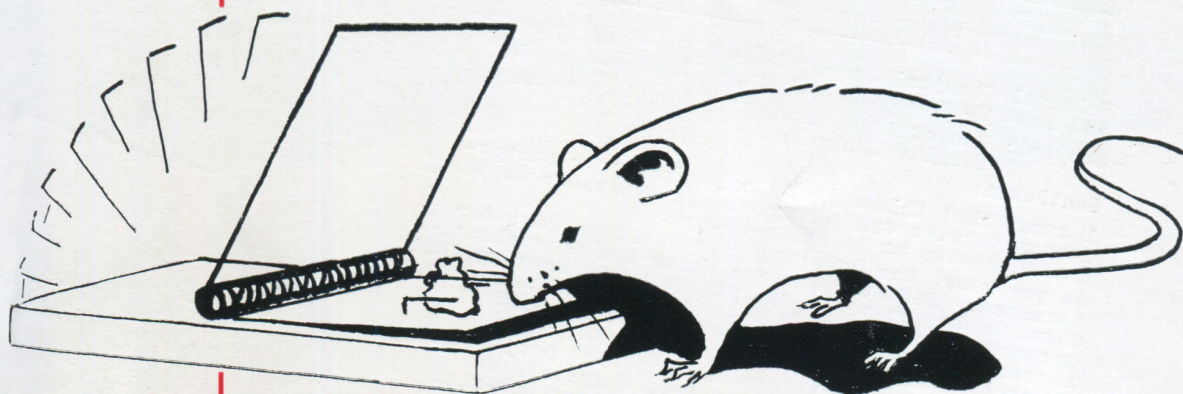


# **PEST CONTROL**

**AUGUST  
1960**

**House Mouse Control is No Snap . . .**



*especially  
if sloppy  
methods can  
lead PCOs  
into the  
courts*

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**Monthly Magazine of Methods, Chemicals, and Equipment for  
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# Ectoparasite Control— *an integral part of* Every Rodent Job

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**F**IRST I wish to dispel any thoughts you might have that this article is to be a technical consideration of the control of rat ectoparasites. It will not be except in a broad and general way. Had I chosen to present a strictly technical aspect of ectoparasite control measures and methods I would of necessity have been compelled to draw heavily on technical articles and scientific writings that all of you have available. I refer to such literature as "Ectoparasites of Birds, Bats and Rodents and Their Control" by Dr. Harry Pratt, which appeared in the October, 1958 issue of *Pest Control* magazine; the Communicable Disease Center article on public health pesticides for mosquitoes, flies, fleas, roaches, bedbugs, ticks and rodents, prepared each year by our Technical Development Laboratory staff in Savannah, Georgia, and published each year as a service to you and allied personnel by *Pest Control* magazine. I refer also to the technical publications of the National Pest Control Association, for example the 1956 publication "A Manual of Parasitic Mites of Medical or Economic Importance" by E. W. Baker and others.

I wish rather, to pass on to you certain remarks, observations and opinions that occur to me as a result of having been active in the pest control industry for a number of years and having served in a public health capacity for an even longer time, with special reference

to rodent ectoparasite control. How important is the control of rat ectoparasites? How important to you, to your clients, to the health officials, to the general public? How much of your work, if any, is directed toward the control of rodent ectoparasites?

I realize that most PCOs include flea control and mite control among their services and that they actually do spend a portion of their operating time on the control of these pests. At the same time I would be willing to wager a sizeable sum that most PCO efforts have been directed toward the control of cat and dog fleas and perhaps clover mites with a minimum of activity directed against actual rodent ectoparasites.

#### **PCOs, P-Hmen, and Fleas**

Looking back over the years to the mid-forties PCOs will recall that at that time there were some differences of opinion between health officials and the pest control industry. I shall not discuss these differences other than to say that after numerous meetings between health agencies and PCOs at federal, state and local levels an understanding was generally agreed upon. It was agreed that unless there was a public health problem concerned, the city or health department would leave the control of rodents to the members of the pest control industry. This understanding has prevailed for

some time and still does in most parts of the country. Now let us ask ourselves what was at the bottom of all these discussions and differences? What made any sort of an understanding necessary in the first place? The answer is a flea. Not fleas in general, but a certain species of flea, the oriental rat flea, an ectoparasite of rats.

At this point I wonder how many PCOs go about their business with this understanding between public health and industry in the back of their minds as a sort of safeguard. Do you say to yourself, "As long as I mind my own business and do a fair job, the health officer and sanitarian will leave me alone," or "There hasn't been any typhus fever in this area for a long time and it doesn't look as though there will be. If we should have a case of typhus fever here the health officer will step in and take care of any emergency. I might even get a little extra business out of the deal," or "If I see a sick rat that can't be explained by poisoning I'll let the sanitarian or health officer know about it and I shall have done my share."

On the other hand PCOs may take a different slant on their responsibilities and their relationship to the public and to those responsible for the public's health. I hope most of you do. It has been said that PCOs are frequently re-