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1914.

BY

Dr. A. K. CHALMERS,

Medical Officer of Health,

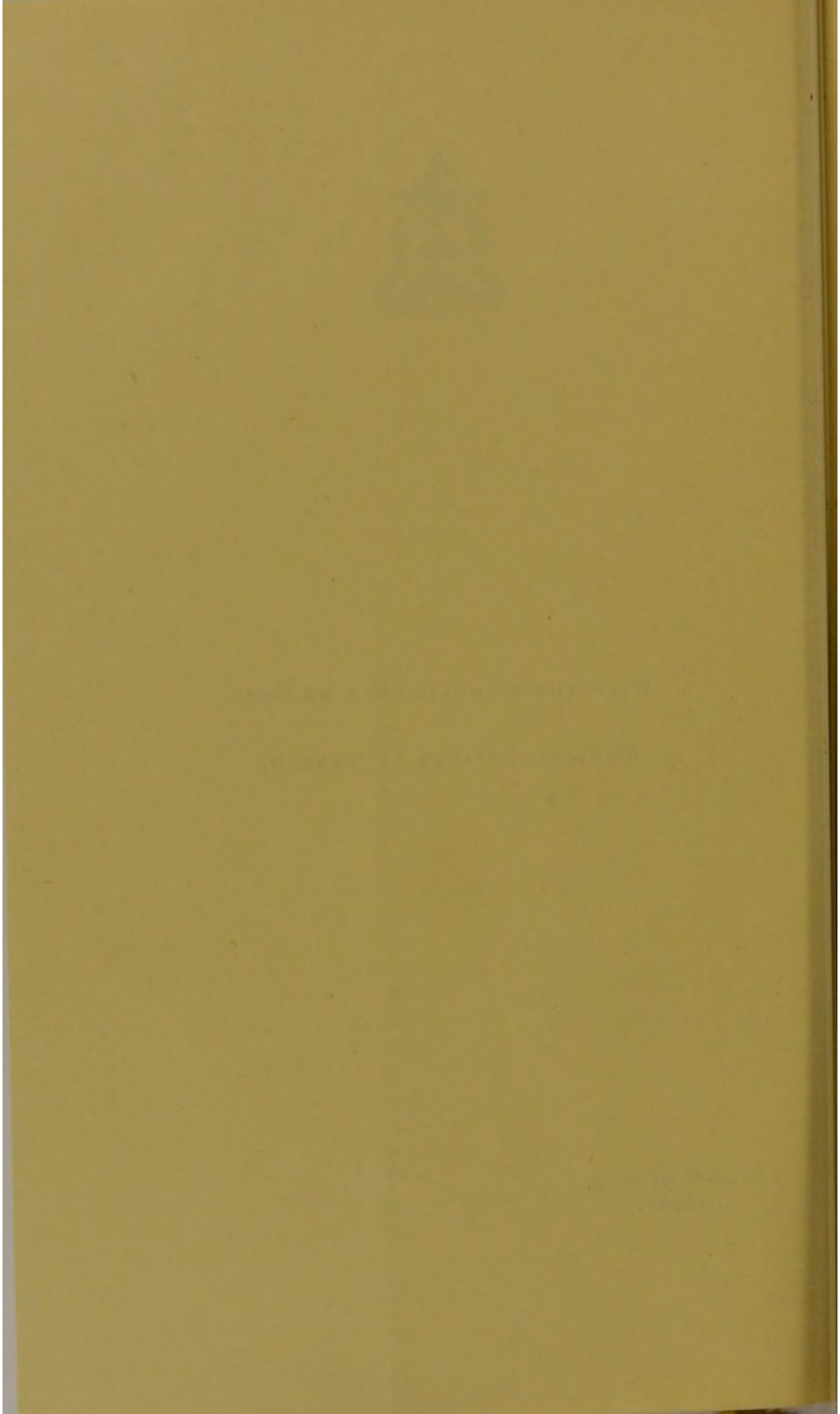
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MEDICAL OFFICER OF HEALTH,

SANITARY CHAMBERS,
GLASGOW.



“RISKS OF SMALLPOX IN VIEW OF THE DECLINING
VACCINATION RETURNS OF THIS COUNTRY,”

by

DR. A. K. CHALMERS,
Medical Officer of Health, Glasgow.

A short summary of the present position in this Country might be put in the following way :—

(1) For reasons which are perfectly well known and widely appreciated by Local Authorities, the protection afforded to the population in the past through the operation of infantile vaccination is becoming yearly less efficient owing to the advantage which is being taken of the Conscientious Objection Clause, and the relaxed vigilance of the Authorities responsible for infantile vaccination in consequence. An appeal to the most recent Returns will sufficiently establish the facts, quite independently of any view as to how they have been arrived at.

(2) The increasing speed of travel which is ever extending the distance which the passenger may cover during the 12 or 14 days which represent the incubation period of the disease. All the Near East and the principal Ports of Egypt proper come within this area, but probably more important are the Ports on the Eastern Sea-board of America, including mainly the United States and Canada. Intercourse between these places and this Country is so common that it almost ceases to attract attention, and yet one has only to peruse such documents as the Weekly Reports of the United States Public Health Service to discover in how many places, within 14 days' distance of this Country, the disease is present. While this may be taken to represent the area from which danger may reach us, an enquiry into the means of protection existing at home is not re-assuring. Is anyone at the present time in a position to state what actual hospital provision against Smallpox exists? Time and again one has heard that beds originally intended for Smallpox are now utilised for Consumption, and Dr. Seaton, late Medical Officer of Surrey, has placed sufficient emphasis on this to make it worthy of attention. If one further asks to what extent the Country is losing protection through its lack of vaccination, there is ample material in both general and local returns for misgiving. In the Forty-first Annual Report of the Local Government Board for England (1911-12) I find, for example, on page 39, that of the children appearing in the

Vaccination Officers' Returns, 61 per cent. were successfully vaccinated in 1898. This rose under the stimulus of concurrent Smallpox to nearly 76 per cent. in 1905, but in 1910 it fell to 56 per cent. The Return on Table No. 34 (page 161, Appendix) of the same Report, is even more emphatic, as it gives the ratio of successful primary "public" vaccinations to births. Here the increase in 1905 rose to 54 per cent., but the fall in 1911 was to 39 per cent. These latter refer entirely to vaccinations performed by Public Vaccinators. In Scotland the tale is somewhat similar. In 1900, the number of successfully vaccinated children among the surviving births in that year, was 94 per cent. In 1906 it was still 91 per cent; but in 1909 it had fallen to 71 per cent. The experience of Glasgow may be told in the following paragraph from my report for 1912:—

"Until 1907, the percentage of successfully vaccinated children remained fairly constant. The average was about 84 per cent. This percentage has rapidly decreased, so that in 1910 it was less than 65, the difference being mainly due to the increase in the proportion of declarations of statutory objection to vaccination, which in that year reached 16 per cent. Those appearing under the heading "removed from district, or otherwise unaccounted for," show an increase during the last four or five years, and indicate the existence of a degree of laxity regarding vaccination which extends beyond those who take the trouble to make a formal declaration of conscientious objection."

The local records of Glasgow may also be used to illustrate the danger of importing the disease. Glasgow is directly associated with the Canadian traffic, during the Summer months, when the St. Lawrence is open to shipping, the vessels arriving from Montreal average about two per week.

During the period between 15th June and the end of October, 1913, 48 ships, with crews numbering 9,173 and passengers 1,354, arrived in the Port of Glasgow from Canadian Ports. The time taken to complete the journey is usually eight or ten days so that when Smallpox is endemic in Montreal, as it has been during many months of the past year, many who must be regarded as likely to have been in contact with Smallpox disembark and must be kept under observation over the remaining days of the incubation period.

Of the total number of the crews above stated the addresses given by 1,439 were without the City boundary, as were also 1,086 of the passengers, or respectively 16 and 80 per cent., while the number of addresses given wrongly (crew 87, and passengers 14) was equal in each case to fully 1 per cent. of the number whose home addresses were given as within the City. From the numbers given above there are, on the average, about 400 arrivals per week who require supervision.

The passengers in many cases are tourists and remain in Glasgow for a day or two before proceeding to various places throughout the Country, so that

it will be readily seen there is considerable danger of the disease being imported without detection, especially when the attack is mild.

To some extent these defects could be met by issuing to each person leaving ship a note instructing him to call on the Medical Officer of the District to which he proceeds, in default of which a penalty should be imposed.

The action taken by the Port of London Sanitary Authority last year, and related in the "Medical Officer" of 4th of October last, is so apposite that it may here be quoted:—

"The committee note that there are many vessels arriving in the Port of London within fourteen days of their departure from Ports at which Smallpox is known to exist. It is possible that there may be persons on board who are incubating the disease, but who have as yet shown no signs or symptoms of Smallpox. Such persons, if members of the crew, usually are paid off and land in London, where they are lost trace of, and, should they develop this disease, would form foci which might constitute the starting points of a serious epidemic of Smallpox. The committee are informed by the Medical Officer of Health that he has no powers to deal with these vessels should they arrive with no sickness on board, unless they have come from, or touched at, Ports infected with plague, yellow fever, or cholera. Having regard to the fact that there is a large and increasing number of persons in this country unprotected by vaccination or re-vaccination, they think that powers should be given to Port Sanitary Authorities to visit and inspect all persons on board ships arriving from Ports at which Smallpox is known or suspected to exist, and situated within fourteen days' steaming of Ports in this country; that all persons on these vessels should be required to give their names and addresses; that they should be detained on board in cases where the addresses given are unsatisfactory; and that a penalty should be imposed on such persons similar to that contained in the Local Government Board Order relating to plague, yellow fever, and cholera."

On August 29th, the Local Government Board replied as under:—

"The Board have carefully considered this proposal, both in regard to the administrative measures which would be needed to give effect to them, and to the question of international arrangements which would be involved; but they do not consider, on the evidence before them, that they would be justified in adopting the course suggested."

The Committee's comment on the reply is as follows:—

"The decision of the Local Government Board is to be regretted, as, in the opinion of this Committee, a serious loophole exists by which it is possible for Smallpox to be introduced into this country."

Notwithstanding the adverse opinion here expressed by the Local Government Board, it is for the Port Sanitary Authorities Association to consider whether public opinion will accept this as exonerating from blame the particular Port Authority through which our present defective methods allow a case to slip, should a wide-spread outbreak of disease in this country follow.

My opinion is that the Association should supplement the action taken last year by the Port of London, and represent to the Board :—

1. That in the opinion of the Association the improved sanitary administration of the country is not adequate nor fitted to counteract the increased risk of Smallpox arising from neglect of vaccination at home, and the increased rapidity of communication with over-sea ports, and
2. That the divergence of what must be a considerable proportion of beds formerly available for Smallpox to other purposes, adds another element of risk.

Sanitary Chambers,
Glasgow, 26th January, 1914.