THE CAPITAL'S HEALTH

DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH, WASHINGTON 1, D. C.

DECEMBER, 1953 VOLUME II, NUMBER 9

THE DISTRICT'S DIRECTOR OF PUBLIC HEALTH SAYS:

The holiday season is the time of the year when we recount our blessings and look forward in happy anticipation to the future. Those of us in the medical profession and allied professions dealing with the care of the sick recall weary hours of anxiety which were quickly dispelled by a patient's appreciation of our help.

As we extend greetings and good wishes to one another at this season of the year, let us all dedicate ourselves, as physicians, to the challenge confronting us—for some sick and maimed will be among us always—that of extending the work of healing and preventing illness throughout our community.

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DANIEL L. SECKINGER, M.D., Dr. P.H.,
Director of Public Health.

Cross-connection Complications

LIKE all the rest of us, Washington homemakers are interested in beating the high cost of living. On November 30, however, one District housewife did not welcome such a reduction when it emerged from her apartment kitchen faucet in the form of free soap suds and blueing. Instead she quickly called the District of Columbia Water Division where a surprised employee routed the complaint to the Bureau of Public Health Engineering and the Washington Aqueduct.

Within an hour, an inspector from the Washington Aqueduct, the branch of the U. S. Army Corps of Engineers that supplies drinking water to the District of Columbia owned system, arrived on the scene. Residents had allowed the water to run copiously and the condition had already cleared, but Mrs. D. C. Housewife showed him some of the blue water she had saved. A sample of the cleared water was taken from the faucet for bacteriological analysis. Pending the results, which although favorable, required 48 hours to obtain, the Bureau of Public Health Engineering warned residents of the other 16 apartments in the building to boil drinking and cooking water and to use as little as possible until further notice.

The following morning personnel of the Bureau of Public Health Engineering undertook an investigation to determine the cause of the incident. The critical phase of the detective work was supplied by the complainant herself who had determined that a resident of a third floor apartment had been washing laundry at the time the incident had occurred in her first floor quarters. She had also established the fact that blue water had come from faucets on all three floors and the basement of the building. A call on the third floor resident who had done the suspected laundry quickly revealed the culprit, an "apartment type" **EASY** portable washing

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Psittacosis

AMONG the natural diseases of birds or fowl which are transmitted to man is psittacosis, commonly known as "parrot fever." Parrots, however, are not the only birds from which this disease is transmitted.

Psittacosis, is a virus infection of psittacine birds (parrots, and parakeets; as well as pigeons, turkeys, chickens, and ducks) which is transmissible to man. Bird-lovers, breeders, dealers, and innocent by-standers may become infected. It is rarely as serious in man as it is to the birds, and therefore a majority of the infections are probably unrecognized.

In the past few years, because of newer knowledge of treatment together with reports that pigeons, ducks, turkeys, pheasants, and chickens might also transmit psittacosis, the Public Health Service removed its regulations prohibiting interstate shipping. An increased popularity of these pets and a rapid growth of psittacine bird breeding establishments has been accompanied by the discontinuance of the early efforts to control the disease.

There has also been an increase in the illegal importation of foreign birds which has alarmed public health officials in the nation as well as in the District of Columbia. Although there has been only one case of psittacosis in man reported in the District, and only 4 birds actually diagnosed as being infected with the disease, the fact that this disease has been identified indicated that there is a possibility of psittacosis becoming more widespread. There is also the greater risk of man being repeatedly exposed when infected birds with a virulent virus are kept in cages in the homes.

Symptoms in man usually begin 6 to 15 days following initial contact with infected birds. Headache, chills, fever, backache, restlessness, cough, and other respiratory involvement are the most common symptoms.

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Psittacosis —(from First Page)

A physician should be consulted as soon as symptoms appear.

Humans are usually infected by inhalation of dust contaminated with the infective particles from dried droppings, urine, feathers and droplets from the nasal secretions. Air currents may disseminate the virus particles.

More human psittacosis occurs during the winter months, when members of the household are exposed in closed houses and apartments to infected parakeets which may or may not be kept in cages.

Symptoms in Parakeets and Parrots

There seem to be no characteristic symptoms in parakeets and parrots. Sick birds may appear sleepy, motionless, have ruffled feathers. Shivers with closed eyes, and diarrhea may be present.

Mortality is usually 10 to 15 percent in parakeets kept in a clean environment. In dirty surroundings birds have a much higher mortality.

Even more important, however, is the fact that infected birds may appear normal, yet harbor and discharge virus capable of infecting humans.

Birds that die should be brought in to the Department of Public Health, Bureau of Disease Control, (Room 6150), 300 Indiana Avenue, N. W. The birds carcasses should not be opened, but should be wrapped in a phenol, or lysol, soaked towel or cloth. It is important that the bird be handled in this manner to protect the laboratory personnel when the birds are opened.

Precautionary Measures

Thoughtful, informed birdlovers, breeders, and/or dealers, should be alert to the fact that increased distribution and sale of infected, but apparently healthy birds, parakeets or parrots, may spread considerable psittacosis. If the breeders and dealers do not make every effort to control the industry themselves, it may be necessary that drastic control measurers be taken in the interest of the public's health.

Several measures which may be followed by owners, breeders, and dealers are:

(1) Provide sound and adequate aviary and pet shop management, including provision for proper nutrition, adequate breeding nests, sanitary housing facilities, as well as proper record keeping of where birds are purchased and to whom sold for at least a two year period.

(2) Neither sell nor accept for sale sick or weak parakeets.

(3) Veterinarians should be consulted when birds are sick. Never trust remedies advertised to cure psittacosis. The adding of antibiotics to drinking water gives no assurance that birds will be freed from psittacosis.

(4) Refuse to accept birds of unknown origin which may have arrived illegally in the District and may be infected.

(5) Leg banding is advisable, practical, and gives assurance to the buyer that the parakeet came from a dealer who is making an effort to reduce the risk of psittacosis.

To date specific regulations have not been proposed or established in the District of Columbia. Until such time as regulations are deemed necessary in the interest of the public's health it is hoped that the birdlovers, breeders and dealers will attempt to control their own activities and follow the precautionary measures enumerated in this article. Thus we can be sure that psittacosis does not become a grave disease problem in Washington, D. C.

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Cross-connections —(from First Page)

machine. The chain of events was soon established and the incident completely reconstructed.

At 10 o'clock on the morning in question, the lady in the third floor apartment had just finished washing her baby's diapers in the small machine and was about to wash a blanket. She added a powdered detergent and some blueing to the machine and began to fill it with water. The machine, normally stored out of the way, is operated on the kitchen sink drainboard. It is filled with water directly from the kitchen faucet through a rubber hose entering the bottom of the washer. It is this feature that was responsible for the contamination of the water system of the entire building. During the few seconds that it took to fill the washer through the hose, the janitor in the building shut off the water supply in the basement to replace a sink. Use in other apartments drained some of the water in the piping system so that the water that had just mixed with the detergent and blueing and soiled laundry was sucked back into the water supply line through the rubber hose. A few minutes after 10 o'clock Mrs. D. C. decided to make some tea and turned on her faucet. There was sufficient water under static pressure in the pipes to produce a flow through the faucet even though the water supply was still shut off in the basement. Blue water and suds quickly filled the tea kettle and Mrs. D. C. sounded the alarm. The few gallons of water from the washing machine had so well distributed itself through the building system that it emerged from faucets on all floors of the building, including the third floor once the water pressure was turned on again in the basement. Additional bacteriological and chemical samples were taken throughout the building. Similar to the findings of the original sample taken by the Washington Aqueduct, these showed no evidence of contamination, and normal use of the building water supply was resumed.

The implications of this incident are more serious than the preceding narration might imply. Had no blueing and less detergent been used in the wash, the contamination would not so easily have been detected. Building residents might well have drunk the water without suspicion, loaded, as it must have been, with fecal material from the diaper wash. A serious epidemic might have resulted. Furthermore, such incidents as these are not nearly as rare as the general public might deduce by counting the unique set of circumstances that were necessary to produce the effect. It might be charged that the odds against the particular occurrence described were "a million to one." Conceding such liberal odds does not deny the issue. In a municipality the size of the District of Columbia there are enough danger points where contamination could be introduced into the water supply so that the odds are reduced to the point where these happenings are of far more than academic interest. Any connection of the municipal water supply to any source of used water or unapproved water supply is illegal under the District's Plumbing Code. Not all of these "cross-connections" are of the **EASY** washing machine variety. This particular incident was handled by advising the washing machine owner of the hazards involved, and citing the prohibitive regulation. Instructions were given to the owner to fill the machine at the top so that no connection between water in it and the faucet is made through the hose. The real fault, however, lies in the design of the machine, which, for the sake of economy, provided for filling the washer through the same hose used to drain the soiled water. A letter was written to the manufacturer advising him of the incident and requesting a change in design to eliminate this hazard.

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Keeping Your Child Ready for School

As the school year rolls swiftly along, parents are aware of continual changes which occur in their children. Children are normally equipped with a wealth of potentials, both physically and mentally. How these are conserved and guided will determine your child's growth and development. It is your duty as parents to see that your child's health is protected and guarded throughout the formative years.

Being truly conscientious parents, you will have taken your child to your family physician for a physical inventory, for you know that he can help you be sure your child is physically fit for the daily duties and activities of a strenuous school program. Properly cared for, a child's body is able to keep up with his keen, active mind. Nor will you have neglected a visit to the dentist for the regular check-up on your child's teeth. Neglected teeth can cause all sorts of trouble both now and later, for your child.

Of course you cannot actually get your child ready for school in the few short weeks before school begins; the getting ready actually begins when the child is born. You have heard the story of the young woman who took her three-year-old to a guidance clinic and asked, "How soon shall I start training my child?" "Well I would say," was the reply, "that you are about three years too late." So it is with the child's preparation for school —you cannot wait until the proverbial last minute and expect the task to be well done.

Perhaps this is your child's first year at school and you are not too sure how he is reacting to this new experience, even now. There are some things you can do which will help him to adjust well and to be happy in school. Have patience with the child because he is in a new environment, and after five years in the home environment, it may take more than two or three months to make a completely satisfactory adjustment. Discuss with him some of the things that may go on in school that are new and strange. Perhaps you can help him to get acquainted with some others who are going to school for the first time along with him. All of these things will help to pave the way in conditioning your child for this important event in his life.

School days are days of routine when certain things must be done at certain times. Your child will adjust to this "scheduling" of time better if he is used to doing things in the same way at home. Children thrive better on a "certain time" for doing things—regular times for meals, for bathtime, for playtime, and especially for bedtime. A program of regular hours at home makes a healthier child and a better adjusted child in school. Educators used to talk of the three R's; now we talk of the four R's—recreation, relaxation, rest, and routine. This means a synchronized school and home program—to school on time, recreation when school is over, relaxation before bedtime, plenty of rest, all fitting into the word "routine."

Just a further word about "rest." Sufficient sleep is so essential to your child's growth and development and to his progress in school. And remember, a child does not get restful sleep if he has just been watching an exciting program on television. Censor the programs your child sees to be sure they are not harmful to him, and be sure he sees a relaxing program just before bedtime—or better still, no program at all for that last half hour.

In this modern day and age everyone is aware, or should be aware, of the value of proper nutrition—a well-rounded diet containing all of the essential foods in sufficient quantity to nourish the mind and the body. And the most important meal of the day, as well as the one most often skipped, is breakfast. No child should be allowed to start off a day without a good breakfast. It is impossible to emphasize this too strongly. Lack of a proper breakfast can quickly undermine a child's health while a good breakfast can help to keep him healthy and full of energy. And parents should be sure that their growing children get a sufficient quantity of good, rich milk to supply the necessary elements for their rapid growth.

Many parents expect too much of the school. They expect teachers to be able to shape their child into the right mold and keep him going on the path of good living. Teachers can, of course, be a wonderful help to the children placed under their care, but remember a child spends less than one-seventh of his time in school. Can a teacher be expected to do all the work of character development? Certainly not! The bulk of this effort falls on the home. Parents cannot shun this responsibility and just take it for granted that their children will grow up to be good citizens, responsible adults, fine men and women. There must be teamwork in this problem of child development—teamwork with the community, the parents, and the teachers. A healthy mind in a healthy body living in a healthy environment, adds up to a healthy child and it takes the cooperation of all to make this possible. Take an interest in the school your child attends; see what you can do to make it the best school in the community; cooperate with the teachers, work together with them and with other community leaders to help provide the environment your child needs at all times.

Utilize the services of the public health nurse who works in your community and in the school which your child attends. As a liaison worker between schools, clinics and the community, she will be able to counsel you on many problems related to your child's wellbeing, she will be able to tell you where you can go for needed help, as well as helping you to understand the problems in which you may be involved as you endeavor to guide your children aright. And if, during the course of the school year, the teacher or the school physician discover physical or emotional disturbances in your child, the public health nurse is there to assist you in correcting these conditions by guiding you to the proper sources for help.

A good health program is carried on in our schools, and the physicians, nurses, and teachers working in schools are ever on the alert to recognize early signs of illness in school children, realizing that early diagnosis often prevents the development of serious trouble. But discovering these problems is in itself of relatively little value unless something is immediately done about them. The way in which parents respond to health problems of the child greatly influences the child's personal attitude toward health which he may carry with him into his adult life. Therefore, prompt action on the part of parents toward these problems will do much in developing in the child a positive health attitude. The public health nurse is on call for assistance. She is interested in your child and will do her best to help you at all times.

Preparing your child for school and keeping him prepared is a daily task. At times you may feel discouraged and believe that you are making no progress, but constant effort will prove worthwhile, and you will reap your reward as you see your child grow and develop into a well adjusted, healthy, and happy adult.

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DISTRICT OF COLUMBIA

DEPARTMENT OF

PUBLIC HEALTH

"Not only to live but to be healthful in life."

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WMAL - TV Offers An Opportunity

Cooperatively with WMAL-TV (Channel 7) the Department of Public Health's Bureau of Public Health Nursing will initiate a series of 13 programs, starting early in February, each Tuesday between 3:15 and 3:30 P.M., on Ruth Crane's **Modern Woman Program.**

The first several programs will be devoted to "child care and baby-sitting," as taught last school year in some sixth grade health education classes by Mrs. Roberta H. Lindbeck, a public health staff nurse. Emphasis of this part of the series will be to give youngsters a better insight into human relations— especially with their own younger brothers and sisters, to learn that the younger members of their own family are individuals in their own right and should be so treated.

Following these programs other interesting projects demonstrating nursing activities in the community with various aged children's groups will be televised and other public health staff nurses will appear.

Television as a mass health education medium has been demonstrated in previous series of programs presented on local stations. The splendid cooperation of Miss Ruth Crane and Station WMAL-TV, presents a new opportunity and a challenge to demonstrate another area of services rendered to the community by the District's Department of Public Health.

"How to Catch a Cold"

A 16-mm film of the above title has been loaned to the Health Education Section for the next two months. Organizations wishing to use this film should call NA. 8-6000, Extension 2136, for an early showing.

Violent exercise is like a cold bath. You think it does you good because you feel better when you stop it.

STAR—This Week, 11-15-53

Cross-connections—(from Second Page)

There are literally hundreds of types of cross-connections commonly found in a complex, or even a simple, urban community. Many are only temporary connections as the one described, while others are permanent hazards. They run the gamut from the simple sink faucet which discharges at an elevation below the rim of the sink so that, should the sink be plugged or stopped, the faucet could suck water from it back into the supply, through dishwashing equipment, bedpan washers and chemical solution tanks providing the same opportunity, all the way to large industrial plants where unsafe water supplies are connected to municipal supplies so that one may supplement the other.

The mere existence of a regulation prohibiting cross-connections is not protection from them. Nor is it possible for the limited staff of public health engineers in the District of Columbia, or any municipality, to police the city for violations. The solution to this real menace which has caused much illness and claimed many lives throughout the country, and, as recently as this past summer, produced an outbreak of typhoid fever in nearby Alexandria, lies in the pursuance of a five point program: (1) the public must be educated to the danger so that it can eliminate cross-connections in its homes and factories; (2) manufacturers of plumbing and process equipment must be fully educated to the peril so that changes in design will eliminate future cross-connections; (3) some industry or government sponsored national board should be established to control the manufacture and sale of plumbing and process equipment insofar as cross-connections are concerned; (4) plumbers, most of whom are aware of cross-connection dangers, should continually emphasize the matter so that dangerous connections will not be made by anyone in their field; and (5) inspections should be made, as are currently being done, by public health engineering personnel in an attempt to discover the major hazards in large industrial, institutional, commercial and residential buildings.

While all five of these aids are not presently available, the Bureau of Food and Public Health Engineering is doing its best to combat the problem by existing means. Through such efforts, it is hoped that the color of Mrs. D. C. Housewife's drinking water can be changed from a literal blue to a figurative one denoting "fair sailing" in the endeavor to provide the citizens of the District of Columbia the maximum protection to their drinking water.

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