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**Typhoid Fever and the Water Supply.**

The chairman of the Citizen's Committee has received the following interesting and instructive communication from Prof. Norman Bridge, of Rush Medical College, one of the most eminent and learned authorities on the matter of which he treats below:

Chicago, Nov, 7, 1899.

P. A. MONTGOMERY, Esq.,

MY DEAR SIR—The cause of the spread of typhoid fever has, in the last year or two, become much better understood than ever before. Formerly, we supposed the microbes of the disease were distributed wholly through the dijections from the bowels, that they somehow got into various water supplies, and, besides being drunk, contaminated milk and food in various ways and so infected the people.

Now, it is discovered that the bacilli of this disease are found regularly in the urine of some of the patients; that these bacilli can be grown in test-tubes as pure cultures, and that the urine from such patients is as likely to distribute the disease as the dijections from the bowels are.

What is more startling is the fact

that the bacilli of typhoid fever are evident in the urine of a proportion of patients after complete symptomatic convalescence.

This symptom reveals an unexpected danger to the community; for it is apparent how easy it is for the bacilli from the source named to become a part of the dust of the air; to be carried long distances by air currents; to be inspired and swallowed by susceptible persons, some of whom may fall sick of the disease.

Physicians have long known (and the public has begun to learn) that the bowel products of typhoid cases must be destroyed and quite general care in this direction has of late been observed. It is a new idea that the products of the kidneys are quite as dangerous and require as scrupulous care, and care continuing for weeks after the manifest recovery from the disease. But the logic of recent discoveries means this exactly and means nothing short of it.

It has for years been a puzzle to doctors that typhoid fever could occur in quarters where no trace of poison from a previous case could be found; and that cases could occur among people who had not for months

drank either unboiled water or milk of any sort. And those who have insisted that this disease is always a water-borne one, have been in trouble for an explanation. Now that our knowledge of the ways of distribution of this affection is becoming broader and more exact, we see that it may not always be carried by drinking water, but may be borne by the air we breathe.

Of course the lesson of the past is to protect our drinking water from all possible contaminations of typhoid bacilli. Nothing can discount the force of that lesson. But can we ever expect to educate the public up to an adequate scrupulosity in the care of their sick of this disease, so that cases will not constantly distribute the poison among the well? Doctors are sometimes careless; nurses are too; and the lay people as a rule are both ignorant and careless. To add to danger, many cases of typhoid fever are so mild as not to have a physician; and many that are seen are not diagnosed. Yet every one of these is as truly dangerous to the community as the worst case, albeit not as greatly dangerous. So the complications multiply and the outlook for a time when this disease shall be stamped out is not flattering. Meanwhile, we should go on working for the end we do not expect ever to quite accomplish; and should be en-