius

## BOROUGH OF BROOKLYN

937 Manhattan Ave. (bet. Java and Kent),  
     Oppen  
 578 Driggs Ave. (cor. N. 6th St.),  
     Vossler & Hauck  
 139 Broadway (bet. Bedford and Driggs Aves.) .....Gollobin  
 579 Broadway (cor. Lorimer St.)  
     H. J. Kempf  
 130 Graham Ave. (cor. Boerum St.)  
     Mendel & Mendel  
 969 Broadway (bet. Myrtle and Ditmars),  
     H. J. Scheidt  
 756 Myrtle Ave. (cor. Nostrand Ave.),  
     W. J. Hackett  
 1366 Broadway (cor. Gates Ave.) E. J. Huel  
 4247 Fulton St.....Quasman  
 2789 Atlantic Ave. (cor. Georgia),  
     R. C. Werner  
 73 Belmont Ave. (cor. Watkins) Herschman  
 Fulton St. and Rockaway Ave...Benjamin  
 369 Sumner Ave. (cor. Decatur St.),  
     Rohrer Drug Co.  
 Fulton St. and Tompkins Ave.....Cadman  
 1293 Fulton St. (cor. Nostrand Ave.),  
     R. Hughes  
 712 Nostrand Ave. (cor. Prospect Place),  
     O. F. Bancroft  
 948 Bergen St. (cor. Franklin Ave.),  
     O. F. Bancroft  
 1092 Flatbush Ave. (bet. Aves. C and D),  
     N. Weiss  
 957 Fulton St. (cor. Washington Ave.),  
     W. A. Vanduzer

232 Flatbush Ave. (cor. 6th Ave.)  
     A. G. Wilson  
 885 Flatbush Ave.....Cutler  
 319 Myrtle Ave. (cor. Cumberland St.),  
     O. Klopsch  
 439 9th St.....M. K. Povlsen  
 Greene Ave. (cor. Cumberland St.),  
     Marsland  
 496 Fulton St. (cor. Bond St.) Vinicombe  
 164 Atlantic Ave. (cor. Clinton St.),  
     Heydenreich Bros.  
 84 Court St.....T. Lamb  
 316 Court St.....Koehler's Pharmacy  
 337 Van Brunt St. (nr. Sullivan St.),  
     L. Cantor  
 614 Fifth Ave. (cor. 17th St.) C. B. Gentry  
 1312 Third Ave. (cor. 56th St.) S. A. Osborn  
 6900 Third Ave. (cor. Bay Ridge Ave.),  
     E. Wolff  
 18th St. & Bath Ave., Bath Beach Neander  
 3d Ave. and 46th St.....Osborn  
 91st St. and 3d Ave.....J. C. Whitely  
 40th St. & Ft. Hamilton Ave J. A. Roeder  
 534 Henry St.....E. Wisbech  
 457 Knickerbocker Ave.....C. Classen  
 412 Central Ave.....Klein  
 772 Halsey St.....Zelhoeffer  
 567 Central Ave.....L. Heimerzheim  
 451 Graham Ave.....Winzerling  
 Broadway & Halsey St.....E. H. Merritt  
 Fifth Ave. and President St.,  
     Abramson Drug Co.  
 86th St. and 18th Ave.....Neander  
 780 Gravesend Ave.....Prager

## BOROUGH OF QUEENS

LONG ISLAND CITY:  
 685 Vernon Ave.....Merring  
 Steinway Ave., Broadway (Astoria),  
     T. Tewes  
 133 Fulton Ave. (Astoria).....J. W. Riehl  
 436 Jackson Ave.....Geo. B. Cabeen  
 62 Vernon Ave.....Blicher  
 181 11th Ave.....Munk  
 10 Jackson Ave.....Schnitzler  
 339 Webster Ave.....Ziegler  
 433 Steinway Ave.....Collins  
 31 Flushing Ave.....Relly  
 253 Grand Ave.....Schroeder

Jamaica .....Borough Office, H. D.  
 Jamaica .....L. A. Behn  
 Jamaica and Park Aves.....Goldman

Richmond Hill .....Bacon  
 Richmond Hill .....Wood  
 Woodhaven .....Koch  
 Rockaway Beach .....Chubbuck  
 Rockaway Beach .....Rush  
 Far Rockaway .....Doolittle  
 Far Rockaway .....Lowe Bros.  
 Flushing .....John Hepburn  
 Flushing .....Garretson  
 College Point .....Niemeyer  
 Corona .....Meyer  
 Corona Heights .....Gessner  
 Elmhurst .....Spaeth  
 Ridgewood .....Schmidt  
 Whitestone .....F. J. O'Rourke  
 Woodside .....Johnston Drug Co.

## BOROUGH OF RICHMOND

Richmond Terrace and York Ave.....Hill  
 Bay and Thompson Sts., Stapleton...Feeny  
 Richmond Terrace, Port Richmond...Kerr  
 New York & St. Mary's Aves., Rosebank,  
     Lenz

Main St., Tottenville .....Lehman  
 Shore Road, Mariner's Harbor,  
     Geo. W. De Hart  
 Sixth St., New Dorp.....Brandenberg  
 Tompkinsville .....Schwab

For further information apply to J. S. Billings, Jr., M. D., Chief of Division of Communicable Diseases, Department of Health, 55th Street and Sixth Avenue, New York City, Telephone, 4900 Columbus.

By order of the Board of Health.

THOMAS DARLINGTON, M. D.,

*President.*

EUGENE W. SCHEFFER,

*Secretary.*

HERMANN M. BIGGS, M. D.,

*Medical Officer.*



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# Department of Health

City of New York

## DIVISION OF COMMUNICABLE DISEASES

Diagnosis Laboratory  
Sixth Avenue and 55th Street  
Telephone: 4900 Columbus

### To Physicians:

It is the earnest desire of the Department of Health that the service to physicians of the Diagnosis Laboratory be made as perfect and as useful as possible. When specimens are left at any of the depots throughout the city before 4 p. m., in every case a report of the bacteriological examination will be returned on the following day. Reports are mailed before one o'clock, and should be delivered to the physician before the last mail of the day. When the telephone call of the physician is stated or can be ascertained, the result of examination will be telephoned to him as soon as possible.

When the bacteriological diagnosis does not harmonize with the clinical facts and the history of the case, and when there are any defects or reasons for complaint regarding the service in any respect, physicians are earnestly requested to report the same promptly to this Department. Knowledge of defects in the service can only reach the Department through such reports, and the desired high standard of efficiency of the service can only thus be attained and maintained. For further information apply to J. S. BILLINGS, Jr., M. D., Chief of Division.

THOMAS DARLINGTON, M. D.,  
President.

HERMANN M. BIGGS, M. D.,  
Medical Officer.

1993, '08 (P)

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**Culture Stations**

**Department of Health**

The City of New York

DIVISION OF  
COMMUNICABLE DISEASES



THOMAS DARLINGTON, M. D.  
PRESIDENT  
HERMANN M. BIGGS, M. D.  
MEDICAL OFFICER  
EUGENE W. SCHEFFER  
SECRETARY

1908



## Services Rendered Physicians by the Department of Health.

The Department of Health places at the disposal of the physicians of New York City the following services free of charge:

DIAGNOSIS LABORATORY, 55TH STREET AND  
6TH AVENUE.

Examination of cultures for diphtheria bacilli, of sputum for tubercle bacilli, of blood for the Widal reaction of typhoid fever, of urine for the Diazo reaction of typhoid fever, of blood for the plasmodium of malaria, and of spinal fluid for meningococci. Outfits for obtaining specimens may be had at any of the drug stores acting as culture stations of the Department of Health—a full list of which is given in this booklet. Full information and directions are given with each outfit.

### ADMINISTRATION OF ANTITOXIN AND PER- FORMANCE OF INTUBATION IN CASES OF DIPHThERIA.

A staff of experienced physicians is on duty day and night throughout the city to administer antitoxin in cases of suspected diphtheria, to immunize other mem-



bers of the family, and to perform intubation in cases of laryngeal diphtheria (croup). Requests may be made at any one of the following Borough offices:

Manhattan, 55th Street and 6th Avenue.  
Tel. No. 4900 Columbus.

Bronx, St. Paul's Place and 3d Avenue.  
Tel. No. 975 Melrose.

Brooklyn, 38-40 Clinton Street. Tel. No. 4720 Main.

Queens, Jamaica. Tel. No. 1200 Jamaica.

Richmond, 54 Water Street, Stapleton.  
Tel. No. 440 Tompk.

Should the physician wish to inject the antitoxin himself, he can obtain it free of charge at any culture station, by signing a certificate to the effect that the patient cannot pay for the same.

#### TUBERCULOSIS:

(a) *Home Care of Patients:* On request of the attending physician nurses of the Department will visit consumptives at their homes to give all necessary instructions as to the care of expectoration, etc., to furnish sputum cups, to make arrangements for removal of patient to hospital, and for the furnishing of charitable aid.

(b) *Disinfection:* On vacation of premises previously occupied by consumptives, the Department will fumigate the rooms with formaldehyde and disinfect the bedding.

(c) *Tuberculosis Clinics:* Manhattan, Sixth Avenue and 55th Street. Hours 10 a. m. to 12 m., and 2 to 4 p. m. every week day. 8 to 9 p. m., Monday, Wednesday and Friday.

Brooklyn, 361 Jay Street, near Myrtle Avenue, 2 to 4 p. m., every week day.

The Bronx, Third Avenue and St. Paul's Place, 2 to 4 p. m., every week day.

Special throat and X-Ray Classes.

(d) *Sanatorium Treatment:* Incipient cases can be referred to the tuberculosis clinic; if suitable they will be admitted to the Otisville or Riverside Sanatoria of the Department of Health, or to Ray Brook.

CEREBRO-SPINAL MENINGITIS: Assistance in maintaining quarantine; disinfection of rooms and bedding.

TYPHOID FEVER: Disinfection of bedding; investigation of source of infection, etc.

MALARIA: Investigation of source of infection, etc.



**UNSANITARY CONDITIONS:** Investigation and remedying of all unsanitary conditions, such as faulty plumbing, etc.

**CIRCULARS OF INFORMATION:** The following circulars of information are issued and will be sent on request:

"Information for Consumptives and Those Living with Them." (7 languages.)

"Information Regarding the Clinic for the Treatment of Communicable Pulmonary Diseases."

"Regarding Measures Adopted by the Board of Health for the Sanitary Supervision of Tuberculosis in New York City."

"Importance of Bacteriological Examinations in the Early Diagnosis of Pulmonary Tuberculosis."

"Administrative Control of Tuberculosis."

"Don't Spit" Circular. (5 languages.)

"Tuberculosis Catechism for School Children."

"Dangers of Dry Sweeping and Dusting." (5 languages.)

"Information Regarding Consumption Cures."

"Regarding the Causation, Prevention and Treatment of Diphtheria."

"Regarding Typhoid Fever, The Widal Test, The Diazo Reaction and the Importance of Disinfection of Urine."

"How to Avoid the Contraction and Prevent the Spread of Typhoid Fever."

"The Causation and Prevention of Malaria and the Life History and Examination of Mosquitoes."

"Regarding Notification and Microscopical Diagnosis of Malarial Fever."

"Regarding the Causation and Prevention of Cerebro-spinal Meningitis."

**WHAT THE DEPARTMENT OF HEALTH REQUIRES OF PHYSICIANS:**

1. In accordance with Section 133 of the Sanitary Code, physicians are required to report to the Department of Health, among other diseases, all cases of tuberculosis, typhoid fever, cerebro-spinal meningitis, pneumonia, erysipelas, malaria, and puerperal septicæmia, within one week of the time the case comes under observation.

2. All changes of address on the part of their consumptive patients are to be similarly reported.

3. All necessary precautions must be taken to prevent the spread of the disease, e. g., isolation and quarantine of cases of cerebro-spinal meningitis, disinfection of typhoid excreta and of tuberculous sputum, etc.



## CULTURE STATIONS.

Regular Stations are visited daily by collectors. Substations forward specimens to a regular station. S. & H. Sundays and Holidays.

## BOROUGH OF MANHATTAN.

*East Side.*

- ERB, Substation.  
Madison Avenue and 131st Street,  
To Miner, 4.30 p.m., S. & H. 4.45  
p.m.
- MINER, Regular.  
125th St., bet. Lexington and Park  
Aves.,  
Visited daily 4.55 p.m., S. & H. 4.45  
p.m.
- ARONSTAM, J. C., Substation.  
2396 2d Avenue,  
To Miner.
- HALPERN, Substation.  
121st Street and Lexington Avenue,  
To Miner.
- WATKINS, Substation.  
120th Street and 2d Avenue,  
To Trau & Co., 4.15 p.m. daily.
- HASSELBACH, Substation.  
119th Street and 1st Avenue,  
To Trau & Co.

- TRAU & CO., Regular.  
116th Street and Third Avenue,  
Visited daily 4.35 p.m.
- USHKOW, Substation.  
116th Street and Lexington Avenue,  
To Trau & Co.
- DI DARIO, Substation.  
115th Street and First Avenue,  
To Trau & Co.
- MEYERS, Substation.  
113th Street and Lexington Avenue,  
To Trau & Co.
- LEIBOWICH & ROBENS, Substation.  
112th Street and Madison Avenue,  
To Trau & Co.
- ROMLEIN & FUCHS, Substation.  
110th Street and Third Avenue,  
To Trau & Co.
- PERLA, Substation.  
109th Street and Madison Avenue,  
To Aronstam, 4.10 p.m. daily.
- DE MAIO, Substation.  
108th Street and Second Avenue,  
To Aronstam, 4.10 p.m. daily.
- NEWMAN & FINESTONE, Substation.  
107th Street and Madison Avenue,  
To Aronstam.
- BOETZEL, Substation.  
106th Street and Lexington Avenue,  
To Aronstam.



ARONSTAM, Regular.

105th Street and Third Avenue,  
Visited daily 4.30 p.m., S. & H. 4.30  
p.m.

PICKER, Substation.

101st Street and Madison Avenue,  
To Aronstam.

HALPERN, Substation.

101st Street and Second Avenue,  
To Aronstam.

LEVITAS, Substation.

97th Street and Madison Avenue,  
To Aronstam.

LARKIN, Substation.

97th Street and Lexington Avenue,  
To Aronstam.

STREIFFER, Substation.

96th Street and Park Avenue,  
To Aronstam.

BERGER, Substation.

96th Street and Second Avenue,  
To Aronstam.

BECK, Substation.

94th Street and Third Avenue,  
To Lascoff, 4.10 p.m., S. & H. 4.30 p.m.

DAUSCHA, Substation.

92d Street and Madison Avenue,  
To Lascoff, 4 p.m. daily.

STEINMAN, Substation.

92nd Street and Lexington Avenue,  
To Lascoff.

FROHWEIN, Substation.

91st Street and Third Avenue,  
To Lascoff.

EICHLER, Substation.

90th Street and First Avenue,  
To Lascoff.

GIES, Substation.

89th Street and Park Avenue,  
To Lascoff.

ROEDIGER, Substation.

87th Street and Second Avenue,  
To Lascoff.

ULFELDER, Substation.

87th Street and Park Avenue,  
To Lascoff.

BAUMAN, Substation.

87th Street and Avenue A,  
To Lascoff.

FOUCAR, Substation.

86th Street and Lexington Avenue,  
To Lascoff.

LASCOFF, Regular.

83d Street and Lexington Avenue,  
Visited daily 4.20 p.m. S. & H. 4.20 p.m.



- KOEHLER, Substation.  
83d Street and First Avenue,  
To Lascoff.
- ROBBINS, Substation.  
81st Street and Lexington Avenue,  
To Lascoff.
- LASSAS, Substation.  
79th Street and Second Avenue,  
To Lascoff.
- KIMMEL, Substation.  
78th Street and Avenue A,  
To Lascoff.
- PLUMP, Substation.  
76th Street and Lexington Avenue,  
To Lascoff.
- CASTKA, Substation.  
73d Street and First Avenue,  
To Zinckgraf.
- CRAMER, Substation.  
73d Street and Park Avenue,  
To Zinckgraf.
- DAVIDSON, Substation.  
72d Street and Second Avenue,  
To Zinckgraf.
- ROEDIGER BROS., Substation.  
71st Street and Lexington Avenue,  
To Zinckgraf.
- ZINCKGRAF, Regular.  
67th Street and Third Avenue,  
Visited daily 4.10 p.m., S. & H. 4.10  
p.m.

- WURTHMAN, Substation.  
64th Street and First Avenue,  
To Zinckgraf, 3.50 p.m., S. & H.  
4.10 p.m.
- TIMMERMAN, Substation.  
64th Street and Park Avenue,  
To Zinckgraf.
- DITTMAR, Substation.  
62d Street and Second Avenue,  
To Zinckgraf.
- SCHWARZ BROS., Substation.  
60th Street and Third Avenue,  
To Dept. of Health, 6 p.m. daily.
- NAUHEIM, Regular.  
Lexington Avenue bet. 59th and 60th  
Streets,  
Visited daily 4 p. m., S. & H. 4 p. m.
- SMITH, Substation.  
Madison Avenue, bet. 59th and 60th  
Streets.  
To Nauehm, 3.55 p.m. daily.
- KALISH, Regular.  
59th Street and Madison Avenue.  
Visited daily 5.30 p.m., S. & H. 4.00  
p.m.
- BLOCK, DESHELL CO., Substation.  
56th Street and Lexington Avenue,  
To Department of Health, 6 p.m.
- BOGATHY, Substation.  
54th Street and Second Avenue,  
To Department of Health, 6 p.m.  
daily.



LARIMORE, Substation.

53d Street and Madison Avenue,  
To Department of Health, 6 p.m.  
daily.

SCHAUB, Substation.

52d Street and Third Avenue,  
To Nauheim.

KATZMAN, Substation.

51st Street and Second Avenue,  
To Nauheim.

EDLICH, Substation.

50th Street and First Avenue,  
To Nauheim.

JOFFE, Substation.

49th Street and Second Avenue,  
To Nauheim.

FRASER & CO., Substation.

46th Street and Fifth Avenue,  
To Department of Health.

BRANDT, Substation.

45th Street and Third Avenue,  
To Schoonmaker.

BOHMFALK, Substation.

42d Street and Third Avenue,  
To Schoonmaker.

LARIMORE & CO., Substation.

537 Fifth Avenue,  
To Department of Health, 6 p.m.  
daily.

SCHOONMAKER, Regular.

40 E. 42d Street,  
Visited daily 5.25 p.m., S. & H. 3.50  
p.m.

HERZ, Substation.

39th Street and Lexington Avenue,  
To Schoonmaker.

SUCHY, Substation.

34th Street and Third Avenue,  
To Reeder Bros.

REEDER BROS., Regular.

31st Street and Fourth Avenue,  
Visited daily 5.20 p.m., S. & H. 3.45  
p.m.

BAGOE, Regular.

29th Street and 4th Avenue,  
Visited daily 5.15 p.m., S. & H. 3.45  
p.m.

LEHMAN, Substation.

27th Street and Third Avenue,  
To Bagoe.

JARCHOW, Substation.

Second Avenue bet. 25th and 26th  
Streets,  
To Kalish.

KALISH, Regular.

23d Street and Fourth Avenue,  
Visited daily 5.05 p.m., S. & H. 3.40  
p.m.



HAAS, Substation.

21st Street and Fourth Avenue,  
To Kallsh.

GREGORIUS, Substation.

15th Street and First Avenue,  
To Walters, 4.40 p.m., S. & H. 3.15 p. m.

WATLING & CO., Substation.

13th Street and University Place,  
To Bigelow.

LEWIN, Substation.

13th Street and Avenue A,  
To Walters.

WALTERS, Regular.

13th Street and Second Avenue,  
Visited daily 4.55 p.m., S. & H. 3.30  
p.m.

ROBINSON, Substation.

10th Street and Avenue C,  
To Walters.

WEISS, Substation.

9th Street and Second Avenue,  
To Walters.

ROSENTHAL, Substation.

6th Street and Second Avenue,  
To Walters.

NEMSER, Substation.

88 First Avenue (near Fifth Street),  
To Walters.

KLINGELHOEFER, Substation.

Fifth Street and Avenue A,  
To Walters.

SHAPIRO, Substation.

Fifth Street and Avenue C,  
To Walters.

FUEHRER, Substation.

Third Street and Second Avenue,  
To Miner, 4.35 p.m., S. & H. to  
Walters, 3.15 p.m.

GOLDBLATT, Substation.

Houston and Cannon Streets,  
To Miner, S. & H. to Walters.

LEWIN, Substation.

Rivington and Norfolk Streets,  
To Miner, S. & H. to Walters.

DECKER, Substation.

Broome and Cannon Streets,  
To Miner, S. & H. to Walters.

MINER, Regular.

Spring Street and Bowery,  
Visited daily except S. & H. 4.45  
p.m., S. & H. sends to Walters.

MAMELOK, Substation.

East Broadway and Clinton Street,  
To Miner, S. & H. to Walters.

RICKEY, Substation.

216 Monroe Street,  
To Miner, S. & H. to Walters.



## GILBERT, Substation.

Grand and Henry Streets,  
To Miner, S. & H. to Walters.

## LO PINTO, Substation.

Grand and Mott Streets,  
To Miner, S. & H. to Walters.

## WALKER, Substation.

Broome and Ludlow Streets,  
To Miner, S. & H. to Walters.

## WEINSTEIN, Substation.

58 Henry Street, near Market.  
To Miner, S. & H. to Walters.

## ROBINSON, Substation.

Orchard and Stanton Streets,  
To Miner, S. & H. to Walters.

## ROSENBERG, Substation.

40 Stanton Street,  
To Miner, S. & H. to Walters.

*West Side Stations.*

## BUCK, Substation.

Kingsbridge,  
To Raub, 4.40 p.m. daily.

## NEVELSON, Substation.

185th Street and Amsterdam Avenue,  
To Raub.

## SIMON'S PHARMACY, Substation.

166th Street and Amsterdam Avenue,  
To Raub.

## HEGEMAN, Substation.

155th Street and Amsterdam Avenue,  
To Raub.

## JACOBSON, Substation.

781 St. Nicholas Avenue,  
To Raub.

## HENRICHSON, Substation.

149th Street and Amsterdam Avenue,  
To Raub.

## RAUB, Regular.

145th Street and St. Nicholas Avenue,  
Visited daily 5.05 p.m., except S. &  
H. S. & H. sends to Roubicek.

## ROSEMARY PHARMACY, Substation.

143d Street and Seventh Avenue,  
To Raub.

## FERGUSON, Substation.

141st Street and Seventh Avenue,  
To Rawlins, 4.40 p.m. daily.

## UNIVERSITY DRUG SHOP, Substation.

2413 Seventh Avenue,  
To Rawlins.

## KLINGMAN, Substation.

140th Street and Eighth Avenue,  
To Rawlins.

## ROBBINS, Substation.

137th Street and Lenox Avenue,  
To Rawlins.



## RAWLINS, Regular.

135th Street, near 8th Avenue,  
 Visited daily except S. & H. 5.00 p.m.  
 S. & H. sends to Roubicek.

## BANK, Substation.

135th Street and Broadway,  
 To Roubicek.

## SILVERMAN, Substation.

132d Street and Seventh Avenue,  
 To Hegeman 4.50 p.m., S. & H. 5.10  
 p.m.

## LAUER, Substation.

130th Street and Eighth Avenue,  
 To Roubicek, 4.40 p.m., daily.

## MYERS, Substation.

130th Street and Amsterdam Avenue,  
 To Roubicek.

## DORB, Substation.

3163 Broadway,  
 To Roubicek.

## ROUBICEK, Regular.

8th Ave., bet. 125th & 126th Sts.,  
 Visited daily 4.55 p. m. S. & H. 5.00 p. m.

## DINER, Substation.

126th St. and St. Nicholas Avenue,  
 To Roubicek.

## MARKS, Substation.

Amsterdam Ave., bet. 124th & 125th  
 Streets.  
 To Roubicek.

## KINSMAN, Substation.

125th Street and Eighth Avenue,  
 To Roubicek.

## HEGEMAN, Regular.

125th Street and Seventh Avenue.  
 Visited daily 4.50 p.m., S. & H. 4.55  
 p.m.

## PFAFF, Substation.

124th Street and Lenox Avenue,  
 To Hegeman.

## FRIEDGEN, Substation.

122d St. and Amsterdam Avenue,  
 To Roubicek.

## KOEHLER &amp; WOELL, Substation.

120th Street and Eighth Avenue,  
 To Roubicek.

## KOHOSOFF, Substation.

119th Street and Fifth Avenue,  
 To Miners.

## POPE &amp; COOK, Substation.

118th Street & Manhattan Avenue,  
 To Roubicek.

## REED, Substation.

118th Street and Seventh Avenue,  
 To Hegeman.

## HERMANN, Substation.

116th Street and Manhattan Avenue,  
 To Roubicek.



## ALBERT, Substation.

116th Street and Lenox Avenue,  
To Trau.

## KLIPP, Substation.

114th Street and Broadway,  
To Grube, 5 p.m. daily.

## DIAMOND, Regular.

114th Street and Lenox Avenue,  
Visited daily 4.30 p.m., S. & H. sends  
to Hegeman.

## GEETY, Substation.

113th Street and Eighth Avenue,  
To Grube.

## ROBINSON BROS., Substation.

112th Street and Seventh Avenue,  
To Grube.

## FREUND, Substation.

107th Street and Broadway,  
To Grube.

## GEISLER, Substation.

105th Street and Amsterdam Avenue,  
To Grube.

## GRUBE, Regular.

104th Street and Columbus Avenue,  
Visited daily 5.20 p.m., S. & H. 5.10  
p.m.

## KERLEY, Substation.

102d Street and Broadway,  
To Grube.

## GOETTING, Substation.

100th Street and Amsterdam Avenue,  
To Grube.

## CONGLETON, Substation.

99th Street and Broadway,  
To Grube.

## KEOGH, Substation.

98th Street and Columbus Avenue,  
To Grube.

## GREENBERG &amp; CO., Substation.

96th Street and Columbus Avenue,  
To Grube.

## FELS, Substation.

95th Street and Amsterdam Avenue,  
To Grube.

## MICHEL, Substation.

94th Street and Columbus Avenue,  
To Grube.

## HIGINBOTHAM, Substation.

92d Street and Columbus Avenue,  
To Spangenberg, 5.10 p.m. daily.

## BREITING, Substation.

88th Street and Broadway,  
To Spangenberg.



- SCHWARTZ, Substation.  
85th Street and Amsterdam Avenue,  
To Spangenberg.
- SPANGENBERG, Regular.  
82d Street and Columbus Avenue,  
Visited daily 5.20 p.m.
- KINSMAN DRUG CO., Substation.  
80th Street and Broadway.  
To Spangenberg.
- CARPENTER, WALLINGTON & CO., Sub-  
station.  
76th Street and Broadway,  
To Spangenberg.
- BOISNOT, Substation.  
74th Street and Broadway,  
To Cassebeer, 5.15 p.m. daily.
- CASSEBEER, Regular.  
72d Street and Columbus Avenue,  
Visited daily 5.25 p.m.
- POND, BOWES & CARTWRIGHT, Sub-  
station.  
70th Street and Broadway,  
To Cassebeer.
- SELEY, Substation.  
68th Street and West End Avenue,  
To Cassebeer.

- DOUGAN & MERRITT, Regular.  
61st Street and Columbus Avenue,  
Visited daily 5.30 p.m.
- COHEN, Substation.  
10 Amsterdam Avenue,  
To Dougan & Merritt.
- QUENCER, Substation.  
57th Street and Ninth Avenue,  
To Dougan & Merritt.
- SMITH, Substation.  
57th Street and Seventh Avenue,  
To Department of Health.
- McINTYRE, Substation.  
56th Street and Sixth Avenue,  
To Department of Health.
- OFFICE DEPARTMENT OF HEALTH,  
Sixth Avenue and 55th Street.  
Cultures received day or night.
- NEERGARD, Substation.  
52d Street and Sixth Avenue,  
To Department of Health.
- ROBENS, Substation.  
52d Street and Ninth Avenue,  
To Department of Health.
- PUNDT, Substation.  
51st Street and Ninth Avenue,  
To Department of Health.



## BOROUGH OF MANHATTAN.

- JAMES, Substation.  
46th Street and Broadway,  
To James, 44th Street.
- MILLER BROS., Substation.  
683 Tenth Avenue,  
To James, 3.45 p.m. daily,  
Sundays and Holidays 2.45 p.m.
- JAMES, Regular.  
44th Street and Eighth Avenue,  
Visited dally 4.00 p.m.,  
Sundays and Holidays 3.00 p.m.
- LONG ACRE PHARMACY, Substation.  
43d Street and Broadway,  
To James.
- M CRAE, Substation.  
43d Street and Tenth Avenue,  
To James.
- MUNSCH, PROTZMAN & CO., Substation.  
39th Street and Sixth Avenue,  
To Department of Health.
- HAAS, Substation.  
7 W. 38th Street,  
To Department of Health.
- HALL, Substation.  
Sixth Ave., bet. 37th and 38th Sts.,  
To Department of Health.

## BOROUGH OF MANHATTAN.

- BLOMEIER, Regular.  
439 Ninth Avenue.  
Visited daily, except S. & H. 4.05 p. m.  
S. & H. to James.
- LIPSET, Substation.  
34th Street and Tenth Avenue,  
To Blomeier.
- SCHIERER, Substation.  
Ninth Avenue and 30th Street,  
To Blomeier, 4.00 p. m. daily.  
Sundays and Holidays 3.00 p.m.
- GREGORIUS, Substation.  
Eighth Avenue, bet. 28th & 29th Sts.,  
To Schleussner.
- RIKER, Substation.  
23d Street and Sixth Avenue,  
To Kallsh.
- SCHLEUSSNER, Regular.  
22d Street and Ninth Avenue,  
Visited daily 4.10 p.m.,  
Sundays and Holidays 3.10 p.m.
- GIES, Substation.  
22d Street and Seventh Avenue,  
To Schleussner.
- LINS, Substation.  
Eighth Avenue near 18th Street,  
To Schleussner.



## BOROUGH OF MANHATTAN.

- JACOBSON, Substation.  
51 Eighth Avenue,  
To Bigelow, 4.15 p.m.,  
Sundays and Holidays 3.15 p.m.
- FRITZ, Substation.  
624 Hudson Street,  
To Bigelow.
- BIGELOW, Regular.  
Elghth Street and Sixth Avenue,  
Visited daily 4.25 p.m.,  
Sundays and Holidays 3.20 p.m.
- FLOWER DRUG CO., Regular.  
Hudson and Barrow Streets,  
Visited daily 4.35 p.m.,  
Sundays and Holidays sends to Bige-  
low.
- KNAPP, Regular.  
Hudson and King Streets,  
Visited daily 4.45 p.m.  
Sundays and Holidays sends to Bige-  
low.
- HERZENBERG, Substation.  
40 Grand Street,  
To Knapp.
- GEBICKE, Substation.  
W. Houston and Thompson Streets,  
To Knapp.
- KIENNINGER, Substation.  
Varlek and Charlton Streets.  
To Knapp.

## BOROUGH OF THE BRONX.

## BOROUGH OF THE BRONX.

- Borough Office—3d Ave. & St. Paul's Place.
- BECKER, Substation.  
Wakefield,  
To Fincke 5 p.m. daily, S. & H. to  
Loeber.
- FINCKE, Regular.  
Williamsbridge.  
Visited daily at 5.15 p.m., S. & H.  
sends to Loeber 4 p.m.
- HUMBERT, Substation.  
White Plains Road,  
To Fincke, S. & H. to Loeber.
- LOEBER, Regular.  
200th Street, Bedford Park,  
Visited daily 5.30 p.m., S. & H. 4.05  
p.m.
- HOF, Substation.  
Fordham,  
To Jones 4.50 p.m. daily, S. & H. 3.50  
p.m.
- JONES, Regular.  
Webster Avenue and Fordham Road,  
Visited daily 4.55 p.m., S. & H. 3.55  
p.m.



- CLARK, Substation.  
Morris Heights,  
To Miller 5.30 p.m. daily, S. & H.  
4.15 p.m.
- SCHNEIDER, Substation.  
961 East 184th Street,  
To Jones.
- STACOM, Substation.  
180th Street and Bathgate Avenue,  
To Miller.
- PIERSON, Regular.  
Westchester.  
Visited daily 4.50 p.m., S. & H. incl.
- SMITH, Substation.  
Westchester.  
To Pierson.
- CONNOLLY, Substation.  
Westchester.  
To Pierson.
- BUEHRLE, Substation.  
Morris Park Avenue,  
To Miller, Boston Road.
- MILLER, Regular.  
2007 Boston Road.  
Visited daily 4.30 p.m., S. & H. 4.35  
p.m.
- HERRIMAN, Substation.  
269 Tremont Avenue,  
To Miller.

- LINS, Substation.  
Tremont and Clinton Avenues,  
To Miller.
- ROSENBAUM, Regular.  
Jerome Avenue and Fordham Road,  
Visited daily 4.45 p.m., S. & H. 3.40  
p.m.
- STECHEER, Substation.  
174th Street and Bathgate Avenue,  
To Department of Health.
- OFFICE DEPARTMENT OF HEALTH.  
Third Avenue & St. Paul's Place,  
Cultures received day or night.
- ROMANOFF BROS., Substation.  
Wendover & Washington Avenues,  
To Department of Health by 6 p.m.
- SCHULZE, Substation.  
170th Street and Prospect Avenue,  
To Department of Health.
- TREUTLER, Regular.  
Jerome Ave., near 169th Street,  
Visited daily 4.30 p.m., S. & H. 3.30  
p.m.
- HUETHER, Regular.  
169th Street and Third Avenue,  
Visited daily 5.45 p.m., S. & H. 5.35  
p.m.



## BOROUGH OF THE BRONX.

MILLER, Regular.

712 Tremont Avenue,

Visited daily 5.45 p.m., S. &amp; H. 4.25 p.m.

SCHAAF BROS., Substation.

166th Street and Third Avenue,  
To Huether 5.25 p.m. daily.

KOEHLER, Substation.

165th Street and Forest Avenue,  
To Rothman 5 p.m. daily.

WURM, Substation.

162d Street and Morris Avenue,  
To Schmidt, 5.15 p.m. daily.

HIRSEMAN, Substation.

158th Street and Courtlandt Avenue,  
To Schmidt.

HAFFERBERG, Substation.

914 East 156th Street,  
To Rothman at 5 p.m. daily.

JORGENSEN, Substation.

155th Street and Melrose Avenue,  
To Schmidt.

ROTHMAN, Regular.

Cor. Tinton and Westchester Aves.,  
Visited daily at 5.20 p.m., S. & H.  
5.10 p.m.

## BOROUGH OF THE BRONX.

SCHMIDT, Regular.

155th Street and Third Avenue,  
Visited daily at 5.35 p.m., S. & H.  
5.25 p.m.

HEGEMAN &amp; CO., Regular.

149th Street and Third Avenue,  
Visited daily at 4.10 p.m., S. & H.  
5.20 p.m.

BLEIDNER, Substation.

793 Westchester Avenue.  
To Hegeman 4 p.m., S. & H. 5 p.m.

SOSKIN, Substation.

145th Street and Brook Avenue,  
To Hegeman 4 p.m., S. & H. 5 p.m.

GOLDWATER, Regular.

Third Avenue, near 143d Street,  
Visited daily at 5.30 p.m., S. & H.  
sends to Hegeman 5 p.m.

CHEREY, Substation.

Alexander Avenue, near 141st St.,  
To Goldwater, S. & H. to Hegeman  
4.45 p.m.

ROMANOFF BROS., Substation.

Prospect Avenue and Beck Street,  
To Rothman.



## BOROUGH OF THE BRONX.

- McKANE, Substation.  
140th Street and Willis Avenue,  
To Goldwater, S. & H. to Hegeman.
- RIEGEL, Substation.  
858 East 138th Street,  
To Picker by 3.50 p.m.
- PICKER, Regular.  
138th Street and Brown Place.  
Visited daily at 4 p.m., S. & H. to  
Hegeman by 5 p.m.
- VALERIUS, Substation.  
134th Street and St. Ann's Avenue,  
To Picker.

## BOROUGH OF BROOKLYN.

## BOROUGH OF BROOKLYN.

- Borough Office,  
40 Clinton Street.  
Cultures received day or night.
- HUELS, Regular.  
Broadway and Gates Avenue,  
Visited daily at 4 p.m. S. & H. 4.20 p.m.
- QUASMAN, Regular.  
4247 Fulton Street,  
Visited daily, S. & H. sends to Wer-  
ner at 4.30 p.m.
- WERNER, Regular.  
Atlantic and Georgia Avenues,  
Visited daily, including S. & H. 4.40 p.m.
- HERSCHMAN, Regular.  
Belmont and Watkins Avenues,  
Visited at 5 p.m., S. & H. to Werner.
- BENJAMIN, Regular.  
Fulton Street and Rockaway Avenue.  
Visited at 5.05 p. m., S. & H. to Werner.
- ROHRER DRUG CO.  
Sumner Avenue and Decatur Street,  
Visited at 5.35 p.m., S. & H. to  
Hughes.
- CADMAN, Regular.  
Fulton Street and Tompkins Avenue.  
Visited at 5.40 p.m. S. & H. to Hughes.



HUGHES,

Fulton Street and Nostrand Avenue,  
Visited at 5.45 p.m., S. & H. 5 p.m.

OSBORN, Regular.

Third Avenue and 46th Street.  
Visited at 4 p.m., S. & H. to Osborn,  
5.30 p.m.

OSBORN, Regular.

Third Avenue bet. 55th and 56th  
Streets,  
Visited at 4.05 p.m., S. & H. 5.40  
p.m.

WOLFF, Regular.

Third Avenue and 69th Street.  
Visited at 4.10 p.m., S. & H. to  
Osborn.

ROEDER, Regular.

40th Street and Ft. Hamilton Ave.,  
Visited at 4.35 p.m., S. & H. to Os-  
born.

GENTRY, Regular.

Fifth Avenue and 17th Street,  
Visited at 5 p.m., S. & H. to Wynn.

POVLSEN, Regular.

Ninth Street and 7th Avenue,  
Visited at 5.10 p.m., S. & H. to De-  
partment of Health, 6 p.m.

ABRAMSON DRUG CO., Regular.

Fifth Avenue and President Street,  
Visited at 5.20 p.m., S. & H. to  
Vincombe.

SCHEIDT, Regular.

969 Broadway,  
Visited at 4 p.m. daily.

CLASSEN, Regular.

457 Knickerbocker Avenue,  
Visited at 4.15 p.m., S. & H. to  
Huel.

KLEIN, Regular.

412 Central Avenue,  
Visited at 4.25 p.m., S. & H. to  
Huel.

HEIMERZHEIM, Regular.

567 Central Avenue,  
Visited at 4.35 p.m., S. & H. to  
Huel.

MERRITT, Regular.

1563 Broadway.  
Visited at 4.45 p.m., S. & H. to  
Huel.

ZELHOEFFER, Regular.

772 Halsey Street,  
Visited at 5 p.m., S. & H. to Huel.

VAN DUSER, Regular.

Fulton Street and Washington Ave.,  
Visited at 5.05 p.m., S. & H. to  
Hughes.



## BOROUGH OF BROOKLYN.

- MARSLAND, Regular.  
Greene Ave. and Cumberland Street,  
Visited at 5.15 p.m., S. & H. to  
Vinicombe.
- GOLLOBIN, Regular.  
139 Broadway.  
Visited at 4 p.m., S. & H. to Scheidt.
- VOSSLER & HAUCK,  
Driggs Avenue and No. 6th Street,  
Visited daily at 4.10 p.m., S. & H.  
to Scheidt.
- OPPER, Regular.  
937 Manhattan Avenue,  
Visited at 4.20 p.m., S. & H. to  
Scheidt.
- WINZLERING, Regular.  
451 Graham Avenue,  
Visited at 4.30 p.m., S. & H. to  
Scheidt.
- MENDORF & MENDORF, Regular.  
Graham Avenue and Boerum Street,  
Visited at 4.40 p.m., S. & H. to  
Scheidt.
- KEMPF, Regular.  
Broadway and Lorimer Street,  
Visited at 4.50 p.m., S. & H. to  
Scheidt.

## BOROUGH OF BROOKLYN.

- HACKETT, Regular.  
Myrtle and Nostrand Avenues,  
Visited at 5 p.m., S. & H. to Scheidt.
- KLOPSCH, Regular.  
Myrtle Ave. and Cumberland Street,  
Visited at 5.10 p.m., S. & H. to  
Department of Health, 6 p.m.
- CANTOR, Regular.  
Van Brunt and Sullivan Streets,  
Visited at 3.30 p.m., S. & H. to  
Department of Health, 6 p.m.
- WISBECH, Regular.  
Carroll and Henry Streets,  
Visited at 3.45 p.m., S. & H. to  
Department of Health.
- KOEHLER'S PHARMACY, Regular.  
316 Court Street near Sackett,  
Visited at 3.55 p.m., S. & H. to  
Department of Health.
- REED, Regular.  
Baltic and Clinton Streets,  
Visited at 3.55 p.m., S. & H. Dept of  
Health.
- HEYDENREICH, Regular.  
Atlantic Avenue and Clinton Street,  
Visited at 4.05 p.m., S. & H. to  
Department of Health.



## BOROUGH OF BROOKLYN.

LAMB, Regular.

84 Court Street.

Visited at 4.10 p.m., S. &amp; H. to Dept. of Health.

VINICOMBE, Regular.

44 Flatbush Avenue,

Visited daily at 4.25 p.m., S. & H.  
5.25 p.m.

WEISS, Regular.

Flatbush Ave. bet. Avenues C and D,

Visited at 5 p.m., S. &amp; H. to Vinicombe.

CUTLER, Regular.

883 Flatbush Avenue.

Visited at 5.10 p.m., S. &amp; H. to Vinicombe.

BANCROFT, Regular.

Nostrand Avenue and Prospect Place,

Visited at 5.25 p.m., S. &amp; H. to Hughes.

BANCROFT, Regular.

Bergen Street and Franklin Avenue,

Visited at 5.35 p.m., S. &amp; H. to Werner.

WILSON, Regular.

Flatbush and 6th Avenues,

Visited at 5.45 p.m., S. &amp; H. to Vinicombe.

## DEPARTMENT OF HEALTH, Clinic.

361 Jay Street,

Visited daily 6 p.m.

NEANDER, Substation.

Bay 18th Avenue near 86th Street,  
Bath Beach,

Sends to Wolff, 4 p.m.

WHITLEY, Substation.

91st Street and Third Avenue,  
To Wolff.

PRAGER, Substation.

780 Gravesend Avenue,

To Roeder 3.30 p.m. daily.



## BOROUGH OF QUEENS.

## BOROUGH OF QUEENS.

Borough Office,

Fulton Street, Jamaica.

MERRING, Substation.

685 Vernon Avenue, L. I. City,  
To Schnitzler daily 4 p.m.

TEWES, Substation.

Steinway Avenue and Broadway,  
L. I. City,

Sends to Cabeen, 4.25 p.m.

RIEHL, Substation.

133 Fulton Avenue, L. I. City,  
To Schnitzler.

CABEEN, Regular.

436 Jackson Avenue,  
Visited at 3.50 p.m. daily, S. & H.  
4.10 p.m.

BLICHER, Substation.

62 Vernon Avenue, L. I. City,  
Sends to Schnitzler.

MUNK, Substation.

181 Eleventh Avenue,  
To Schnitzler.

SCHNITZLER, Regular.

10 Jackson Avenue, L. I. City,  
Visited daily 4.05 p.m., S. & H. incl.

## BOROUGH OF QUEENS.

ZIEGLER, Substation.

339 Webster Avenue,  
To Cabeen.

COLLINS, Substation.

433 Steinway Avenue, L. I. City,  
To Cabeen.

REILLY, Substation.

81 Flushing Avenue, L. I. City,  
To Cabeen.

SCHROEDER, Substation.

253 Grand Avenue, L. I. City,  
To Cabeen.

BEHN, Regular.

306 Fulton Street, Jamaica.

GOLDMAN, Regular.

Jamaica and Park Avenues,  
Visited daily at 4.50 p.m. S. & H.  
5.50 p.m.

WOOD, Substation.

Richmond Hill,  
To Bacon.

BACON, Regular.

Richmond Hill,  
Visited daily at 4.55 p.m., S. & H.  
incl.




## EXAMINATION OF SPUTUM FOR TUBERCLE BACILLI.

**SPUTUM OUTFITS.**—The sputum outfit furnished by the Department consists of a well-corked glass jar, bearing the name of the Department in raised letters, with a blank label, and a sputum slip (Form 38 L) on which the required data are to be given; it also gives instructions for obtaining the specimen.

38 L-1907

21a-323, '07, 60,000 (P)

THIS SLIP SHOULD BE FILLED OUT BY PHYSICIAN

 See other side for information regarding Collection and Examination of Sputum

PLEASE SECURE AGAINST LEAKAGE

## DEPARTMENT OF HEALTH

CITY OF NEW YORK

Division of Communicable Diseases

DIAGNOSIS LABORATORY

Sixth Avenue and 55th Street

SPUTUM FROM A CASE OF SUSPECTED TUBERCULOSIS

Date of collection of specimen \_\_\_\_\_ 190 \_\_\_\_\_

No. of specimen. 1st, 2d, 3d, 4th, 5th, 6th, 7th.

Name of Patient \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Attending Physician (Give full name and address)

Name \_\_\_\_\_


Address \_\_\_\_\_

Clinical diagnosis \_\_\_\_\_

Was this blank filled out by attending Physician? \_\_\_\_\_

Should result of examination be positive, do you wish an Inspector to call and instruct patient and family as to prophylaxis, etc.? \_\_\_\_\_

If result of examination is negative, do you wish this Department to consider the case as one of pulmonary tuberculosis? (Answer Yes or No.) \_\_\_\_\_

 This Blank to be filled out to this point by Physician

Received \_\_\_\_\_ Prepared \_\_\_\_\_

Lab. No. \_\_\_\_\_ Day No. \_\_\_\_\_

Result of Examination—Numerous—Moderate—Few—Negative.

Examined by \_\_\_\_\_

Date reported \_\_\_\_\_

NO SPECIMEN WILL BE EXAMINED IF LEAKING HAS OCCURRED

(OVER)



At 6 A. M. the Manhattan sputum specimens collected the day before are prepared for examination, the necessary data being entered on the "laboratory" lists. Brooklyn specimens are brought to the laboratory by 8 A. M. Bronx, Queens and Richmond specimens and lists are prepared at 9 A. M. All slips after being marked and dated are sterilized one hour in an Arnold sterilizer.

Each sample of sputum is poured into a Petri dish and a moderately thin smear of selected portions, representing in area two cover-glasses, is spread on a new glass slide, the "day" number being marked with a diamond. The slides are dried on an Ehrlich plate, and placed in aluminum racks, fitting in aluminum trays. The racks hold twenty-four slides. The trays are filled with fresh aniline fuchsin water, and heated to steaming for two minutes, washed in water, decolorized in acid alcohol (3% hydrochloric acid in 70% alcohol) counterstained with alkaline methylene blue, and a blank label for result of examination is affixed. Watery, oily or dried samples receive special attention the following morning. Leaky or improperly preserved specimens are not examined, notice of that fact being sent to the physician (Form 173 L). Microscopical examinations begin at 9 A. M. A rapid, superficial examination is first made to exclude all specimens showing a large or moderate number of tubercle bacilli. The remainder receive a millimetre search, a mechanical stage being used. Results of examination are marked upon the slide, upon the proper place in the slip, together with the initials of the examiner and upon the laboratory list, the terms used being "numerous," "moderate," "few," and "negative." All slides are stored in a special cabinet twenty days for possible reference.

173 L-1907

21a-397, '07, 2,000 (P)

**DEPARTMENT OF HEALTH**  
City of New York  
Sixth Avenue and 55th Street  
Division of Communicable Diseases  
**DIAGNOSIS LABORATORY**

190—

Dr. \_\_\_\_\_

Dear Sir:

We have received a specimen of the sputum of your patient,

of \_\_\_\_\_  
but no examination can be made, as the container reached this laboratory in a bad condition, the sputum having leaked out.

If you will send another specimen, in a strong, tightly corked bottle, such as may be obtained at any of the Department of Health Stations (see enclosed list), an examination will be made and the result reported to you.

Respectfully,

J. S. BILLINGS, JR., M. D., Chief of Division.

\_\_\_\_\_  
M. D.

Assistant Director Diagnosis Laboratory.

(Enclosure)



With the written report [positive, Form 97 L; negative, Form 39 L], to physicians is sent a copy of the "Circular of Information for Consumptives and Those Living With Them" (Form 35 L, see page —), with the request that he give it or equivalent instructions to his patient. When the physician has failed to send the name or address of patient, the missing information is requested (Form 45 L). When the name of the attending physician is not given, it is asked for (Form 247 L).

97 L-1907

21a-360, '07, 15,000 (P)

DEPARTMENT OF HEALTH,  
CITY OF NEW YORK.

Division of Communicable Diseases.

DIAGNOSIS LABORATORY.

SIXTH AVENUE AND 55th STREET.

Telephone 4900 Columbus.

LABORATORY No. \_\_\_\_\_

\_\_\_\_\_190

Dr. \_\_\_\_\_

DEAR SIR :

The examination of the sputum from

\_\_\_\_\_

\_\_\_\_\_

received on \_\_\_\_\_ shows the presence

of \_\_\_\_\_ tubercle bacilli.

The case is therefore one of pulmonary tuberculosis.

If you desire to have the family instructed as to methods of cleansing the apartments and as to general prophylaxis, kindly notify this Department. Unless so requested the Department will not visit or interfere with the case in any way. The attending physician will kindly see that his patient is supplied with one of the enclosed circulars of instruction or its equivalent.

Physicians are required to at once notify the Department of Health of any change of address on the part of their consumptive patients, in order that the vacant premises may be disinfected.

J. S. BILLINGS, JR., M. D.,  
Chief of Division.



39 L-1907

21a-324, '07, 20,000 (P)

DEPARTMENT OF HEALTH

DIAGNOSIS LABORATORY

DIVISION OF COMMUNICABLE DISEASES

SIXTH AVENUE AND 55th STREET

Telephone 4900 Columbus

Laboratory No. \_\_\_\_\_

NEW YORK, \_\_\_\_\_ 190

Dr. \_\_\_\_\_

DEAR SIR :—The examination of the sputum from

\_\_\_\_\_

received on \_\_\_\_\_ not show the presence of any tubercle bacilli.

DO YOU STILL WISH THIS DEPARTMENT TO CONSIDER CASE ONE OF TUBERCULOSIS? If so, please report on postal in regular way.

\_\_\_\_\_

This Department has found that it is practicable to examine (if necessary with a mechanical stage) one large preparation of each specimen of sputum made directly upon a microscopical slide. Such a preparation equals in area three of the ordinary cover glass preparations. This is usually sufficient to demonstrate the presence of tubercle bacilli in fairly well developed cases of pulmonary tuberculosis, and in many cases which are only in the incipient stage. There are, however, undoubted cases of incipient pulmonary tuberculosis which require the examination of many preparations before the tubercle bacilli can be found. Cases also occur in which the sputum for a time does not contain the bacilli, which were, however, present at an earlier period, and which reappear again later.

If this case be still regarded as possibly one of tuberculosis, other specimens should be sent for examination. It should be constantly remembered that the demonstration of the presence of tubercle bacilli in the sputum proves conclusively the existence of tuberculosis; but that the absence of tubercle bacilli or the failure to find them microscopically does not positively exclude the existence of the disease.

J. S. BILLINGS, JR., M. D.

Chief of Division.

45 L-1908

2985, '08, 250 (P)

DEPARTMENT OF HEALTH, CITY OF NEW YORK,

DIVISION OF COMMUNICABLE DISEASES,

SIXTH AVENUE AND 55th STREET.

Telephone 4900 Columbus.

\_\_\_\_\_ 190

To Dr. \_\_\_\_\_

Dear Sir :

A specimen of sputum marked \_\_\_\_\_ was received from you on \_\_\_\_\_ but the \_\_\_\_\_ and \_\_\_\_\_ of the patient did not accompany the specimen. Under the rules of the Board, a report of the examination cannot be sent to you until these data are furnished.

Please fill out name and address on enclosed blank and return, when result of examination will be at once forwarded.

Respectfully,

\_\_\_\_\_ M. D.,

Chief of Division.



247 L-1907

2297, '07, 1,000 (P)

**DEPARTMENT OF HEALTH**  
**CITY OF NEW YORK**  
 S. W. Cor. 55th Street and Sixth Avenue

NEW YORK, ..... 190.....

M.....,

DEAR....., was received at the  
 Diagnosis Laboratory of this Department to-day.

These examinations are made for the purpose of assisting physicians to accurately diagnose cases of pulmonary tuberculosis.

Therefore, if you will kindly send the name and address of your attending physician, to the above address, a report will be promptly mailed to him. If, however, you are not under treatment by a private physician, at the present time, and will notify us to that effect, we will forward a report to you.

Respectfully,

..... Chief of Division

On completion of the examination and reporting of results, all slips are forwarded to the various Borough offices where they are filed in a special envelope (Form 138 L).

138 L-1907

21a-370, '07, 15,000 (P)

**TUBERCULOSIS**

No. .... Street ..... Borough .....

Name ..... Date .....

Laboratory No. .... Case No. ....

Tubercle Bacilli { Found  
 Not Found.

**LATER SPECIMENS.**

	2nd	3rd	4th	5th	6th
Date Received	P	P	P	P	P
Result, {	N	N	N	N	N











The name and address of all cases showing "true" or "positive" results, and of negative cases which the attending physician wishes considered "true," are reported to the Inspector-in-Charge of the Borough in which the patient resides (Form 11 L see page—). A daily record (Form 22 LL) is kept for each Borough of the number of primary (positive, negative and doubtful), and later specimens examined, including diphtheria, and also the number of visits made to stations, number of culture tubes, swabs, sputum jars and other outfits prepared.

COLLECTION OF SPECIMENS AND SUPERVISION OF CULTURE STATIONS.—Various pharmacies throughout New York City keep on hand sputum outfits, culture tubes, diagnostic outfits and diphtheria antitoxin and vaccine, supplied by the Department of Health. These pharmacies are designated as "Culture Stations." A full description of these outfits and the various grades of antitoxin, together with a full list of "culture stations," is found in the circular entitled "Work and Products of the Diagnosis, Research, and Vaccine Laboratories" (Form 105 L, see page—).

These "culture stations" are of two kinds:

(a) "Regular stations" visited daily by collectors and supplied directly by them (in all Boroughs).

(b) "Sub-stations," obtaining supplies on requisition (Form 148 L) forwarded by mail in directed envelope furnished for the purpose or through the "regular" stations, and delivering specimens daily to these stations before the collector calls (in Manhattan, Bronx and Queens only).

All requisitions after being honored are stamped with the date and the initials of the employee who put up the order and are filed for reference.

21a-284, '06, 10,000 (P)

148 L-1906

**DEPARTMENT OF HEALTH, City of New York.**

**Division of Communicable Diseases.**

All supplies except Antitoxin and Vaccine to be ordered on these cards. Place card in an envelope directed to Diagnosis Laboratory, and send to collecting station. **Do not mail it.** When the supplies are forwarded to the collecting station a notice will be sent you. If there is any delay please telephone. Special postal cards for ordering Antitoxin and Vaccine will be supplied by the Chief Clerk of the Department of Health.

(OVER.)

N. B.—This card must not be sent by mail.

Culture Tubes \_\_\_\_\_  
 " Swabs \_\_\_\_\_  
 Diphtheria Blanks (1st culture) \_\_\_\_\_  
 " (later culture) \_\_\_\_\_  
 Sputum Jars and Blanks \_\_\_\_\_  
 Typhoid Outfits (Blood) \_\_\_\_\_  
 " (Urine) \_\_\_\_\_  
 Malaria Outfits \_\_\_\_\_  
 Cerebro-Spinal Meningitis Outfits \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_

(OVER.)



“Culture stations” are established on application in writing, after approval by the Chief of Division and the Chief Clerk (as to antitoxin and vaccine contract), and after signing an agreement in duplicate.

The location and character of all “culture stations” are indicated upon maps of the different Boroughs by means of colored tacks.

Supplies carried by “regular stations” in Manhattan (minimum):

Sputum jars.....	1 Dozen
Sputum blanks (Form 38 L).....	2 Dozen
Culture tubes.....	1 Dozen
Swabs .....	1 Dozen
Culture envelopes.....	1 Dozen
Typhoid outfits (Widal) .....	1 Dozen
Typhoid outfits (Diazo) .....	1 Dozen
Meningitis and malaria outfits, each .....	1/2 Dozen
Primary diphtheria blanks (Form 21 L).....	1 Dozen
Later diphtheria blanks (Form 26 L).....	1 Dozen
Antitoxin .....	6 Bottles
Vaccine .....	10 Tubes

The blanks for Widal, Diazo and malaria specimens accompany each outfit.

Supplies carried by “sub-stations” (minimum):

Sputum jars.....	6
Sputum blanks (Form 38 L).....	6
Culture tubes.....	10
Swabs .....	10
Culture envelopes.....	10
Typhoid outfits (Widal).....	4
Typhoid outfits (Diazo).....	3
Meningitis and malaria outfits, each.....	2
Primary diphtheria blanks (Form 21 L).....	10
Later diphtheria blanks (Form 26 L).....	10
Antitoxin .....	6 Bottles
Vaccine .....	10 Tubes

The proprietors of “sub-stations” agree to deliver all specimens to the “regular stations” by the appointed time each day, and to send for their packages of new supplies within 48 hours after notice has been received. Such notice is sent by postal card (Form 145 L). All “regular stations” are visited every two weeks to inspect same and to replenish supplies. “Sub-stations” are inspected and supplied monthly, a record of each inspection being kept in a special card index (Form 199 L).



## DEPARTMENT OF HEALTH

CITY OF NEW YORK

Sixth Avenue and 55th Street

### Division of Communicable Diseases

DIAGNOSIS LABORATORY

A package of supplies has been delivered at

Please call for same without delay.

Present this card at the collecting station.

### CULTURE STATION REPORT

Name.....

Address..... Date assigned..... 190

No. C Tubes..... Good..... Bad..... Fair.....

No. Sp. Jars..... Widal..... Diazo..... C. S. M.....

No. Malaria..... Swabs..... Suff. Blanks?..... Envs.?

Remarks .....

Box in good order?.....

Was req. for supplies made out at time of Insp.?.....

Date Insp..... 190 . . . . . Nurse

REGULATIONS FOR COLLECTORS. GENERAL, COVERING ALL BOROUGHS.—Collectors leave the Borough offices promptly and visit the “culture stations” according to schedule; in no instance is a station to be left *before* the schedule time.

Each station is visited daily and the collector always carries the hand-bag furnished by the Department and a full stock of supplies. Telephoning to “culture stations” to ask if there is any necessity to call, is strictly forbidden.

The stock of supplies in each station is to be carefully examined daily, especially the culture tubes, and all spoiled tubes replaced. If the number of other outfits is deficient, it is made up to the required amount.

If packages for sub-stations remain at the regular stations more than forty-eight hours, the fact is reported to the Assistant Director of the Diagnosis Laboratory.

All carfare vouchers for the preceding month, properly made out in duplicate and sworn to, are submitted to the proper official for his approval, on the first day of the month (Form 8 B).

In Manhattan the collectors report at the Diagnosis Laboratory daily at 3:30 P. M., and put up all orders for supplies which may have been received after 3 o'clock.

One bacteriological diagnostician must be constantly in the laboratory between 9 A. M. and 4 P. M.

There must always be a full stock of all outfits kept in the Divisions of Contagious and Communicable Diseases, in each Borough, in the boxes placed there for that purpose.



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between 9 A. M.  
of Contagious  
purpose.



THE HISTORY OF THE  
CITY OF BOSTON  
FROM 1630 TO 1880  
BY  
J. B. HENNING

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