

The CHIEF HEALTH OFFICER to the Hon. the MINISTER OF PUBLIC HEALTH.

SIR,—

Department of Public Health, Wellington, 24th August, 1904.

The principal event of the past year was the appearance of small-pox in Christchurch. To the s.s. "Gracchus" may safely be attributed the cases which occurred here in May, 1903, those which took place in Melbourne in 1903, and the larger explosion which caused Tasmania so much trouble, as well as the recent outbreak in Christchurch. Once again we have had a warning, and once again we have escaped with comparatively little damage. It may not always be so, and, though many submitted themselves to the only sure protection against the disease—vaccination—there is a danger now that the enemy has been expelled of our falling back into the old attitude of "waiting till it comes before being done." What took place in London in 1901, what happened in Tasmania in 1903, was exactly what occurred in Christchurch in 1903 and 1904.

Speaking of the recent outbreak in London, the Chairman of the County Council said, "There has arisen a public and a body of practitioners who know not practically what small-pox is." In this lies one of the chief dangers from a public-health point of view. Between a mild case of small-pox and a virulent case of chicken-pox there is considerable resemblance at certain stages, and it argues no carelessness or gross want of knowledge that the medical attendant should mistake the one for the other, more especially in a country such as this, which is fortunately but rarely visited by the former disease. Nevertheless, it is this very freedom in the past that is so fruitful of danger in the present. As I pointed out in my last report, inspection, examination, and fumigation, while of great value, are not absolute safeguards, and it cannot be too often insisted upon that complete protection comes only from efficient vaccination and revaccination. With a people fully protected by vaccination we could safely ignore small-pox in all its most serious aspects. The restrictions upon intercommunication with the outside world at which shippers and passengers alike chafe, and which in many ways cost time and money, might all be done away with if we ourselves were clothed with a sound armour.

One pleasing feature of the recent outbreak was the ready help rendered by the Press and the uncomplaining manner in which those subjected to surveillance and inconvenience bore themselves. The first case was notified to me on the 11th January, but a careful harking-back disclosed the fact that several cases had occurred previous to this, some as far back as November, 1903. As soon as the true nature of the disease was recognised, a careful house-to-house inspection in the neighbourhood of the first cases was instituted, and as a result of the domiciliary visits several other persons suffering from the disease were found. In one house a child was found covered with pustules, and two other children with well-marked maculæ and pitting. In every instance where the disease was found, the house, hotel, club, or business-place was at once placed under the control of the police until the patient and those who had been in contact were removed to the isolation hospital.

With a prevision worthy of emulation the Christchurch City Council had fortunately grappled with the question of providing for infectious diseases by acquiring the 125 acres known as Bottle Lake. Under the guidance of a gentleman who has done much for municipal governance in the widest and best sense of the word—the Hon. Mr. Wigram—a very suitable building has been erected on this reserve. The hospital, which consists of a main administrative block and detached shelters, was divided into three camps. Those actually suffering from small-pox were housed in the main building, the "contacts" were located in a separate encampment, while the "suspects" were accommodated in a different part of the grounds. The Christchurch Hospital Board lent every help, and Dr. Marks was placed in charge of the several camps. The "contacts" were all vaccinated, and as soon as it was evident that the vaccine had taken, their clothes were fumigated or destroyed, and they were allowed to return to their homes, which during their stay in the hospital had been thoroughly fumigated. The "suspects" were also vaccinated, and as soon as it was clear that the vaccination had "taken," they were transferred either to the "contacts" camp, or, if they showed clear signs that they were suffering from small-pox, to the general hospital. The whole thing worked admirably.

With your permission I wired for those officers of the Department whom it was thought could be spared from their respective districts, and thus all our operations of disinfection and domiciliary inspection were carried out by some one or other attached to the Department. The result of this was that we were able to accurately assess the extent of any damage done to the houses and belongings of patients and contacts. I feel certain that through this much money was saved to the Department, and more general satisfaction was given to those whose property was interfered with. With the exception of one or two claims which were reserved for more than the usual consideration, all demands were settled up within a week or so. The Inspector in charge of each disinfecting-area was instructed to take an accurate inventory of the contents of each house operated on. The list of articles, with their approximate values, were submitted to the several owners, and the result was that in every instance we were enabled to obtain a receipt in full for all claims which could be made under section 25 of the Public Health Act. In addition to claims which justly fell under section 25, compensation was