

Special report on an outbreak of smallpox, 1904 / by Meredith Young.

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COUNTY BOROUGH OF STOCKPORT.

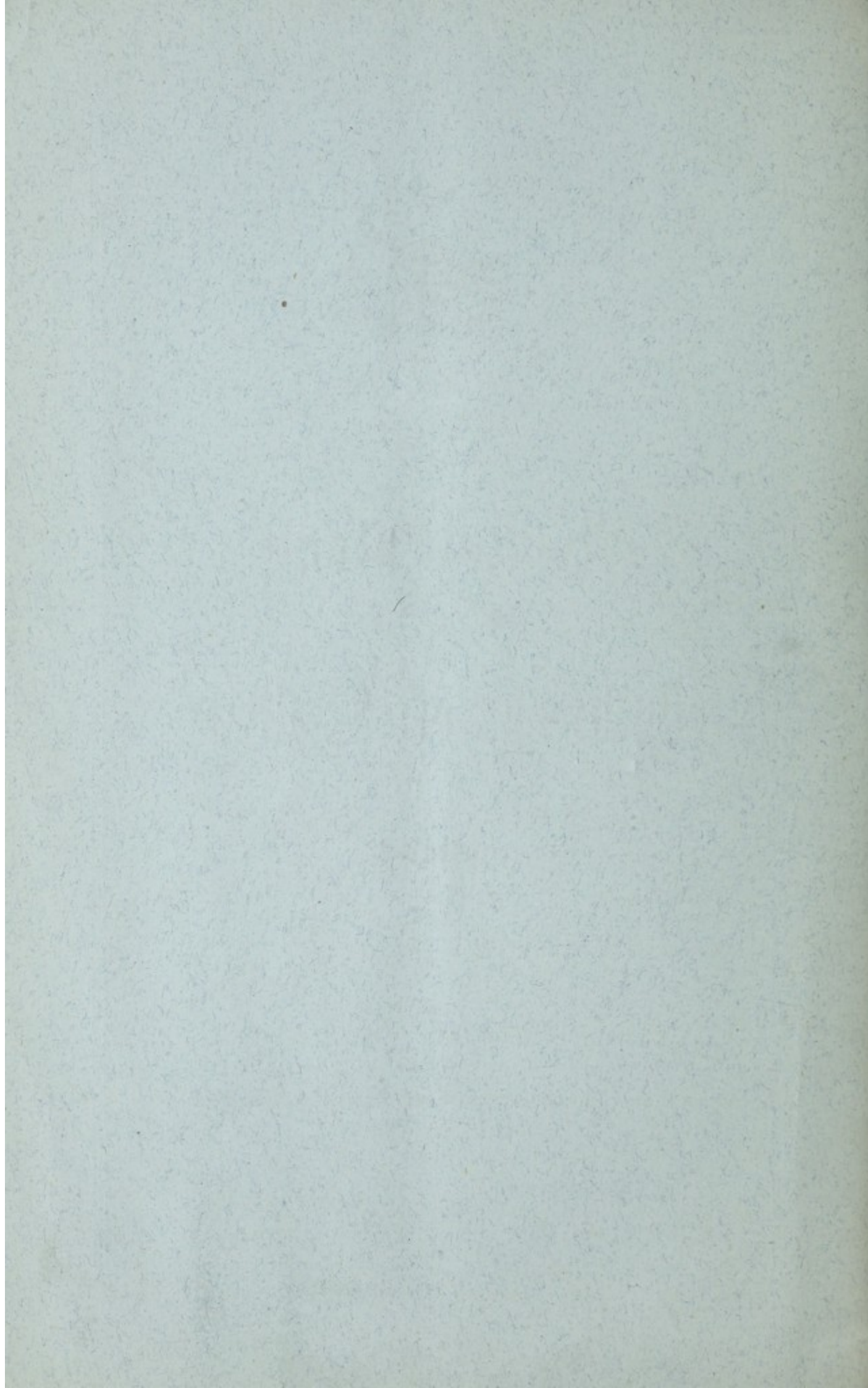
Special Report
ON AN
Outbreak of Smallpox.
1904.

BY MEREDITH YOUNG, M.D.,

Mast. Surg., D.P.H. (Lond.), D.S.Sc. (Vict.),

**Medical Officer of Health and Medical Superintendent,
Corporation Hospitals.**

MARCH 13TH, 1905.



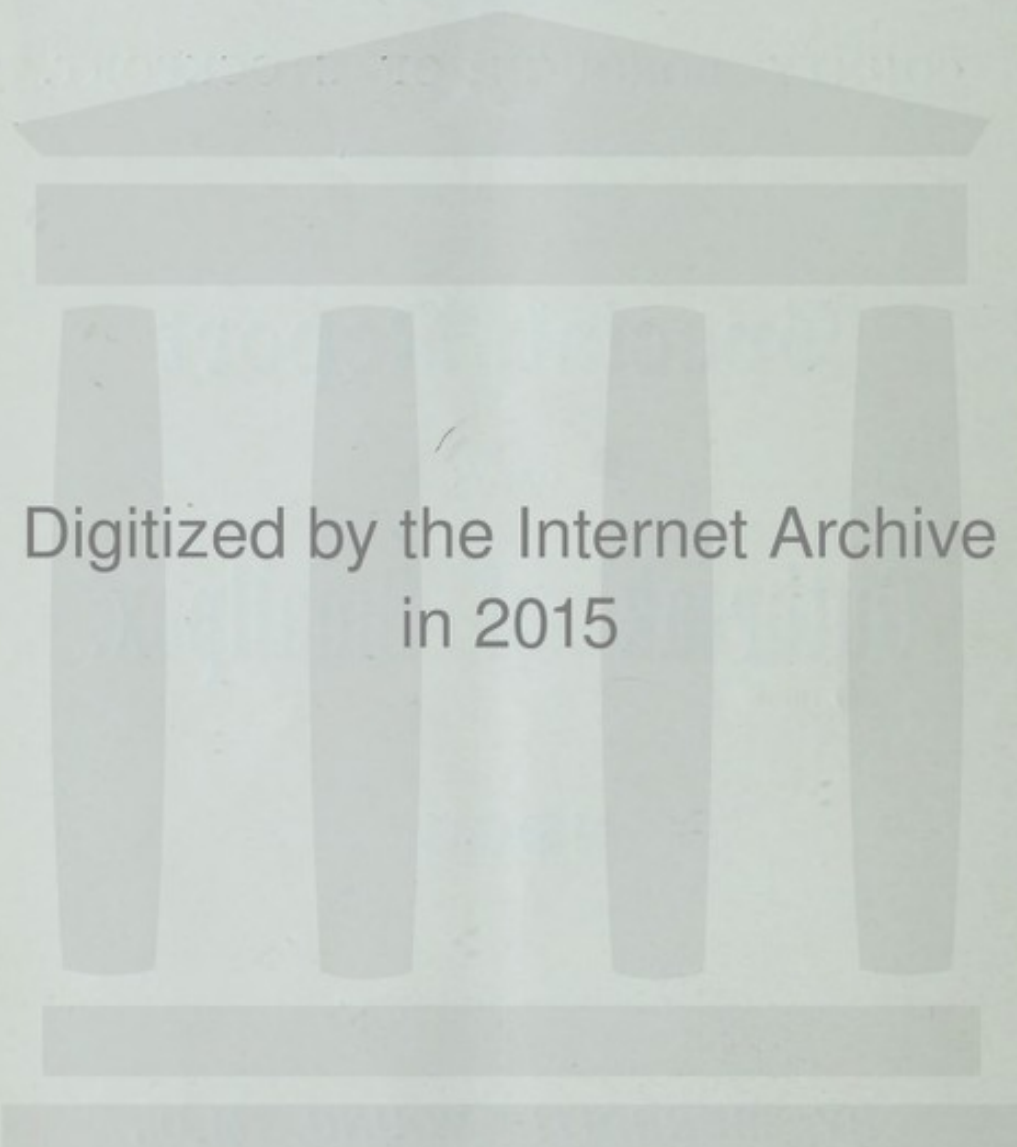


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PUBLIC HEALTH OFFICE,

STOCKPORT,

MARCH 13TH, 1905.

*To the Worshipful the Mayor, and the Aldermen and Councillors of the
County Borough of Stockport.*

MR. MAYOR AND GENTLEMEN,—

In accordance with the specific instructions of the Local Government Board, I have the honour to submit herewith a Special Report on a recent outbreak of Smallpox affecting the Borough.

The outbreak involved 159 cases, and was the cause of 15 deaths, whilst the town was put to an extraordinary expense of approximately one thousand pounds owing to it.

The history of the introduction of the epidemic into the town by a tramp in February, 1904, and of its subsequent diffusion, is fully given in the report, whilst the preventive measures adopted are briefly outlined, and the requisite statistical information is appended with some short comments.

In the text of the report I have recorded my thanks to my staff for the splendid work done by them, and to the medical profession in the town for their most loyal support. Here I desire to express my gratitude to my Committee for the considerate and businesslike manner in which any proposals of mine were invariably received and discussed, and to the Council for hearty co-operation in all measures of prevention. I trust it may be a very long time before the town has again to face a similar experience.

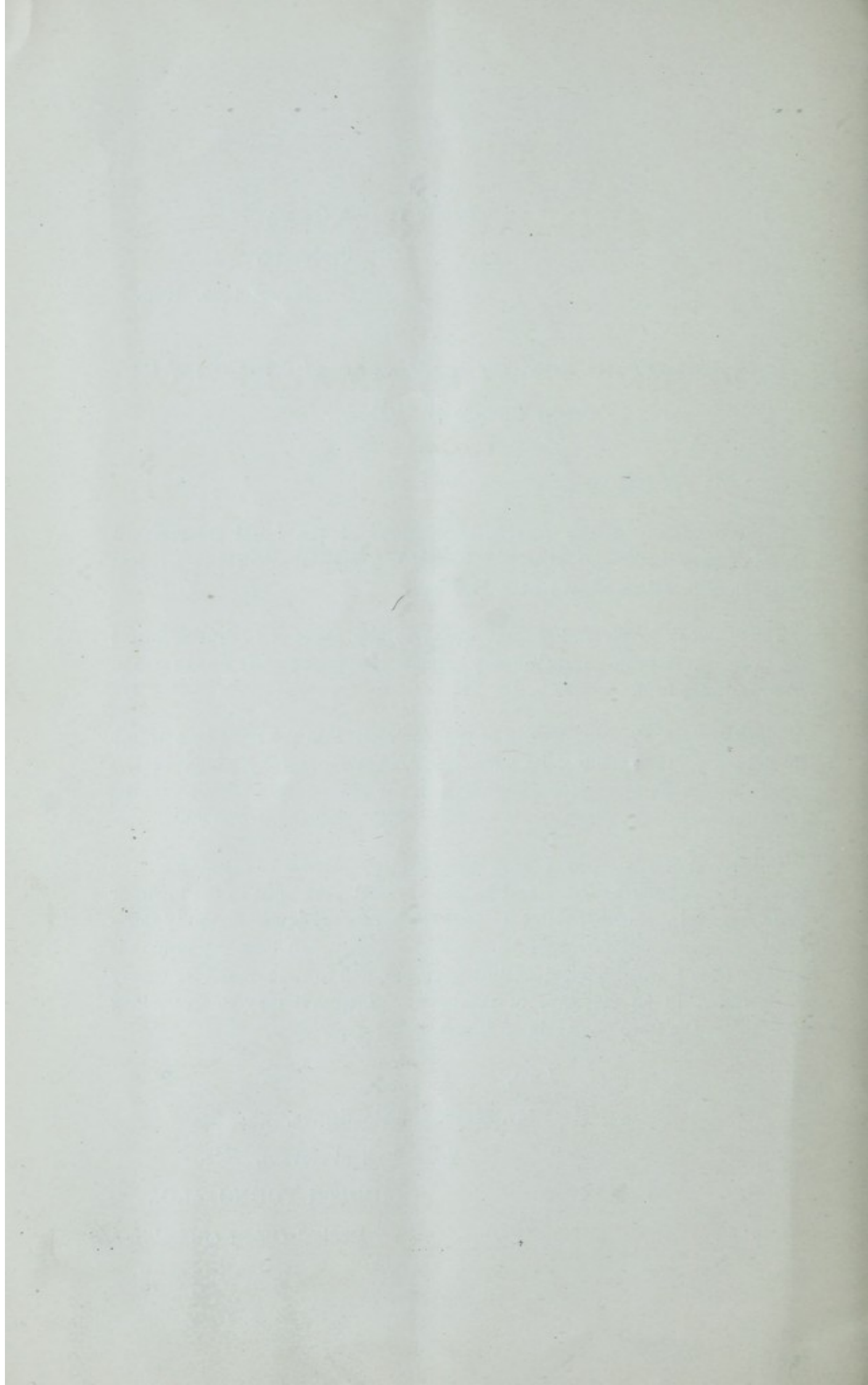
I am,

Mr. Mayor and Gentlemen,

Your obedient servant,

MEREDITH YOUNG, M.D.,

Medical Officer of Health.



SPECIAL REPORT

ON AN

OUTBREAK OF SMALLPOX, 1904.

Origin and Spread of Epidemic.

THE epidemic of 1902-3 continued into the early part of 1904, but was then well in hand and was dying out rapidly. In October, 1903, we had only had 2 cases, in November and December none at all, and in January, 1904, 3 cases, the last of which left the Hospital on February 4th. On February 8th a clergyman who had been visiting some of the cases which occurred in January, unfortunately contracted the illness, but his case formed the last one in the outbreak of 1902-3.

Most unfortunately for the town, however, early in February a man named Foy, who was tramping in search of work, came from a Union some little distance away to the Stockport Union, but was unable to gain admission on the night of his arrival in Stockport. This is the information he gave us:— He had gone to the Workhouse on February 10th, feeling very ill, and had asked there to see the doctor. The porter told him that he could not see the doctor then, and gave him a ticket for a certain lodging-house. On Thursday morning, the 11th of February, he went to the relieving officer, who gave him an order to see the doctor. The doctor gave him a note to the relieving officer, and the relieving officer sent him to the Workhouse. He was not able to see the Medical Officer of the Workhouse until Friday, the 12th of February. Two people in the Workhouse noticed on the 12th of February a number of spots on his face and body, and spoke about the appearance of these spots to him. Being dissatisfied with the attention he received in the Workhouse he asked for his clothes on Saturday, the 13th of February, and left the place. He started off for Stockport, passing through Knutsford, Wilmslow, and Cheadle, and arriving at Stockport about 5 o'clock in the evening, getting a lift on the way in a van that was taking yarns. Being too late to see the relieving officer that evening, he went to a lodging-house in the town, and was admitted on the lodging-house keeper being informed that he had just come from the ——— Union Workhouse. The lodging-house keeper was rather suspicious of him, but on hearing what place he had come from felt quite sure that he would have been detained there had there been anything really the matter, and so admitted him to the house. A number of men in the lodging-house spoke to him about the eruption on his face

and hands, and several of them told him he ought not to be in the house at all. He gave the same excuse to the whole of them, and eventually went to bed in a room where about 35 men were sleeping.

The lodging-house keeper next morning, being somewhat suspicious of the man, sent for me, and on examining him I found his face, hands, wrists, and body to be covered with a copious eruption which was certainly not in the initial stage, but, in my opinion, was at least 48 hours old; many of the spots were in the second or vesicular stage, a thing which might take place at an early date **in a mild case**, but which in a case of this severity implied that the eruption was almost certainly more than a couple of days old.

I communicated, as was only natural, with the Sanitary Authority and the Workhouse Authority at ———, but I am bound to state that the replies I received to my letters afforded anything but a satisfactory explanation. The facts of the case were laid before the Sanitary Committee on more than one occasion, and the whole of the correspondence was read. The Committee were of opinion, after having fully considered the correspondence, that they had not been met with that frankness and courtesy which they thought they were entitled to receive, and, further, that the correspondence had failed to explain to their satisfaction the circumstances under which Foy had left the ——— Union Workhouse. The opinion I had formed as to the age of the eruption in Foy's case, and the further opinions based upon that, were submitted to the Medical Officer of Health for Oldham, who has had an extremely large and varied experience with smallpox; and I may say that this gentleman was in such agreement with the views I had expressed to the Committee, that he consented to come if necessary and support my opinions by his own evidence.

As a result of their consideration of the case, the Committee decided to undertake a prosecution against the ——— Union Authorities for allowing the exposure of this person Foy whilst in an infectious condition. However, on the matter coming before the justices, it was decided by them that the case was outside their jurisdiction, and, therefore, they could not hear it.

I beg to repeat the opinion which I made to your Committee at the commencement of this case that at a time like this, when smallpox was rife in so many parts of the country, particularly in this neighbourhood, and when it is so well known that the tramp is without question the most fertile cause of the spread of this disease, and, therefore, the greatest danger to the community, it is exceedingly unfortunate that the measures adopted at the Workhouse in question did not result in the discovery of at any rate suspicious signs in the man Foy. I have no wish to mete out blame where no blame should be given, and I recognise to the full the immense difficulties which Workhouse Authorities have in dealing with the very serious tramp problem, but I certainly think that a greater appreciation of the suspicious characters attending Foy's illness when he went to this Workhouse might reasonably have been expected.

This case, then, formed the commencement of an outbreak which lasted a very considerable time. The infection was spread by the visitation of private houses, &c., in the town, by common lodging-house inmates and in other similar ways.

A considerable number of cases originated in connection with the "ring-throwing league" as it is termed, a league composed of bands of men who meet at various public houses and play a game of throwing rubber rings on to numbered hooks on a board. There are several hundreds of such ring-throwers in the town, and they are in the habit of holding competitions first at one public-house and then at another. One of these ring-throwers got smallpox in a comparatively mild degree, and was able, unfortunately, to attend one of the competitions whilst in an infectious condition. The man had not been sufficiently ill to call in medical assistance, and was unaware of the nature of his illness. It was not long after before several more ring-throwers developed smallpox. We were unable to obtain reliable information as to the public-houses which had been frequented by these men, or as to those persons with whom they had come in contact in fact it was only with the greatest difficulty that we obtained any information at all. At length, however, by the exercise of what was perhaps unwarrantable bluff we secured a fairly complete list of names and addresses of those who had been likely to come in contact with infection, and on visiting the houses of these men 5 cases were brought to light. The great difficulty we had in obtaining the information necessary for safeguarding the public in this case emphasises the necessity of the power we are now seeking from Parliament to impose a penalty on persons who wilfully withhold information or supply false information to the Health Department when they are making inquiries in cases of dangerous infectious disease.

In June a most lamentable extension of the epidemic occurred in Higher Barlow Row and streets adjoining. It is perfectly clear to my mind that this particular extension of the outbreak resulted in consequence of the failure of a medical man to diagnose a case of smallpox in a very young child. The parents of the child, the undertaker who buried it, and several of the neighbours who saw it, expressed the opinion to me that it could not have been anything else but smallpox, and that they suggested this as a diagnosis to the doctor attending the patient on more than one occasion. Evidence of this kind is always of questionable value, and had it not been for subsequent developments bearing out its correctness I should not have mentioned it. The doctor concerned is said to have informed the parents that it was a severe skin disease, and when the child died the death certificate gave the cause of death to be broncho-pneumonia. Just a fortnight after this child's death other cases began to arise in this neighbourhood, and the disease in a very short time had taken possession of the houses Nos. 13, 15, 19, 21, 23 (two cases), and 25 (two cases), Higher Barlow Row; 14, Bay Street, just off Higher Barlow Row; 130, Higher Hillgate; 18, Barlow Street (two cases); Kettle's Court, Bosden Street (two cases); Kirk's Court, Angel Street; lodging-house in Canal Street; 24, Canal Street—all these being in the immediate vicinity—whilst other cases due to the same source of infection occurred in Bamford Street, Bailey Street, Read Street, Ward's Avenue, Ratcliffe Street, etc. This circumstance was the cause, in my opinion, of the sudden rise in the number of cases in June and July, shown in the accompanying chart. It is extremely regrettable that this occurrence should have taken place, and your Committee felt the position to be such a serious one that it was for some time deliberated whether or not an exhumation of the body should be applied for and legal proceedings taken against the medical man concerned. However, a perhaps better counsel

prevailed, and a letter was sent urging the doctor concerned to use the greatest possible care during the continuance of the epidemic in all doubtful cases of smallpox or similar eruptive disease, and pointing out to him that the services of your Medical Officer of Health were always at his disposal to assist in arriving at a correct diagnosis in dubious cases.

On July 12th I received information from a woman living near that a person resident in Read Street, Hillgate, was suffering from smallpox. On visiting the house I found a certain man in the scabbing stage of what must have been a severe attack of smallpox. I recognised instantly what he was suffering from, and questioned him as to its occurrence, but he sought refuge in assumed stupidity, and I could get no satisfaction from him. On making inquiries as to any other possible illness in the house, I elicited the fact that his wife was upstairs in bed ill, and on going to see her I found that she was commencing with a severe confluent attack of smallpox. On further inquiry still I found a daughter suffering from a mild attack. The three sufferers were removed to the hospital for isolation, and the whole of the family were removed for disinfection, etc. We learnt that this man had been going about the town pretty freely whilst suffering from a moderately severe attack of smallpox, and we traced quite a number of cases in this neighbourhood to the distribution of infection by him. He had called in no medical man when he was ill himself, but as it was pretty evident from certain remarks he let fall that he had an idea what was the matter with him, and feared to call in medical aid because in such an event he would have been pronounced ill of smallpox and have been stopped from his work, the Sanitary Committee decided to prosecute him for not reporting his illness. This was done, and he was sent to prison by the magistrates.

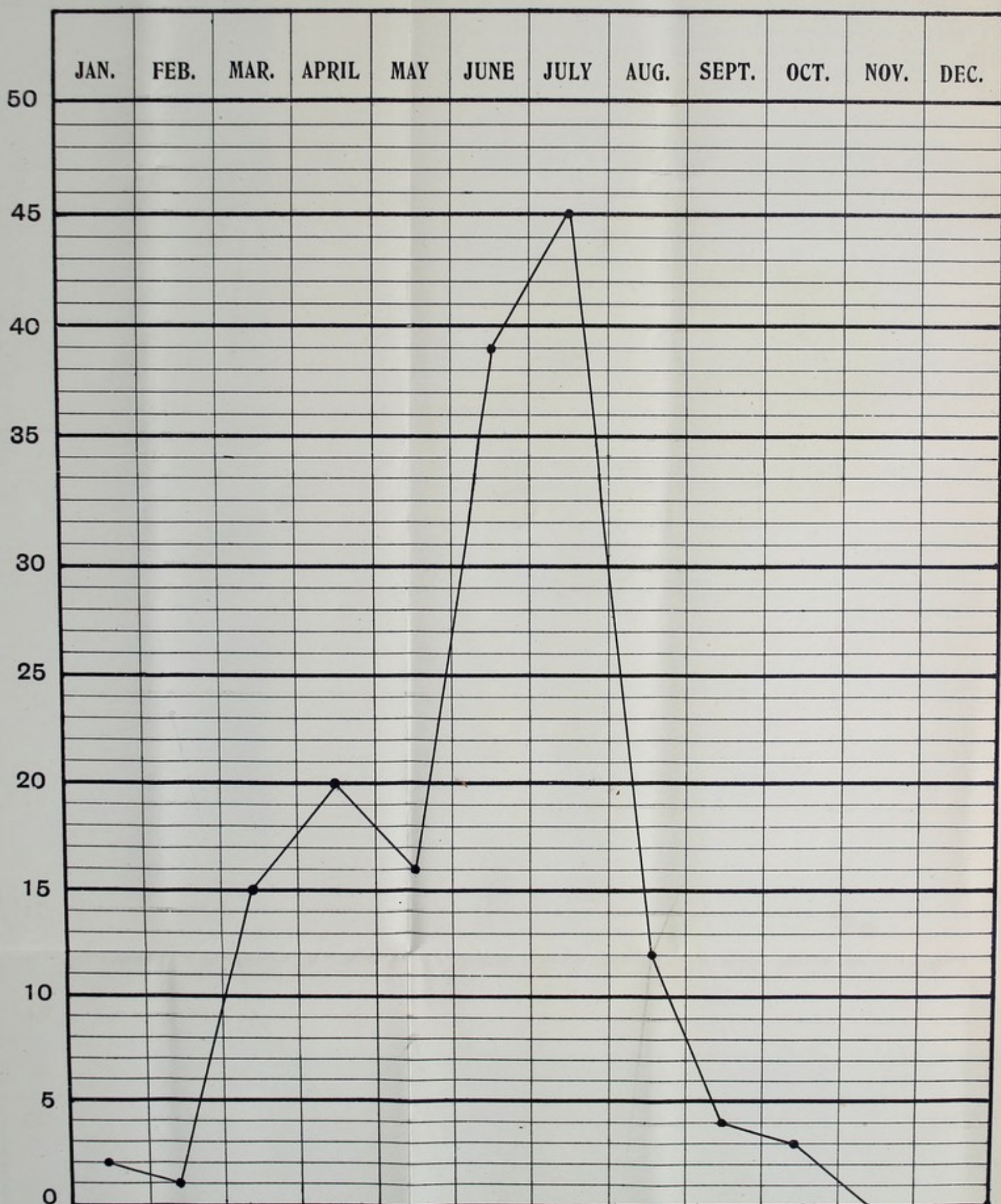
On one occasion a person suffering from smallpox gained access to the Infirmary outpatient-room, but his illness was promptly detected by the medical man in attendance, a telephone message was sent to me, and by the combination of prompt removal, thorough disinfection, etc., all danger was quickly averted, and no single case, except that of a person lodging in the same house and who refused to be revaccinated has, to my knowledge, been due to this occurrence.

The Reddish portion of the Borough suffered to a somewhat unexpected extent, owing, in my opinion, to its propinquity to and intercommunication with Gorton and Manchester.

During the outbreak under present consideration 159 cases were reported. The distribution of the disease was very similar to that of the previous epidemic of 1902-3. With the exception of the lodging-house to which the tramp James Foy went the common lodging-houses did not suffer so severely as in the previous epidemic, but there can be no question that the strict measures adopted by us of nightly inspection, prompt removal, thorough disinfection, &c., prevented the development of the disease in these dangerous quarters. Had the disease been once allowed to obtain a footing in the lodging-houses there is no telling where it would have ended. From time to time we did get a single case breaking out in one lodging-house or another, but with the single exception of the house first visited by James Foy, the measures adopted by us prevented any extension beyond this first case.



CHART SHOWING RISE & PROGRESS OF EPIDEMIC.



Again, the Union Workhouse was time after time infected by the introduction of cases from without, and as this institution has a resident population of close upon a thousand the anxiety occasioned by the occurrence of small-pox in it can readily be imagined. However, by co operation with the Union authorities, who certainly worked in a most public-spirited and persevering manner, we were here again able to check the extension of the disease.

Sources of Infection.

In dealing with every case of smallpox which came to our knowledge the first as well as the most important question which had to be answered was: "Where has the case been infected?" Until this question was satisfactorily answered considerable uneasiness was experienced by the Department lest some unsuspected cause of infection should be at work. In 113 cases, however, out of the 159, an unusually high proportion of the number, the source of infection was traceable with a fair degree of precision, though often at very considerable trouble. In most outbreaks it is unusual to be able to localise the source of infection in more than about 50 per cent. of the cases reported, so that we are to be congratulated on the good fortune which attended our inquiries.

It would serve but little good purpose to detail our experiences in this matter. I should like to say, however, that in no branch of sanitary work is skill and tact so requisite as in the tracing out of the causes and origins of infectious disease, and especially of smallpox. Amongst the uneducated any inquiry, the object of which they cannot quite understand, may be answered truthfully as a matter of accident, but is seldom so answered as of deliberate intent. Fencing is much more the rule, and is of a persistent and dogged type. It is here that tact is of service, and I am pleased to say that those inspectors who were put on special duty during the outbreak exhibited this necessary quality in a most satisfactory degree.

With notably few exceptions the employers of labour in the town and district rendered us valuable assistance in this work, and in return we notified them promptly of cases which were a danger to them or their workers.

The school teachers in a similar manner came to our assistance, and I have on many occasions been called to schools to examine and pronounce upon doubtful rashes and eruptions in children who had been put on one side in a separate room as "suspects" by the teacher.

The common lodging-house inhabitants were the most troublesome persons to deal with. Having nothing at stake, as it were, they frequently refused any information at all, or gave information which we subsequently found to be utterly untrue. It was no uncommon thing for them to make two perfectly contradictory statements in the course of a five minutes conversation. The keepers of the common lodging-houses, however, often went to considerable trouble to assist us in our inquiries.

The experiences of this and the previous epidemic led your Medical Officer of Health to obtain the insertion in the Omnibus Bill your Corporation is

now taking before Parliament of a clause penalising the withholding of information or the giving of false information in cases of dangerous infectious disease—a power which it is sincerely hoped Parliament will grant.

Precautionary Measures taken during the Outbreak.

On the discovery of a case of smallpox the sufferer is at once removed to Whitehill Hospital; the names and addresses of every person who can be ascertained to have been in contact with the case are obtained; anyone who is in the house or who has been in contact with the case since the disease commenced is taken to the Disinfecting Station at Dialstone Lane Hospital and receives a bath, and has his or her clothing disinfected. All infected bedding, clothing, etc., is disinfected by steam or burned. The infected house is itself usually fumigated by formalin (5 one-gramme tablets being used per 100 cubic feet), the paper, etc., being stripped subsequently, and the room occupied by the sufferer limewashed and thoroughly cleansed. In certain cases where the case has been an unusually long time at home, the walls, floors, ceilings, etc., are sprayed with 1 per cent. chloride of lime solution or 1 in 1,000 perchloride of mercury.

All schools, workplaces, etc., are at once informed of the names and addresses of persons who have been in contact with a case of Smallpox, and are advised as to the time at which the contact cases may safely return to work or school.

All persons who are known to have been in contact with a case of Smallpox are offered gratuitous vaccination, either by the Public Vaccinator or by your Medical Officer of Health, a special notification being sent to the Vaccination Officer of the names and addresses of cases of Smallpox. In a number of cases the vaccination or re-vaccination has been performed gratuitously by your Medical Officer of Health to prevent loss of time.

In cases where persons suffering from Smallpox are found to have travelled through other districts prior to arriving in Stockport, or where we ascertain that it is their intention to travel on from Stockport to some other town, the Medical Officers of Health of these other districts are advised by wire or letter of the occurrence of the illness and of the patient's name and the place at which he or she had stayed or is about to stay in their district.

Every person who has been in contact with a case of Smallpox is kept under supervision for not less than 16 days.

Placards are posted in all the living rooms and most of the sleeping rooms of all the common lodging-houses describing in simple language the first symptoms of Smallpox, drawing attention to the necessity for immediate notification, and advising vaccination, and giving the names and addresses of the Public Vaccinators.

No undertaker is allowed to undertake the burial of a case of Smallpox unless he can satisfy the Medical Officer of Health that he has been recently successfully vaccinated. The utmost firmness proved necessary in enforcing this most necessary precaution.

One of the Special Inspectors attends all burials of Smallpox cases, and sees that the body is buried at a suitable depth with quicklime below and above, and that no person incurs any risk by crowding round the grave or coffin. The clergy are advised of the danger of taking any such coffin into a church or chapel.

In addition to the registered common lodging-houses, a number of houses in which lodgers had been known from time to time to be received surreptitiously, have also been visited occasionally by the Inspectors or myself at night in order to detect any possible case in its early stages.

A house-to-house visitation in certain streets in the Hillgate neighbourhood was made in order to find out any cases which might possibly have been concealed.

Handbills similar to the attached (see Appendix) were circulated from house to house in the Hillgate neighbourhood, and in all infected localities. Every house in every street off Hillgate, from the Blossoms Hotel down to Wellington Street, received one of these handbills.

Disinfectants were freely distributed gratuitously to all applicants—many hundreds of gallons being thus dispensed.

In the majority of cases persons who had been exposed to infection in such a manner as to be likely to carry the infection about on their clothing, submitted readily to all the necessary disinfection and bathing. We made every arrangement possible for their comfort and convenience, sending them up in the large ambulance, and either giving them tram money for return home, or in special cases where there were invalids concerned or when the hour at which the work was concluded was a late one at night (a fairly frequent occurrence) sending them home in cabs and always providing them with necessary refreshments. In a few cases where the people concerned showed us that they had been at any loss of work owing to our action in taking them to be disinfected, we granted reasonable compensation. But in several cases we had the utmost difficulty in securing the removal of the persons who had been in contact with infection, and in one of these cases the opposition was so violent that the whole street was in an uproar, and I had to take the law into my own hands and lock the people in the house so that I could go and call in three police officers to my assistance before I could get the necessary disinfection carried out.

Statistical Information.

Tabular statements giving the statistics of the outbreak will be found in Appendix A.

In **Table 1** the age distribution of the reported cases and deaths is shown. The Table, although it only relates to a comparatively small number of cases, brings out the now well recognised fact that smallpox, owing to the extent of infantile vaccination, is not a disease to be seriously dreaded by the young either as regards attacks or deaths, except, of course, the young unvaccinated portion of the community. It may be noticed from the Table that the bulk of the attacks occurred in persons over the age of twenty years when the protective influence of primary vaccination might be said to be exhausted. It is remarkable to notice that out of five cases which occurred in children under one year of age, all of whom were unvaccinated, no less than four died. The total deaths amounted to 15, a somewhat heavy percentage, but one which is accounted for by the fact that the large majority of the cases occurred in the very poorest of the population, who from their irregular habits of life, poverty, want of sufficient nourishment, and the like, had very little disease-resisting power.

The succeeding Tables give some further details as to the vaccinal condition of those attacked. **Table 2** shows that out of 94 persons attacked who presented unequivocal evidence of vaccination successfully performed in infancy or childhood, there were only 7 deaths, whilst in those presenting no vaccination marks and no other evidence of vaccination, out of 40 attacks there were 6 deaths, or a number about twice as great in proportion. Amongst the revaccinated cases there were no deaths whatever.

Table 3 gives a statement based upon the classification issued by the Local Government Board of the condition as to vaccination of persons attacked. The Local Government Board classification is not exhaustive, and I have amended it in two particulars. In the first place there is nothing on the Local Government Board classification to enable one to indicate whether the vaccination scars are good, bad, or indifferent, or whether they are foveated or not. In the second place there is no column left in their classification for cases where primary vaccination had been performed but only after the case had been infected by smallpox. These deficiencies I have remedied.

In **Table 4** the severity of the attack in persons of different vaccinal condition is shewn. A glance at the Table will show the advantage as regards mildness of attack, and as regards recovery from the disease to be distinctly to the advantage of those properly protected by vaccination.

The whole of the staff of the Sanitary Department and of the Hospital were properly protected by vaccination except in one solitary case where a laundry woman who was engaged during my temporary absence unfortunately developed the disease. She was vaccinated immediately on going to the hospital, but this vaccination did not take. On the third day it being evident that the vaccination was not taking she was again vaccinated. The second vaccination developed but not in sufficient time to prevent an attack of smallpox which, however, was not severe and from which the woman recovered.

Cost of the Outbreak.

It will be undoubtedly interesting to your Committee to have a fairly complete statement of the expenditure incurred in dealing with an outbreak of

the character just described. I therefore submit this (see appendix B) with only one remark, which is that had it not been for the fact that certain patients (whose stay in the hospital was paid for by the Guardians or by neighbouring local authorities) brought your Committee in an income of £650, the expenditure would have been a rather serious one. It is probable that the whole of the cost of the epidemic is not shewn in the statement appended for the reason that during such a time the Sanitary Department is specially active and is put to a very considerable expense in the way of disinfectants and disinfection, as well as in an increased expenditure in sanitary inspection, clerical work, and the like. The gross cost of the outbreak was roughly speaking £1,000.

General Remarks.

The Hospital at Whitehill proved to be not one whit too large for the work it was called upon to do. The staff worked admirably in all respects, and the amount of work which fell upon them can be very much more easily imagined than described. There is no Department in the Corporation which ever has work to do at all approaching in severity that of the Sanitary Department during an outbreak of Smallpox, a fact which seldom seems to be fully realised. Everyone in the Department, I think I may safely say, is imbued with the strong feeling that any laxity in dealing with this loathsome and virulent disease may mean its extension to a large number of the population, involving an enormous financial loss to the town, and accordingly no half-measures are adopted. The work which fell upon your staff during the outbreak under discussion was even more severe than that which they had to carry out during the previous epidemic, the number of cases with which the Department had to deal for example being half as many again *i.e.* 159 in the present outbreak as against 109 in the one before. But it was not so much the actual number of cases as their wide diffusion in crowded and poor localities, and their constant breaking out in institutions such as the work-house and the various common lodging-houses which occasioned the necessity for greater and more persistent watchfulness on the part of the Sanitary Department.

I cannot close the Report without placing on record my high appreciation of the work done by the staff during this trying time. One and all when called upon to take part in the work responded with alacrity and persisted in their endeavours with an ardour that knew neither time nor trouble.

I am grateful too to the medical men in the town for drawing my attention so promptly to cases of Smallpox, and particularly for their courtesy in allowing me to see a large number of doubtful cases. So long as this practice is continued of the Medical Officer of Health placing his services unreservedly at the disposal of the medical practitioners in the town for consultation or advice in "borderland" cases, and so long as the offer of the Medical Officer of Health is accepted and acted upon, for just so long will there be practically no danger from the unrecognised or overlooked case.

APPENDIX A.

Statistics of the Outbreak.TABLE I. SHEWING TOTAL SMALLPOX CASES REPORTED
DURING OUTBREAK.

(January 6th to October 23rd, 1904.)

Age Period in years.	Under 1	1 to 5	5 to 15	15 to 20	20 to 25	25 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 and Over.	Totals.
No. of Cases }	5	3	18	9	17	22	48	12	22	3	1	159
No. of Deaths }	4	0	1	0	1	1	3	1	3	0	1	15

TABLE II. SHEWING AGE, DISTRIBUTION OF CASES,
AND DEATHS.

Total Cases 159
Total Deaths 15

I.—Presenting Vaccination Marks:—

VACCINATION PERFORMED IN INFANCY OR CHILDHOOD ONLY.

(Column A in Table IV.)

	Attacks.	Deaths.
Aged under 10 years.....	3	—
† „ from 10 to 20 years.....	6	—
„ „ 20 to 30 years.....	31	2
„ „ 30 to 40 years.....	30	3
„ „ 40 to 50 years.....	6	1
„ „ 50 to 60 years.....	15	1
„ „ 60 to 70 years.....	3	—
Total	94	7

II.—Presenting no Vaccination Marks :—

(Columns B and C in Table IV.)

	Attacks.	Deaths.
Aged under 10 years	13 ...	2
„ from 10 to 20 years.....	5 ...	1
„ „ 20 to 30 years.....	4 ...	—
„ „ 30 to 40 years.....	9 ...	—
„ „ 40 to 50 years.....	3 ...	—
„ „ 50 to 60 years.....	5 ...	2
„ „ 60 to 70 years.....	— ...	—
„ 70 years and over	1 ...	1
Total.....	40 ...	6

† One case vaccinated when six years of age.

III.—Re-vaccinated and other Cases :—

(Columns D to I in succeeding Table.)

	Attacks.	Deaths.
Aged under 10 years.....	2 ...	2
„ from 10 to 20 years.....	— ...	—
„ „ 20 to 30 years.....	3 ...	—
„ „ 30 to 40 years.....	9 ...	—
„ „ 40 to 50 years.....	6 ...	—
„ „ 50 to 60 years.....	2 ...	—
„ „ 60 to 70 years.....	3 ...	—
Total.....	25 ...	2

TABLE III. SHEWING CONDITION AS TO VACCINATION
OF PERSONS ATTACKED.

PRIMARY VACCINATION.	A.—Presenting a Vaccination Scar or Scars ...	Good	49
		Poor	45
	B.—Presenting no Vaccination Scar or Scars :		
	(1) Stated to have been vaccinated		18
	(2) Not stated to have been vaccinated		1
RE-VACCINATION.	(3) Stated to be unvaccinated		17
	(4) Vaccination stated to have been performed, but never successfully		1
	C.—Presenting no Vaccination Scar or Scars, but showing marks of vaccination performed subsequently to the case having been infected by smallpox		3
	D.—Stated to have been successfully re-vaccinated.....		4
	E.—Stated to have been re-vaccinated, but unsuccessfully...		1
PREVIOUS SMALLPOX.	F.—Successfully re-vaccinated only after the case had been infected by Smallpox		17
	G.—Stated to have previously suffered from Smallpox		None
	H.—Vaccination doubtful.....		1
	I.—Primary vaccination performed, but only after case had been infected by Smallpox		2

TABLE IV. SHEWING SEVERITY OF ATTACK IN RELATION TO
VACCINATION.

A.—Presenting Vaccination Marks.

Mild cases	62
Severe cases.....	32
Deaths	7

B.—Presenting No Vaccination Marks.

Mild cases	12
Severe cases.....	25
Deaths	6

C.—Presenting No Vaccination Scar or Scars, but shewing marks of vaccination performed subsequently to the case having been infected by Smallpox.

Mild cases	3
Severe cases.....	0
Deaths	0

D.—Stated to have been successfully Re-vaccinated.

(See Note A below.)

Mild cases	3
Severe cases.....	1
Deaths	0

E.—Stated to have been Re-vaccinated, but unsuccessfully.

Mild cases	0
Severe cases.....	1
Deaths	0

F.—Successfully Re-vaccinated only after the case had been infected by Smallpox.

(See Note B below.)

Mild cases	13
Severe cases	4
Deaths	0

G.—Stated to have previously suffered from Smallpox.

None.

H.—Vaccination Doubtful.

Mild cases	0
Severe cases.....	1
Deaths	0

I.—Primary Vaccination performed, but only after case had been infected by Smallpox.

(See Note C below.)

Mild cases	0
Severe cases.....	2
Deaths	2

NOTE A (See column D in preceding table).

Ages, &c., of Persons Attacked in Re-vaccinated Cases.

Age in years.	Attacks.
30	1
33	1
36	1
56	1
Deaths—None.	

NOTE B.

The following are the dates on which revaccination was performed, and the dates on which the eruption of Smallpox appeared in those cases recorded as having been successfully revaccinated **after the case had been infected by Smallpox.**

(Column F in preceding Table).

No.	1 case.	Date of Revaccination.	Date of appearance of Smallpox eruption.
		March 24th and 28th	March 30th.
" 2	"	" 29th	April 5th.
" 3	"	April 13th	" 20th.
" 4	"	" 29th	May 13th.
" 5	"	May 21st	" 28th.
" 6	"	" 21st	" 29th.
" 7	"	" 24th	June 5th.
" 8	"	" 29th	June 9th.
" 9	"	June 27th	June 29th.
" 10	"	July 12th	July 19th.
" 11	"	" 16th	" 17th.
" 12	"	" 18th	" 19th.
" 13	"	" 18th	" 19th.
" 14	"	" 19th	" 20th.
" 15	"	" 21st	" 27th.
" 16	"	August 7th	August 9th.
" 17	"	September 28th	October 8th.

NOTE C.

Primary vaccination performed only after case had been infected by
Smallpox.

(See Column I. in preceding table.)

Age.		Date of Primary vaccination.		Date of appearance of smallpox eruption.
8 days.	June 29th.	July 3rd.
10 days.	June 29th.	July 5th.

APPENDIX B.

**Expenditure on Whitehill Hospital Account from January 1st to
Dec. 31st, 1904.**

	£	s.	d.
Wages	85	18	6½
Food, Stimulants and Drugs.....	438	0	9
Coal, Coke, Gas and Water	64	10	9
Rates and Taxes	26	10	10
Furniture and Bedding	30	7	6
Ironmongery	4	6	11
Drapery	9	19	2
Services of Extra Nurse.....	68	15	6
Medical Assistance	78	2	0
Notification of Infectious Disease.....	19	7	6
Disinfectants	10	0	0
Cab Hire	50	0	0
Printing, Stationery, Advertising and Stamps	4	13	3
Repairs	5	2	0
Crockery	2	9	1
Wages	40	0	0
Cleaning Materials	2	0	4
Ambulance Horses' Keep, &c.	25	0	0
Miscellaneous	2	2	1
	997	6	21½
Less amount received for Treatment of Outside Patients.....	649	5	6
	348	0	8½

APPENDIX C.

COUNTY BOROUGH OF STOCKPORT

SMALLPOX.

This disease, which is **one of the most infectious, dangerous, and loathsome of illnesses**, has now appeared in the town, and especially in the district in which you live.

Persons coming in contact with cases so mild as scarcely to be noticeable may take the disease in a severe and fatal form.

The **signs of the disease** are first of all headache, pain at the bottom of the back, and possibly sickness, feverishness, etc. A couple of days after this, **little red pimples or spots** appear on the forehead, face, wrists, body, and limbs: these pimples become altered in the course of another day or two and then look like blisters: again after a day or two, these blisters may become filled with yellow or whitish matter, or may dry up, forming a reddish brown scab.

When the rash first comes out the affected person often feels better for a short time, becoming worse again as the rash changes.

The disease is **highly infectious** from the very commencement.

There is one thing, and one thing only, known to be a protection against Smallpox, and that is VACCINATION properly performed and repeated after the lapse of five or six years.

Persons exposed to infection—that is, who have been in the same house or same room as a case of Smallpox—should be vaccinated without losing an hour's time, unless they have been **successfully** vaccinated or re-vaccinated **within five years**.

Unvaccinated Children take Smallpox very readily and die from it at a terrible rate.

All cases of Smallpox, or suspected of being Smallpox, must be reported WITHOUT DELAY to the Medical Officer of Health, at the Sanitary Office, Great Egerton Street, off Heaton Lane, Stockport. Any one failing to report will be prosecuted, and the full penalty of the law asked for.

Persons desirous of being vaccinated by the Public Vaccinators should note their names and addresses, which are as follows:—

NAME.	ADDRESS.
Dr. W. B. BALE,	Heathbank, Shaw Heath.
Dr. WILLIAM BALE, J.P.,	130, Wellington Road North.

The Public Vaccinators will vaccinate **Free of Charge** any person who has never been vaccinated, or any person over the age of 10 years, even though the latter have been vaccinated before.

NOTE.—Anyone found concealing a case of Smallpox, or otherwise breaking the law against the spread of this or other infectious diseases, will be dealt with as severely as the law allows. No excuses will be taken.

(Signed) **MEREDITH YOUNG, M.D.,**
Medical Officer of Health.

14.29
14.29

