

(No. 90.)



1863.

[SECOND SESSION.]

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TASMANIA.

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VACCINATION.

REPORT FROM THE SELECT COMMITTEE.

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Brought up by Mr. Maxwell Miller, and ordered by the House to be printed,  
3 September, 1863.



*THE SELECT COMMITTEE appointed to consider the Vaccination Bill, with leave to send for persons and papers, have the honor to bring up the following*

## R E P O R T.

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THOROUGHLY convinced of the importance and gravity of the question submitted to them for their consideration, your Committee applied themselves to its investigation with no inconsiderable amount of care and anxiety.

They have accordingly held several, and somewhat protracted, meetings.

And desirous of availing themselves of such skilled and experienced information as was within their reach, they examined the majority of the leading members of the Medical Profession residing in Hobart Town.

From the evidence given by these gentlemen, which they append to their Report, they have no hesitation in arriving at the following conclusions:—

First.—That the present law relating to Vaccination is altogether unsatisfactory, useless, and inoperative.

Secondly.—That there exists a large and most dangerous proportion of the children in the Colony unprotected by Vaccination.

And Thirdly.—That no measure short of house to house visitation can effectually secure the community from the possible ravages of one of the most loathsome and fatal diseases to which the human race is liable.

R. OFFICER, *Chairman.*

*Committee Room, 2nd September.*

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## EVIDENCE.

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### MINUTES OF COMMITTEE. No. 1.

FRIDAY, 14 AUGUST, 1863.

PRESENT.

The Hon. the Speaker, Mr. M. Miller, Mr. Knight.

The Committee met at 11·20 o'clock.

The Speaker moved to the Chair.

*Resolved*, That Drs. Smart and Bright be summoned for Tuesday at 10 o'clock, and Drs. Crowther and Turnley at 10·30.

The Committee adjourned till 10 A.M. on Tuesday.

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### No. 2.

TUESDAY, 18 AUGUST, 1863.

PRESENT.

Mr. Miller, Mr. Knight, Dr. Sharland.

The Committee met at 10·20 A.M.

DR. SMART *called in and examined.*

- Mr. Miller.*—1. How many years have you been in practice? Twenty years.
2. During what portion of that time were you in practice in Great Britain? No part of the time.
3. As a Medical Student had you any opportunities of seeing any cases of small-pox during your medical studies? I had.
4. Did you see many cases? Not a great many.
5. You recollect some apprehension of the small-pox breaking out here some years back? I do.
6. How long ago was that? About eight years ago. There was considerable excitement caused by the report that the small-pox was in Melbourne.
7. Did that give a temporary stimulus to vaccination? Yes, a very great one.
8. And as the panic subsided did the demand for vaccination decrease also? It did.
9. Could you form any notion, from your own practice, of what the proportion of children unvaccinated were previous to the panic? A very large proportion. Judging from several large schools, I found nearly the whole of them unvaccinated. I vaccinated between 30 and 40 at a school in Clarence Plains, at Curwen Walker's, and others.
10. Can you give an approximate idea of the number of children you vaccinated between January, 1860, up to the 30th June last? Not more than 50.
11. How many have you vaccinated since the 30th June last,—that is, since the panic? From 60 to 80; and I could have vaccinated more only I had no lymph. In addition to that, I have caused 100 to be vaccinated by my Assistant in Murray-street.
12. Do you find all children vaccinated return on the eighth day to show you the lymph? Not all, but a very large proportion.
13. Are all persons willing that you should take lymph from the children after they have been vaccinated? Not all. A few have a prejudice against it.
14. When did you take charge of the Queen's Orphan School? 12 months ago.
15. Do you know at all how many children had been vaccinated at that time? About 120 were vaccinated at the 30th June last.

16. How many of them have been since vaccinated? Few are now under vaccination, and the others will be immediately from them.

17. You are also Medical Officer to some benefit societies are you not? Yes.

18. Can you tell at all what proportion of the members' children were not vaccinated on the 30th June last? About 400 to 600.

19. Under what age? If under 12 years of age about 1000.

20. Do not Medical Practitioners at home see after vaccinating the children at whose birth they assist? I believe it is generally the rule, but not here.

21. Do not a large proportion of the working classes have midwives, instead of medical men? I think they have,—not the higher sorts of the working classes, but the poorer classes.

22. In the case of such children would vaccination be likely to be attended to? No, not by the females who attend the mother, certainly.

23. Do you think any measure short of a house to house inspection and vaccination would ensure the vaccination of all persons at the present time? No. I do not think any measure short of it would ensure complete and successful vaccination. Many can never be induced to trouble themselves about vaccination, and another class, after unsuccessful vaccination, return from it under the impression that the child would not take the disease. This is very common. I should further say, that if it is desired to protect the whole population, no measure short of that will effect the purpose.

24. Have you ever known the prosecution or conviction of any person for neglect of vaccination under the existing law? No; never.

25. Can you tell the Committee from your medical reading whether the English Act imposing penalties for the neglect of vaccination has succeeded? I believe not.

26. Do you know that your own profession has loudly complained of it as being nugatory? I believe it has, but I am under the impression from recent reading that it has not been successful.

27. Have you read the Draft Act compelling Vaccination now before the Assembly? Yes; I have.

28. Does it or does it not in your opinion provide the most effectual means for ensuring that all unprotected persons shall be properly vaccinated? It does.

29. What fee would for each case efficiently vaccinated sufficiently remunerate public vaccinators for making a house to house visitation? I believe 5s. would be a fair remuneration for inspecting, vaccinating, and certifying.

*Dr. Officer.*—30. Would the practice of visitation from house to house with personal inspection be generally offensive to the community or otherwise? I think that if means were adopted to disseminate correct views with regard to this matter, it might be received with less prejudice.

31. Suppose a system of general official Vaccination were established, what proportion of the expense do you think could be obtained from the parents of the children vaccinated? I should say that by far the greater proportion of those found unvaccinated would be in the lower grade, and I doubt whether any part of the fee could be obtained at all.

*Dr. Sharland.*—32. Can you pronounce a child properly vaccinated if you do not see it till the eighth day? Yes; but it is essential to see it at that time.

33. Could you say if a child had been properly vaccinated if you only saw it some time after the vaccination from the scar? I think I could, but would not take an oath about it.

34. Then inspection of the arm after the vaccination would be of no avail? It would be of great avail, because the position of the mark and the situation of it would be a very great guide, if not a certainty, to the fact of the operation having been properly performed.

35. Do you find in all cases there is a mark left? In all cases where the pock has been allowed to arrive at maturity and to drop off, I should say invariably according to my experience. There are some cases in which the pustule is rubbed off, and then there is not the ordinary mark of vaccination.

36. Is not the aureola which appears on the seventh or eighth day a most important feature? Yes.

37. And the form of the pustule also? Yes, of great importance.

38. Would it not be very expensive carrying out what is proposed by this Act? Yes, very expensive.

*Mr. Miller.*—39. Don't you believe that the benefits resulting from the Act would be more than commensurate with the expense? Looking at the probability that the small-pox may reach here some day, I think that the benefit would be infinitely greater than the expense.

40. And supposing that small-pox were to break out here once seriously, would not in all probability the measures the Government would have to take to stop its ravages cost infinitely more expense? It would not only cost more expense, but would be at an immense sacrifice of human life.

41. You said you could not swear to any marks to show that a person had been properly vaccinated, but would not your belief in the matter arise to almost a certainty? Yes.

42. Has not small-pox occurred after effectual vaccination? Yes, but it also occurs after small-pox itself—indeed oftener than after vaccination.

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DR. BRIGHT *called in and examined.*

*Mr. Miller.*—1. How long have you been a Medical Practitioner in Tasmania? Nearly 5 years.

2. How long were you a Medical Practitioner before you came to Tasmania? I was not a Practitioner at all.

3. Did you see many cases of small-pox as a student in England? I have not seen any.

4. How many children have you vaccinated since you came to Tasmania up to 30th June last? A small number, I cannot say how many.

5. How many since? 25 would be the outside.

6. Have you read the Draft Bill before the Assembly? I have.

7. Do you approve of the principle of house to house vaccination? I think that it is the most certain means of obtaining general vaccination, but I cannot say I approve of the principle.

7. You have heard Dr. Smart's evidence as to the efficacy of vaccination, do you agree with him? Undoubtedly.

8. Do you believe that vaccination protects as efficiently as small-pox itself? Most certainly.

9. I suppose you can scarcely give the Committee an approximate idea of the proportion of the children of your own patients that are not vaccinated above 2 months old? I should say that the majority of them are vaccinated.

10. Do you believe that a fee of 5s. would be a sufficient remuneration to a medical man for inspection, vaccination, and certifying? Yes, I think it would.

*Dr. Officer.*—11. Do you think that official inspection would be offensive to the community generally? I think it would.

12. You have heard the opinions expressed in Dr. Smart's evidence? Yes; on the whole, there are some of the answers that I could not entirely coincide in.

*Dr. Sharland.*—13. You have examined children after vaccination, do you invariably find a mark after 6 or 10 years lapse? Not invariably.

14. Do you think that it is of great importance that you should see patients you vaccinate on the 7th or 8th day afterwards? Most certainly.

15. Could you pronounce a child secure from small-pox unless you saw it on the 7th or 8th day? I could only pronounce it a successful case of vaccination, but not secure from the disease.

16. Do you find a difficulty in getting children to come to see you on the 7th or 8th day? In the majority of cases a very great difficulty.

17. In case of a compulsory Act, do you not think it would be necessary that a Clause compelling the return of the children on the 7th or 8th day be inserted? Yes.

18. Do you find that families are willing that their children should be vaccinated? Yes.

19. Do you think that this Act would be interfering with the practice of private practitioners? I think in its present form it would.

*Mr. Miller.*—20. You are aware, I presume, that the Act protects any person from compulsory vaccination who can produce a medical certificate from their own medical attendant that he or she has been effectually vaccinated? No, I was not.

21. Would that clause not very much modify your previous answer in reply to Dr. Sharland? Yes, it would.

22. *Dr. Sharland.*—Seeing a child some years after vaccination, could you pronounce from the scar that the child had been properly vaccinated? Yes, if the mark were properly defined.

23. *Mr. Knight.*—Could you in all cases give a Certificate whether a person had been properly vaccinated? No. If there were a proper and distinct mark I could.

24. *Dr. Sharland.*—Is there any distinguishing mark between the vaccine cicatrix and the mark of any other pustule? Yes, I think so.

25. How could it be distinguished? From its being upon the arm; from its being globular and depressed; and from being able to see little ridges running across it.

26. You would feel no doubt, yourself, that you would be able to detect what was the vaccine mark from any other mark? I think not.

27. When vaccination has not been effectual, would you be able to tell whether it had or not been effectual? If it had not been effectual the scar would not have the character I described.

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*Dr. CROWTHER called in and examined.*

1. *Mr. Miller.*—How long have you been in practice here? About 22 years.

2. You have studied on the Continent of Europe as well as in England? Yes, for 6 months in Paris.

3. Did you see many cases of small-pox at home? I saw I think about 20 when in England, accidentally, at the Small-pox Hospital, and a large number in Paris.

4. Were small-pox cases admitted into the hospital at which you attended in London? No; those that appeared were purely by accident.

5. Have you ever seen a case of small-pox in Tasmania? No. There have been none in Tasmania up to the present time.

6. Can you say about how many children you have vaccinated from 1st January, 1860, to 30th June, 1862? About 60 annually; but during the last 2 months I have vaccinated 15 a day.

7. Do you believe still that a very large proportion of the children under 12 years are unprotected? Not such a large proportion as has generally been supposed. The number, I think, has been exaggerated.

8. What proportion should you say are unprotected? Well, I think that among the poor about one-fifth.

9. You heard Dr. Smart's evidence that, out of the children belonging to parents members of Benevolent Societies which he attends, there are at least 1000 unprotected, would not that form a much larger proportion than that which you estimated? I think that the number would be found on analysis in excess of the actual quantity.

10. Do you think that by voluntary means, even under extreme pains and penalties such as under the Act now in force, a complete vaccination of the people would ever be effected? I am of opinion that Legislation would not meet the case. All that would be needed would be a registration, and a short Act rendering such registration compulsory. The individuals now present themselves for vaccination and are requested to return on the 5th, 6th, or 8th day; but many from prejudice, and many from idleness, do not return. If the certificate was compulsory they would be obliged to return. I would suggest that the certificate be given in the case of actual paupers without fee, and in those who could afford to pay, the amount of one shilling. From the experience I have had within the last three weeks at the General Hospital, I am of opinion that if a small payment were made to those performing the service, the whole of the poor would be vaccinated in three months. I may safely say that in the middle and higher classes vaccination is regularly attended to. I believe that there have been vaccinated at the General Hospital within the last three weeks 600 cases, and they are still presenting themselves.

11. Is not this desire for vaccination the result of the present panic? Partly from that and partly from the fact that in the public prints this Bill has been brought before the public, and from various other causes.

12. You speak of making this registration compulsory, I want to know by what machinery you would make it compulsory? I believe a small penalty would have the sufficient effect of making the poor be vaccinated.

13. Has the penalty in the present Act ever been enforced? No; the Act has remained a dead letter.

14. Who would be the informers? That will always be the difficulty.

15. How would careless or indifferent persons, or those actually opposed to vaccination, be compelled to submit their children to vaccination under your proposal? I do not see how we could reach those in any way who dogmatically set their faces against vaccination,—I only speak of the great majority of people.

16. Would house to house visitation, supposing it were permitted, constitute the most effectual means of offering complete protection to the community from small-pox? More exact information would be obtained decidedly, although I do not see how it could be practically carried out.

*Dr. Sharland.*—17. Do you think such inspection as this Act proposes would be acceded to in England? Certainly not in England, and I am still more certain it would never be acceded to here. I think the machinery of that Act unnecessarily expensive.

18. Is vaccine virus always to be had? I have never been without it—I think it is always to be had.

19. Is it always to be had in the country districts? The Colony is never without it.

*Mr. Miller.*—20. Are you aware, from reading the *Lancet*, that house to house visitation has been resorted to? Yes, I think it has in some of the Unions.

*Mr. Knight.*—21. Do you think there is any valid objection to house to house visitation? I think there are two objections; first, the expensive machinery necessary to carry it out; and secondly, the repugnance of individuals to a system of espionage.

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DR. TURNLEY *called in and examined.*

*Mr. Miller.*—1. You are House Surgeon to the General Hospital? Yes.

2. How long have you been so? Nearly 5 years.

3. Can you state at all the average number of vaccinations before 30th June last per year? About 6.

4. And how many have you vaccinated since then? Between 500 and 600.

5. Do you perform all the vaccinations yourself? No, the greatest number are vaccinated by the students there under my inspection.

6. Are all the children so vaccinated brought back to you for inspection? No, very few of them.

7. Have you supplied many Medical Practitioners with lymph you have obtained from these recent vaccinations? Yes, from 15 to 20.

8. In what hospital were you studying in England? King's College.

9. Did you see any cases of small-pox there? No.

10. Did you see any at all in England? One case accidentally.

11. As far as you can judge, are all the children brought to you to be vaccinated the children of persons unable to pay a Medical Practitioner? There may be a few persons able to pay, but I believe the great majority of them are unable to pay.

12. Do you believe it would be impossible to carry out our system of house to house visitation? No, not impossible, but I think not necessary.

13. Do you believe that, under the system of registration, there would be a general vaccination throughout the country? I believe that vaccination would not be universal, that is to say, that every person would not be vaccinated, but so many would be as to prevent the spread of small-pox if it should arrive in the Colony.

14. Do you not ascribe, in a great measure, the large number of children which you have vaccinated during the last few weeks to the intelligence of the small-pox raging with increased violence in England, and the general ventilation of the subject? Yes; and to the advertisements of the medical men in the papers.

*Dr. Sharland.*—16. Have the poor a dread of small-pox? Yes, an immense dread.

*Mr. Miller.*—17. Would not the dread subside with the panic? Yes, but I believe that the majority of the poor will be vaccinated before the panic subsides.

18. Do you not know that it has been the case in England that when the small-pox has broken out there has been a sudden demand for vaccination, which has subsided when the fear had died away? Yes.

*Dr. Sharland.*—19. Do you think that a public vaccination is desirable in Hobart Town and Launceston? Yes.

*Resolved,* That the Committee meet on Thursday, at 11 o'clock.

The Committee met at 12:45 o'clock.

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## No. 3.

FRIDAY, 21 AUGUST, 1863.

## PRESENT.

The Hon. the Speaker, Dr. Sharland, Mr. Knight, Mr. Miller.

The Committee met at 11.7 A.M.

DR. AGNEW called in and examined.

*Mr. Miller.*—1. How long have you been a medical practitioner? About 22 years.

2. Where have you studied at home? At the London University College, at Glasgow, and Paris

3. Were you in practice at home at all? No; not in private practice; Hospital practice only.

4. Did you see any cases of small-pox? I never saw any cases of small-pox, except a dead body in the dead-house of an Hospital.

5. Have you seen any cases here? I have never seen a case anywhere.

6. You are in somewhat extensive practice in this City? Yes.

7. Does that practice extend over all classes? It does.

8. Could you give an approximate idea of the proportion of children unvaccinated in the City? It can only be a guess; but I should say about one-third.

9. Can you give any idea of the number of children you vaccinated between January, 1860, and 30th June last? About 150.

10. How many have you vaccinated since 30th June last? About 18. The cause of that was the want of vaccine virus; a great number of children, some three or four dozen, were waiting to be vaccinated besides those. Application has been made to have about 60 or 70 children vaccinated.

11. To what do you attribute this larger proportion? Partly from want of vaccine matter, and partly because people are frightened lately, and are rushing to have their children vaccinated.

12. Is it easy to obtain lymph from the children you do vaccinate? The parents are generally willing, but not to have their children carried about from house to house to allow vaccination from the recent arm, which is the preferable mode.

13. You have read the Vaccination Bill before the House? Yes.

14. You have also expressed your views in reference to it in a short Memo.? I did.

15. You will put in that Memorandum as evidence? Yes. (Memorandum put in.)

*NOTES on Vaccination in reference to Hobart Town and Launceston.*

It is of the highest importance that the two great portals of the Colony, Hobart Town and Launceston, should be efficiently guarded by systematic vaccination. Whatever plan was found to be effective there could also be adopted by the various Municipal bodies, &c., throughout the Island, but modified of course by the more scattered condition of the population in the outlying Districts.

For scientific vaccination fresh lymph should be used direct from the vesicle on the 7th or 8th day, before it begins to turn turbid or puriform. As this can rarely be done in private practice, the lymph, or rather virus preserved in a dry state between glasses, or the crust which is formed after the bursting of the vesicle, is made use of.

Although the last especially is extensively employed, it is, in the opinion of many experienced practitioners, very doubtful if it possesses in all cases the full virtue of the fresh lymph; and it is very probable that numbers who have been vaccinated from crusts are in reality quite prepared to receive the infection of small-pox.

These points are mentioned to show the difficulty to which medical practitioners are subject in keeping up perfect vaccination from the fresh vesicle; they cannot at all times have a series of patients ready for vaccination, or do they find the patients, especially in the higher classes, will submit to have their children hawked about either for the purpose of being vaccinated from others, or to allow others to be vaccinated from them. And this being the case, the establishment of a central office becomes necessary if vaccination be made, as it ought to be, compulsory.

Children after vaccination must, of necessity, be seen by the vaccinator on the 7th or 8th day to



obtain the required certificate, and thus a continuous supply of fresh lymph will always be on hand from the numbers of patients who must always be presenting themselves.

Though the manner of carrying out the work will probably, in a great measure, be entrusted to the Vaccinator, with whom the serious responsibility of its efficient performance will rest; yet it would, of course, be satisfactory if some return to the exchequer could be made for the outlay incurred. Perhaps this might be accomplished by the establishment of a small fee which could press heavily on no one, such as 1s., or 1s. 6d. for the poorer, and 2s. 6d. for the other classes; the vaccinator to be allowed to charge more if, at the wish of parents, he vaccinated children at their own homes,—it being understood that out of this extra charge the Government fee (2s. 6d.) should revert to the Treasury. By some such plan as this, Government would receive its due, the convenience of a large portion of the public would be consulted, and the Vaccinator would be remunerated if asked to do extra work.

In about six months Hobart Town should be fully vaccinated. A house to house visitation should then be held, and a certificate of vaccination required from every inmate. This visitation would be a serious task for the Vaccinator (private practitioners would not, I think take any part in it), even with the assistance of a few deputies. Could it not be ordered that on a day previously fixed by proclamation every policeman on duty should visit all the houses in his beat and inspect the certificates? He would report all cases of neglect; and if these were not properly attended to in the course of a week or so, the law might take its course,—half the fine to go to the policeman. Very few convictions I think would be required.

Vaccination being once complete, the Vaccinator could always be kept informed as to fresh subjects, by being furnished with weekly or monthly returns of births from the Registrar's Office.

After the first year the duties of the Vaccinator would necessarily be so little arduous, that they could easily be performed at a very much reduced salary.

I would propose that Government should appoint one Vaccinator for Hobart Town and one for Launceston, for one year certain: these are the only vulnerable points, and if well protected from invasion it is difficult to see how the enemy can obtain a footing in the interior.

If small-pox made its appearance in the neighbouring Colonies, it would be well in Clause 8 of the Act to substitute the word "Two" for the word "Six," and so on in the subsequent clauses.

J. W. AGNEW.

16. You approve of a house to house visitation? I would establish a Central Office, and allow house to house visitation also.

17. Then you think there ought to be a Chief Public Vaccinator? I think one Public Vaccinator ought to be quite enough for Hobart Town, and one for Launceston, and allow Municipal bodies to take charge of their own Districts.

18. Would his duties as Public Vaccinator absorb the whole of his time? The greater portion for the first six months.

19. And, subsequently, would it interfere much with his professional avocations? It would to some extent, because I think he ought to be at his Office from one to two hours daily.

20. What income, under such circumstances, would be sufficient to remunerate a Public Vaccinator for Hobart Town and Launceston? About £200 for Hobart Town and £150 for Launceston.

*Mr. Speaker.*—21. Would that be sufficient remuneration for a medical practitioner whose whole time would be occupied for the first year or two? On second thoughts I don't think it would be, except in exceptional cases, as in the case of some medical man who did not wish to practise; perhaps, for the first year, I should say £300 for Hobart Town and about £200 for Launceston. The Vaccinating Officer ought to be supplied with a Return of all births from the Registrar's Office, by means of which he should be able, with very little trouble, to keep the town thoroughly well vaccinated.

*Mr. Miller.*—22. Are you aware that there are a number of births unregistered? No, I am not.

23. Do you know anything at all of the English Law on the subject? Very little.

24. But you are aware, from your reading, that it is considered highly unsatisfactory by the Medical Profession? It is: it is not thought sufficiently compulsory.

25. Proposals are even now being made, both inside and outside the House, for more stringent measures? I can't say that action has been taken; but the question is mooted in the Medical Periodicals.

26. You speak in this Memo. of a Policeman visiting the house, and inspecting the Certificates. Do you not think the visit of a Medical man would be more satisfactory? Yes, I think so. I made the suggestion in the Memo. because I thought it would save a great deal of trouble to the Public Vaccinator, and would not be the means of putting the Government to any expense. I may mention, in explanation, that house to house visitation need only be done once in a generation; for ever afterwards vaccination should be kept up by Returns furnished to the Vaccinator of all births, and of all people coming into the Colony.

28. On the whole, do you approve of the Bill now before the Assembly? I do, especially as far as it is compulsory.

29. Do you believe that vaccination protects equally as well as the small-pox? I think rather better.

30. Would you have any difficulty in ascertaining in the great majority of cases, from personal inspection of the scar, whether a person had been sufficiently vaccinated? No; and in those only in which there was room for doubt would I recommend re-vaccination.

31. Do you know anything at all of the present Act in force in the Colony with regard to this matter? No.

32. Are you aware of a single case of any person being punished under it from breaking its provisions? No.

*Mr. Speaker.*—33. You have stated that vaccine lymph has been a scarcity for some time past, what was the cause of that scarcity? The supply of fresh lymph had accidentally become exhausted in the City, and the practitioners generally much prefer the fresh lymph to the vaccine crusts. Vaccination has been generally omitted to a great extent.

34. You say accidentally; does that not mean an indifference on the part of parents and practitioners? I think so to a great extent.

35. In commencing more active vaccination lately, from whence did you and your brother practitioners obtain the lymph? I obtained a supply for my own use from Dr. Scott, the Staff Surgeon, who I understood obtained his from Melbourne.

36. Is it not possible, by a little attention, to secure a supply of fresh lymph at all times? It would be very difficult in private practice to secure fresh lymph on the 7th or 8th day.

37. Are you aware what has been done lately at the Hospital of this City by way of vaccinating the children of the poorer classes? I have heard that they have vaccinated a great many.

38. If you were made aware that nearly 1000 children were vaccinated at the General Hospital, and that the work was still going on, and that the various private practitioners have been and are engaged in vaccinating their patients,—do you not think that would be going a great way towards the protection of the City of Hobartton from an attack of small-pox? Certainly; but directly the present fear had died away people would cease to take their children to the Hospital or elsewhere for vaccination.

39. Would not the facts, however, to which I have referred in the previous question render the appointment of a Public Vaccinator unnecessary at the present moment? I think not, because the present mode of vaccination does not ensure universal vaccination; only those who are suffering from the present panic take their children.

*Mr. Miller.*—40. I see that Mr. Turnley says that very few of the children who have been vaccinated at the Hospital are brought back to him for inspection; would not such a system of vaccination be highly unsatisfactory? Very much so.

41. Do you know that the system was adopted at home of making every person having a child vaccinated deposit a small fee which was returned when the child was brought back for examination? Yes, I have heard of that system.

42. Do you not think that the mere fact of the parent having to deposit this fee would prevent a great number from bringing their children at all? Possibly.

*Mr. Speaker.*—43. Under the existing law parents neglecting to have their children vaccinated are liable to a pecuniary penalty, if that penalty were occasionally inflicted would it not have a great effect in deterring parents from neglecting to have their children vaccinated? It would, but I think it would be unfair to inflict the penalty unless some means were open to the parents by which they might have their children vaccinated, such as the Hospital or a Central Office.

44. Does not the gratuitous offer of vaccination at the Hospital remove all difficulty? I think so.

*Mr. Miller.*—45. Have you read the Act now in force? I have not.

46. If that Act could only be worked by medical men themselves becoming informers, do you believe that they would consent to inform in any case? Certainly not.

*Dr. Sharland.*—47. Do you think that the domiciliary visits proposed by this Bill would be received with offence by families? I think that if it was properly put before people that it were a duty only to be performed once, not annually, they would generally consent.

48. *Mr. Miller.*—I presume that no greater objection would prevail in reference to the visits of an inspecting Vaccinator than would be attached to the visits of persons collecting the census? I should think not.

49. *Dr. Sharland.*—Do you attach importance to the fact that every child vaccinated should be seen on the seventh or eighth day? Certainly.

50. Should there not be a Section in the Vaccination Act to compel the parents of children to bring them back on the seventh or eighth day? I would allow it to be optional that the Public Vaccinator might go to the house of parents on the condition of extra payment, but no vaccination ticket should be issued unless the child was seen on the seventh or eighth day.

51. Do you think a supply of fresh lymph could always be kept up in the country districts? I should think not; but, were a central office established, a supply of fresh lymph could always be obtained; I think too an independent vaccine establishment would be better than one attached to the hospital. Many people from prejudice object to go to a hospital for the vaccination of their children.

52. It has been proposed that a general system of registration of all children vaccinated should be kept, do you think that would be desirable? I think it might be a very proper thing.

*Mr. Knight.*—53. Have you considered as to the propriety of putting ships arriving from an infected country into quarantine, supposing the disease had appeared on board? I think that a vessel arriving with persons who had been attacked on board ought to be placed in quarantine until the Health Officer had declared the ship clean; but if no disease had appeared within a month, and all the children quite healthy, I think it would be unnecessary.

*Mr. Miller.*—54. Do you think that any system of compulsory registration could be made so effectual as to supersede the necessity for a Public Vaccinator, a central office, and the right of house to house visitation? I think a central office and public vaccination will always be required; house to house visitation will not be required after an effectual vaccination in the first instance. It would then become the duty of the Public Vaccinator to see after the vaccination of all children.

The Witness withdrew.

DR. HALL called in and examined.

*Mr. Miller.*—1. How long have you been a medical practitioner? Thirty-six years altogether, six in Liverpool in England, and thirty in various parts of Tasmania. I was eight years engaged in the study of my profession in Liverpool, Dublin, and London, previous to commencing practice.

2. Did you see many cases of small-pox in Liverpool? Very many, both during my pupilage and afterwards as one of the Honorary Medical Officers of a Charity which treated 30,000 patients annually. Liverpool was a town notorious for small-pox of a virulent kind, in its crowded garrets and cellars. It also at that time had a death ratio exceeding that of any town in England.

3. What steps were taken to promote vaccination? At all the Medical Institutions gratuitous vaccinations for the poor were performed weekly, and there was one if not more Institutions for vaccination solely. The private medical practitioners earnestly endeavoured to promote vaccination amongst their private patients.

4. Did these measures prove successful? No; large numbers of children were never brought for vaccination, either from the opposition or indifference of parents. Of those vaccinated gratuitously a large portion never attended a second time to show the effects. At the Vaccine Institution, it was then tried to ensure the return on the eighth day by requiring a deposit of one shilling, to be refunded on the second visit if successful; as a consequence, a great falling off of cases occurred.

5. Are you acquainted with the English Vaccination Act and its results? I am; it has failed to ensure the general vaccination of the children born. It is opposed by the profession generally, as entailing upon them an endless amount of certifying and making them responsible for registering the cases. Lord Lyttleton introduced an amended Act to obviate the objections; it passed the Lords, but was rejected in the Commons. The Epidemiological Society of London, of which I am an Honorary Member, has frequently petitioned Parliament for more stringent measures, embodying, in fact, the principle of house to house visitation.

6. Were the penal provisions of the Act for neglecting vaccination habitually enforced? Scarcely ever a case occurred. The last papers from England, however, give two instances in London; one of a mechanic who had lost two children from small-pox, had two others ill with it, and refused to let the remainder be vaccinated, as his wife objected. The other case was a similar one. They were fined in the Thames Police Court.

7. Has a house to house visitation for small-pox or any other disease ever been in practice in England? The old Board of Health had power to do this on the outbreak of any epidemic disease. It was extensively carried into effect, and with great success, in some of the cholera outbreaks. For small-pox it has recently been done in some of the parishes of London. The Medical Officers of the Foot Guards have done so likewise in all the families of the Regiments. The Privy Council has now the powers of the late Board of Health; and their Medical Officer, Dr. Simon, sends inspecting medical officers to any town where such measures may appear to be required.

8. Has any nation, by stringent measures to have all persons vaccinated, succeeded in preventing small-pox, or reducing it to a trifling amount? In Denmark, by the rigid enforcement of vaccination, not a case of small-pox occurred in 14 years. Other Continental States have been nearly as successful. In the old kingdom of Sardinia the deaths from small-pox, it is stated in the *Medical Times*, average only two per annum, while in London they average about 1000. In all England for the eight

years 1850 to 1857, the deaths from small-pox ranged from 2277 to 7320, the average of the whole being 4210. Since 1857 the deaths from this cause have been on the increase. Before vaccination nearly 50,000 deaths used annually to occur from small-pox.

9. What proportion of the children and others in Tasmania do you think are unvaccinated? There are no positive data to calculate upon; but, from a careful scrutiny of what comes under my own observation, I think about three-fourths are unvaccinated. Out of 172 children on the books of the Benevolent Society only 25, or about one-seventh, are vaccinated. Out of 108 children, principally girls, examined, attending the Ragged Schools, only 7 had vaccine marks, that is, one-fourteenth. I have ascertained that many families in good circumstances have not had a single child vaccinated. In the Hobart Town Benefit Societies I find many intelligent families where three-fourths of the children are not vaccinated. As vaccination in these clubs is not charged for, and only provident persons become members of them, I think the members unvaccinated belonging to them will not be, at least, an over-estimate for the whole population.

10. Do zealous Medical Men find it easy to keep up a succession of vaccinations? Quite the contrary. I have tried to do so often, and have been subjected to much annoyance in the attempt. Except in a panic, like the present, few care even to have it done, even gratuitously; and those who can, and ought to pay, humiliate Medical Men as though a selfish grasping at fees was the cause of their importunity.

11. When you were Resident Medical Officer at the General Hospital were gratuitous vaccinations given? Yes; but, except when an apprehension of the importation of small-pox existed in 1854, no cases were brought to the Hospital. Few ever came to show the effects, and the number altogether was trifling. Moreover, many of them ought to have paid private Medical Practitioners.

12. Do many non-medical persons vaccinate? I have found such to be the case in many parts of the Colony. Old women are reported to do so with needles in Hobart Town; but, worse than all, I have heard that matter from cows' teats has been used, under the impression that it was the genuine cow-pox. Of course it is known to all well-informed medical men that small-pox has not yet existed in cows in Tasmania, and therefore the introduction of it into the human system from the cow could not yet be effected. The spurious matter of other diseases thus propagated may cause very serious evils.

13. Is there not, by the English Act, a penalty for any non-medical person vaccinating? There is, but not in the Tasmanian.

14. Has any person been prosecuted under the Tasmanian Act for neglect of vaccination? None that I ever heard of.

15. Suppose all persons having children were compelled to register a certificate of vaccination, say within six months, or even twelve months after birth, would such a measure be likely to make vaccination general? I think no measure which leaves it a voluntary act, though at the risk of being fined for neglect, will ever prove successful here, any more than elsewhere. I presume the register of births would be the anticipated check on the vaccinations neglected; such, however, would only be the case to a certain extent. About 600 births annually are never registered at all in Tasmania; 200 of that number even in Hobart Town.

16. How do you ascertain this? By comparing the numbers registered with the numbers taken at the census enumerations, making the proper allowance for deaths.

17. What is the number of births registered per annum? About 3200.

18. How many children under 15 years of age are there in Tasmania? From 35,000 to 36,000.

19. You suppose then that there are three-fourths of this number, or say 27,000 of these, unvaccinated? I do.

20. Were all these to be seized with small-pox, what rate of mortality might result? The rate differs according to season, class, and the sanitary condition of the habitations in which it prevails. In some epidemics as many as one in three are fatal; but one in ten, or 2700, would be a very slight proportion indeed. But besides the deaths, large numbers would be blinded, and hideously disfigured for life.

21. Do you generally approve of the draft Act for compulsory vaccination now before the House of Assembly? I do.

22. Do you think the house to house inspection and vaccination could be so conducted as not to be offensive? I see no reason to think otherwise. Families could easily anticipate the visit of the Public Vaccinator, by having all requiring vaccination vaccinated by the medical practitioner of their own choice, and presenting a certificate to that effect to the official Inspector.

23. Would no other means effect the same end? Yes; but less directly and efficiently. For instance, the Continental Laws respecting admission to schools, marriage, civil employment, &c., would ultimately do so,—as in Denmark. In fact, the Act now before the British Parliament for Scotland is stated to make it penal to receive children into schools, or servants into families, who are not vaccinated. Surely, however, such measures would be more obnoxious than a house to house visitation. It is, of course, known that in England now all recruits both to the army and navy are required to be vaccinated.

24. Do you think a periodical re-vaccination necessary or advisable? I do not think it necessary; for if properly vaccinated, I consider a person as safe as he would have been had he had small-pox directly. It

is known that second attacks of small-pox occur, as well as attacks of small-pox after vaccination. Nevertheless, I think it advisable to re-vaccinate in all doubtful cases, as was resolved at a meeting of the Medical Society of Victoria, lately held. With my own children, I always re-vaccinated, from the last operated upon, the previous one. In no instance did it take effect in producing a genuine vaccine vesicle.

25. Do you think a fee of Five Shillings for every vaccination performed in the house to house visitation would be sufficiently remunerative to the Public Vaccinator? I do; for though he would have to pay two visits at least to each house in which he performed a vaccination, he might have two or more in some houses. The fee paid for paupers generally in England for vaccinations by wholesale is 2s. 6d. each.

26. Would a fee for each successful case be a better plan than the annual stipend of £25 paid to the Public Vaccinator in New South Wales and Victoria? I think so. In the Colonies named, the stipend is paid for periodical vaccinations, at a given time and place, not for house to house visits. In the payments thus made there is a risk of neglect; in fees per case, self-interest is more cogent.

27. What remuneration would you award to the Inspector of Vaccinations? In Sydney, the Superintendent of Vaccinators is paid £240 per annum; but, at the same time, he is Medical attendant to Police and Post Office Letter-carriers, for which he receives £170 per annum additional. In Melbourne this duty, with many others, devolves upon the Chief Medical Officer, whose salary is £800 per annum. A salary of £200 per annum would probably secure the services of a zealous and competent Medical Practitioner for Tasmania.

*Mr. Miller.*—28. Do you believe that the visits of the Public Vaccinators would be more offensive than the visits of the Census Officials were at first? I think not, as far as I have made personal enquiries, and heard opinions expressed; the objections to the Census enquiries were more numerous than those of the house to house Vaccination.

*Mr. Speaker.*—29. Is the proposed law, in your opinion, as complete and efficient as it could be made? I think so, as far as it goes; but it says nothing about the remuneration of the Public Vaccinator,—I presume the *minutiae* would be left to the Executive.

*Dr. Sharland.*—30. Is it possible to make a Vaccination Act compulsory without ensuring a supply of vaccine virus always on hand? I think the compulsory Act would ensure it.

31. Does not even successful Vaccination leave no cicatrix on the arm? Decidedly.

The Witness withdrew.

*Resolved*, that questions be sent to Drs. Doughty and Carns, with request for answers.

*Resolved*, that the Committee will meet at Eleven on Wednesday, the 26th.

The Committee adjourned at 1·7 P.M.

*REPLIES* by DR. CARNS to Questions from the Select Committee on the Vaccination Bill.

1. How many years have you been in practice? I have been about seventeen years in practice.

2. Did you see much of small-pox before you came to Tasmania? I have seen numerous cases of small-pox both in London and Edinburgh.

3. Can you give an approximate statement of the number of children you have vaccinated in Hobart Town from the 1st of January, 1860, up to the 30th June of the present year? As near as I can judge, I vaccinated in Hobart Town about fifty children between the 1st of January, 1860, and the 30th June, 1863.

4. How many have you vaccinated since the present panic about small-pox took place, or say from the 1st July last? I have vaccinated 25 cases successfully since the 1st day of July last.

5. Are children always brought to you for examination on the eighth day? Nearly all the children I have vaccinated during the last month have been brought back to me on the fifth and eighth days, but, as a rule, there is great difficulty in doing so.

6. Have you read the Draft Bill about compulsory Vaccination now before the House? I have carefully read the Draft Bill for compulsory Vaccination.

7. Do you think, if it were passed into law, it would effect the general vaccination of those requiring it in the Colony? I believe that it would effect the general vaccination of those requiring it in the Colony if passed into law.

8. Would a fee of five shillings for each case vaccinated in the house to house visitation be a sufficient remuneration to the Public Vaccinator? I think a fee of five shillings would be a sufficient remuneration for the house to house visitation of the Public Vaccinator.

9. What do you think would be a sufficient stipend for the Inspector of Public Vaccination, as proposed in the Draft Act? I think three hundred pounds per year would be a sufficient salary for the Inspector of Public Vaccination.

10. Have you ever known of a prosecution or conviction of any person under the present existing compulsory Vaccination Act? I have never known of any such prosecution or conviction.

11. Have you known of many non-medical persons vaccinating in this Island? Numbers of families have been (to my knowledge) vaccinated by their parents in Tasmania.

12. Have you known of any vaccinations performed with matter taken directly from the cow in Tasmania, or are you aware that any persons imagine that matter so taken would produce the genuine cow-pox? I have never known of any such vaccination, nor have I ever heard of any cow being inoculated with variolous ichor in the Island.

13. Do you think that the colonists generally would think the house to house visitation by Medical Practitioners as offensive and inquisitorial as that of the enumerators for the Census of population? I do not think that the visit of any Medical Practitioner, with such an object in view, would be offensive to any one.

14. Do you think that many children are taken for gratuitous vaccination to the General Hospital whose parents are able to pay a Medical Practitioner? I know that children of parents who are able to pay are taken to the Hospital for gratuitous vaccination, and in many instances the parents themselves are not seen at all in the matter.

15. Supposing the small-pox were to prevail in any of the neighbouring Colonies with which Tasmania trades, might not the disease be introduced into this Colony by the other Ports of Entry as well as Hobart Town and Launceston? Should small-pox prevail in the neighbouring Colonies, it could be introduced by any Tasmanian Port; but the probability is that Hobart Town or Launceston, from their more frequent communication with the Colonies generally, would be the first affected.

16. Do you think any persons are deterred from taking their children to the Hospital because of the pupils performing the greater part of the vaccinations? It is universally the duty of apprentices and students in England to vaccinate at the Public Institutions, therefore I do not think that any objection would be made by parents on that account.

17. Were the Hospital to be made a Public Vaccine Institution for all classes of the community, would respectable persons be deterred from taking their children there? I believe that respectable families would have a great objection to take their children for vaccination to the General Hospital.

18. Do you think the same repugnance would exist to the taking them to the Office of Inspector of Vaccinations, elsewhere located? I do not think that any persons would object to taking their children to the Office of the Public Inspector.

ROBT. W. CARNS, *M.D.*

*Hobart Town, 24th August, 1863.*

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*REPLIES to Questions from the Select Committee of the House of Assembly on the compulsory Vaccination Bill, by DR. DOUGHTY.*

1. How many years have you been in practice? Twenty-four years.

2. Did you see much of small-pox before you came to Tasmania? Numerous cases in England.

3. You practised for several years in Oatlands in this Island? Twelve years.

4. Did parents there generally apply to you to get their children vaccinated? No.

5. As you knew the number of children registered, what proportion did you think were generally vaccinated? About one-half of those registered.

6. Can you give an approximate statement of the number of children you have vaccinated in Hobart Town from the 1st January, 1860, up to the 30th June of the present year? About thirty.

7. How many have you vaccinated since the present panic about small-pox took place, or say from the 1st July last? About fifty successfully.

8. Are children always brought to you for examination on the eighth day? Very seldom.

9. Have you read the Draft Bill about compulsory vaccination now before the House? I have.

10. Do you think if it were passed into law it would effect the general vaccination of those requiring it in the Colony? I do.

11. Would a fee of 5s. for each case vaccinated in the house to house visitation be a sufficient remuneration to the Public Vaccinator? It would.

12. What do you think would be a sufficient stipend for the Inspector of Public Vaccination, as proposed in the Draft Act? Three hundred per annum.

13. Have you ever known of a prosecution or conviction of any person under the present existing compulsory Vaccination Act? Never.

14. Have you known of many non-medical persons vaccinating in this Island? I have known a few.

15. Have you known of any vaccination performed with matter taken directly from the cow in Tasmania, or are you aware that any persons imagine that matter so taken would produce the genuine cow-pox? No; I never heard of a cow in Tasmania having been inoculated with the variola. I do know of persons who have taken matter from pustules on a cow, and considered it genuine cow-pox, but it would not be a preventative of small-pox.

16. Do you think that the colonists generally would think the house to house visitation by Medical Practitioners as offensive and inquisitorial as that of the enumerators for the census of population? By no means; they would accept it readily to get rid of a difficulty, as in all classes here the total inability to serve themselves is remarkable. A Medical Practitioner's visit would never be deemed offensive.

17. Do you think that many children are taken for gratuitous vaccination to the General Hospital whose parents are able to pay a Medical Practitioner? I do; one person taking a lot of children, and the true parents taking care never to show the children again, or themselves at all.

18. Supposing the small-pox were to prevail in any of the neighbouring Colonies with which Tasmania trades, might not the disease be introduced into this Colony by the other ports of entry as well as Hobart Town and Launceston? If small-pox prevailed in the neighbouring Colonies it will easily find its way here through any ports of entry, but more particularly through Hobart Town and Launceston.

19. Do you think any persons are deterred from taking their children to the Hospital because of the pupils performing the greater part of the vaccinations? Certainly not.

20. Were the Hospital to be made a Public Vaccine Institution for all classes of the community, would respectable persons be deterred from taking their children there? All classes have an instinctive dislike to go to any place called a hospital, excepting extreme sufferers.

21. Do you think the same repugnance would exist to the taking them to the office of Inspector of Vaccination elsewhere located? Certainly not.

In answering this last question, I would take the liberty of offering a suggestion upon it, viz.—That as we have a Benevolent building where there is ample accommodation and suitable access, situate in the most central part of this City, that it be used for the above purpose, not only as a matter of economy, but as a most suitable situation, where no person in this community could have any objection whatever to visit.

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No. 4.

TUESDAY, 25 AUGUST, 1863.

*Present.*—Dr. Sharland, Mr. Miller, Mr. Knight.

The Committee met at 11·15 o'clock.

Proposed that Mr. Miller be requested to draw up a Report. Carried.

Proposed that the Committee meet again on Thursday, the 26th instant, at 11 A.M.

The Committee adjourned at 11·20 o'clock.

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No. 5.

WEDNESDAY, 2 SEPTEMBER, 1863.

*Present.*—The Honourable the Speaker, Mr. Miller, Mr. Knight.

The Committee met at 9·10 P.M.

Mr. Miller brought up the Report, which was unanimously adopted.

The Committee adjourned at 9·12 P.M.