LAUNDRIES AND INFECTIOUS DISEASE.*

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THE idea of this short paper arose out of a recent conversation between the President of the North Eastern Laundry Institution, Mr. Bird, and the writer, in the course of which the latter asked the former to state his views from the business side of the question, which he did, and which may be shortly set forth, with the object of seeing how they appear to Medical Officers of Health, and whether any modification as regards the present mode of practice of the latter in dealing with the subject is, or is not, desirable. In the hope that the subject may be treated as broadly as possible, Mr. Bird has, with the President's permission, been invited to attend, and is here to take part in the discussion to-day.

It would appear that the practice of Medical Officers of Health in regard to laundries and infectious disease differs somewhat in different places. It very naturally does so under different circumstances in the same Health Department. Thus, on the occurrence of, say, small-pox or fever among the staff of a public laundry, measures to prevent spread of infection must be carried out in the most thorough manner, and to a certain extent irrespective of trade interests, which, from a hygienic aspect, for the time, become of somewhat secondary importance. To this, probably, no laundry manager will demur. But is it necessary to communicate with each and all of his customers in case of mere suspicion of such disease in the house of one of the latter? And yet it is alleged that this course is sometimes pursued, with serious consequences to trade. Between the two extremes is a wide difference. Where, with safety, may the line be best drawn between them? To start a discussion on this point, a short statement of the general practice in vogue in the Health Department of Newcastle may be acceptable. Here, on the occurrence of infectious disease in a house, if the household linen is ordinarily sent out to wash, the laundry manager is promptly cautioned by circular, of which the following is a copy:—

* Read before the Northern Branch of the Incorporated Society of Medical Officers of Health, October 27th, 1905.

Dear _____

LAUNDRY AND INFECTIOUS DISEASE.

I beg to inform you that { members } of the household of one of
 your customers, viz., ———— residing at ———— { are } notified to
 be suffering from ————.

The householder has been cautioned against sending infected articles to any outside laundry. You are recommended, in the interests of your clients, to see that so far as concerns your own laundry this caution is strictly attended to. After the final disinfection of the premises on the termination of the case, of which you will be duly informed, the laundry work of the household in question may be resumed by your firm.

I am, Yours faithfully,

HENRY E. ARMSTRONG, D.Hy.,

Medical Officer of Health.

The powers for preventing the transmission of bedding or clothing from infected premises are, as is well known, given under the provisions of the Public Health Act, 1875. The Newcastle-upon-Tyne Improvement Act, 1892, Section 68, provides for the disinfection, etc., of infected clothes, as follows:—

“ Any person taking or sending to any public washhouse, or to any person for the purpose of being washed or mangled, any bedding, clothing, or other things, which, to his knowledge, have been exposed to infection from any infectious disease, shall, previously to so taking or sending the same, cause such bedding, clothing, or other things to be disinfected by the Corporation, or to the satisfaction of the Medical Officer of Health, and in default shall be liable to a penalty not exceeding forty shillings, and the Corporation shall make provision for disinfecting, and shall, on application, disinfect at their expense such bedding, clothing, and other things.”

Whenever possible, the removal of the patient to hospital is secured, after which, or otherwise at the termination of the case, the final disinfection of the premises, linen, and bedding, is done, and the laundry work is resumed.

In the case of persons not using a public laundry, where the patient remains under treatment at home, the laundry work commonly does the same, disinfecting soap and other disinfectants being supplied gratuitously to those unable to provide them. In others, the linen

is first taken to the Corporation disinfector for treatment, and then sent to the public laundry, after which it is returned to the owner with instruction that articles for use by non-infected members of the household are to be retained in an outbuilding, where they will be free from danger of re-infection.

In the event of infectious disease breaking out among the operatives at a laundry, the first object, if the case is one of small-pox, is its removal to hospital, together with the re-vaccination of all contacts, and their isolation in the Isolation House, after which follows the disinfection of the premises and any linen or other articles that may have been exposed to infection. The wages of employés are paid during their detention in isolation. A list of customers is asked for, for daily comparison with notified returns of disease, but not necessarily for visitation at their homes, or to create needless alarm. Here much will depend on the special circumstances. The appearance of subsequent disease at a laundry, notwithstanding the carrying out of the measures above detailed, has more than once led to the closure of the premises, and the granting of compensation for loss of business entailed thereby.

Should there be reason to suspect that clothing from an infected laundry had been delivered, the manager would be called on to furnish a list of his customers for visitation, supervision, and the adoption of such preventive measures as might be required.

In case of a laundry-hand being a direct contact with, say, small-pox, in a district beyond the city boundary, where provision is not made for the isolation of contacts, the employer would be at once advised to prevent his coming to work either at the laundry or amongst customers, and the District Medical Officer of Health would be informed. The contacts at the laundry would be kept under supervision during the possible period of incubation, and the other usual precautions would be taken.

The man who delivers linen in closed baskets, even though himself a small-pox contact, does not infect such clothing as a matter of course. But he may infect the receptacle and so give disease to the customer. It is therefore important in all such cases to obtain a list of the customers to whose houses he had gone. Although power to compel a laundry-keeper to give such a list is not very clear, the information is scarcely likely to be withheld, on account of the publicity and serious inconvenience which such a course would probably lead to. Practically, laundry managers in general regard Health Departments as their friends, and readily afford information for the public

benefit, especially when they recognize that it will be used without unnecessary interference with their business.

The Corporation of the City of Glasgow, as is well known, disinfect and wash linen from infected houses. It will be interesting to hear how this course recommends itself to Medical Officers of Health in general.

THE HEALTH OF WORKERS EMPLOYED IN THE BOOT AND SHOE TRADE.—Mr. C. F. Wright, one of H. M. Inspectors of Factories, read a paper at a meeting of the Royal Sanitary Institute at Northampton. He expressed the opinion that the introduction of power-driven machinery in the boot and shoe trade during the last few years had been of great benefit to the worker; it had made him more regular and systematic in his habits, and had required manufacturers to build new factories on the most modern lines fitted with the latest sanitary appliances, and affording ample air space and excellent ventilation.

Dr. James Beatty, Medical Officer of Health for Northampton, said that, although the mortality from phthisis in the town generally did not differ greatly from that of the whole country, the disease was evidently highly prevalent among boot and shoe workers. The disease spread from expectoration; hence, possibly, its prevalence in men's work-places as opposed to women's. Again, men frequent public-houses; women, as a rule, do not. Addiction to alcoholic stimulants undoubtedly predisposed to phthisis. In addition a source of infection was easily to be found in the habits which made men in the lower-class public-houses use the floor indiscriminately as a spittoon.

TUBERCULOSIS IN LAUNDRY WORKERS.—L. Landouzy has examined 1590 laundry employés treated at the Laennec Hospital, this class forming fully 6 per cent of the 23,249 inmates of the hospital between 1900 and 1904 (*Presse Médicale*, Nos. 79-80, Oct. 4-6). More than a third of the 1,202 women and more than a half of the 388 men were affected with pulmonary tuberculosis, generally of the acute form. Surgical tuberculous lesions were rare among them. Laundry employés, as a rule, are young and strong, but they become infected from breathing the dried sputa from handkerchiefs, napkins, and bed linen. All these articles are sorted out, pell-mell, and the employés live and breathe in an atmosphere full of bacillus dust. This professional tuberculosis of laundry workers may entail endemic tuberculosis. Sanitary certificates should be insisted on for every house, and they should state the profession of its inmates or late residents. If they include a laundry worker, the house should be mistrusted until disinfected. Tuberculosis among laundry workers is avoidable, and education of the public will certainly reduce its proportions. When the fear of contagion is once implanted, protective measures will become mere ordinary reflex actions. The task of educating the public belongs to physicians. They must make families understand that they have duties to perform, and chief among them is the obligation to render harmless the virulent expectorated matters, and to take care of soiled linen differently from the present customs. Laundry workers should be protected by sanitary regulations, enforced by public authority if need be.