

Report of the Medical Officer of Health with reference to the Vaccination Act, 1898.

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7.
TOWN CLERK'S OFFICE,
MUNICIPAL BUILDINGS,
LIVERPOOL, 13th February, 1902.

CITY OF LIVERPOOL, *City of*

1902

REPORT
OF THE
MEDICAL OFFICER OF HEALTH
WITH REFERENCE TO
THE VACCINATION ACT, 1898.

(Ordered by the Health Committee to be printed, 13th February, 1902.)

LIVERPOOL:
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REPORT

MEDICAL OFFICE OF THE

THE PATIENTS OF THE



THE VACCINATION ACT, 1898.

Pursuant to the resolution of the Health Committee of 30th January, 1902, requesting the Medical Officer to report upon the above Act, the Medical Officer would, in the first place, observe that the Vaccination Acts, which are applicable to the whole country, cannot be altogether gauged by their influence in Liverpool alone, and in making the recommendations which he is about to submit for the consideration of the Committee, he has had some regard to the results of the operations of the Acts in other places. There is good reason for this, since, as the prevalence of small-pox in other parts of the country, however remote, is liable to affect Liverpool, this City is more or less directly concerned that the population shall be efficiently vaccinated in other parts of the country as well as within the City.

1. Small-pox is not a disease which is confined to any one class, nor is it a disease which can be controlled by general sanitary measures, apart from vaccination. Hence, one of the most important requirements in an amended Vaccination Act is, the transference of the control of vaccination from the Boards of Guardians, who at present exercise it, to the Sanitary Authorities. At present the control of small-pox (apart from the question of vaccination) is a duty belonging to the Sanitary Authority; the provision of hospital accommodation, the isolation of contacts, the ambulance arrangements, disinfection of dwellings, clothing, &c., detection of infected persons, and in fact every measure to combat the disease, excepting vaccination, is already in the hands of the Sanitary Authority, but all these measures will be futile, however rigorously and at whatever cost they may be applied, without efficient vaccination.

(a) The Sanitary Authority deals with the entire population, irrespective of their social or pecuniary condition, in all matters affecting health.

The Boards of Guardians, on the other hand, with the exception alluded to, discharge obligations only in regard to the poor. If small-pox were a disease confined to the poor, there would be some grounds for leaving the control of vaccination in the hands of the Guardians, but inasmuch as it will attack any unvaccinated person, whatever his social condition may be, it is obvious that small-pox has no exclusive relationship with poverty. It is anomalous that the only certain means of safeguarding the public from the dangers of small-pox should not be in the hands of the body which is responsible for the public health.

(b) In Liverpool, where primary vaccination of infants is as effectually if not more effectually carried out than in any other district in the country, the necessity for the transfer of the entire Vaccination Staff from the various Boards of Guardians to the Sanitary Authorities is less urgent than in most other places, owing to the careful manner in which the duties have been dealt with by the Boards of Guardians in this City, but even in Liverpool, if the proposed transference were made, re-vaccinations would be facilitated, and carried out in a more systematic manner. It is the Health Department which receives the first intimation that re-vaccination is necessary, owing, maybe, to an outbreak of small-pox in the house or establishment, and the inevitable delay in communicating through the proper channels with the officers of another body involves loss of valuable time.

Again, some singular instances have arisen in which persons have entertained the erroneous view that vaccination at the cost of the Guardians places them in the category of recipients of relief. This sentiment, foolish as it no doubt is, has proved an obstacle in the way of getting a number of persons re-vaccinated.

These observations apply with greater force in other districts, where difficulties in the way of administering the Act are very much greater than they are here.

2. It is necessary that additional provision should be made for facilitating re-vaccination. This must be made compulsory in all

houses or establishments where a case of small-pox has occurred, unless the inmates are, in the opinion of a legally qualified medical practitioner, already sufficiently protected.

A requirement that all persons employed in or about small-pox hospitals, disinfecting stations, ambulances, &c., should be re-vaccinated before entering upon their duties is also necessary.

3. Clause 38 of the Liverpool Corporation Bill now before Parliament reads as follows:—

“Any person who when applied to by the Medical Officer of Health for the City or by any officer acting on his behalf and on his instructions for information as to any dangerous or infectious disease withholds any information in his possession or knowingly gives false information shall be liable to a penalty not exceeding forty shillings.”

The introduction, with the necessary modifications, of a clause such as this into a general Vaccination Act would be very valuable.

4. It is deserving of careful consideration whether stations for the preparation of vaccine should not be established under Government supervision in some of the larger provincial centres. There are good reasons for such a course.

5. With regard to the much discussed clause in the Act of 1898 as to exemption of conscientious objectors from penalties, the Medical Officer would again take occasion to point out that the object which the Royal Commission had in view in suggesting such a clause was that vaccination would be facilitated. The carefully expressed views of the Royal Commission upon this subject must commend themselves, at least to the extent of ensuring a fair and liberal trial to the proposal. The Medical Officer having carefully considered the clause and its result, doubts whether it is productive of any good which can be weighed in the balance against the risk to which the unvaccinated children are exposed. It cannot be denied that conscientious objections to legal requirements are not confined to the subject of vaccination only, yet the law has not dealt with the objectors so tenderly in other circumstances.

It may be urged, however, that the conscientious objectors to vaccination are numerically so insignificant as to be negligible. The obvious unsoundness of such a proposition as this needs no illustration.

The section does derive importance from the mistaken impression which it is apt to give that the Legislature shares some at least of the responsibility of depriving children of the protection from small-pox which vaccination affords. Nothing is farther from the intention of the Royal Commission than this—as may be inferred from the following paragraph in their Report:—

“After careful consideration and much study of the subject,
“we have arrived at the conclusion that it would conduce to
“increased vaccination if a scheme could be devised which would
“preclude the attempt (so often a vain one) to compel those who
“are honestly opposed to the practice to submit their children to
“vaccination, and at the same time leave the law to operate, as
“at present, to prevent children remaining unvaccinated owing
“to the neglect or indifference of the parent.”

E. W. HOPE.







