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PARLIAMENT OF TASMANIA.

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QUARANTINE:

MEMORANDUM BY THE SECRETARY OF THE CENTRAL  
BOARD OF HEALTH.

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Presented to both Houses of Parliament by His Excellency's Command.



## MEMORANDUM IN REGARD TO QUARANTINE, FOR THE HONOURABLE THE CHIEF SECRETARY.

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THE varied ways in which the several Australasian Colonies enforced Quarantine Regulations on vessels arriving from Tasmania during the recent epidemic of smallpox at Launceston were of such a nature as to not only require explanation, but also to call in question the system of quarantine itself. This system has been much debated all over the world, with the result that the Home and Indian authorities, and practically the United States authorities, have long discarded quarantine, and replaced it by a system of medical inspection, while the Australasian authorities, as represented at the Sydney Sanitary Conference of 1884, strongly urge the adoption of stringent quarantine laws.

Before considering the reasons offered by the Members of the Sydney Conference for their disagreement with Home practice, it may be well to explain the difference between "Medical inspection" and "Quarantine." Medical inspection is, practically speaking, carried out in England in accordance with the Rules laid down at the Vienna International Sanitary Conference in 1874, as "*the most efficient safeguard against infection.*" These Rules provide for—

1. The establishment of sanitary authorities in every port.
2. Immediate free pratique to all clean vessels from non-infected ports
3. Immediate inspection of all vessels from suspected ports, or on which there are suspicious cases.
4. Immediate free pratique when this inspection shews no cases of infectious disease, except when there have been such cases during the voyage, under which circumstances ship, passengers, and their goods are to be disinfected before admission to pratique.
5. If, on inspection, cases are found—
  - (a.) Immediate removal of sick to hospital;
  - (b.) Disinfection of those who are well, and their goods;
  - (c.) Disinfection of ship;after which, all that are well to have free pratique.
6. Free pratique to all merchandize, except rags and other objects of a susceptible kind, which must undergo thorough disinfection.

On the other hand, the Quarantine system recommended by the Sydney Conference provides for—

1. The detention of ships with any infectious cases on board, with all their crews and passengers, for periods varying from ten to twenty-one days (subject to modification after the establishment of Federal Quarantine Stations at the outports of Western Australia and Queensland).
2. Removal of cargo, in some cases into lighters, and disinfection of it and of the ships.
3. When cases have occurred during the voyage, or when the ship has left an infected port, the quarantine time counts from last liability to infection.

As to the arguments advanced in support of this system of quarantine, and against the adoption of medical inspection, they have been stated by Dr. C. K. Mackellar, Health Officer of New South Wales, in a paper read before the Royal Society of that Colony. The publication of this paper led to the meeting of the Australasian Sanitary Conference of 1884, which, in its Report, has adopted and again published it. Dr. Mackellar was also chosen President of the Congress. He says:—

"A short time ago I had placed in my hands by the Government a letter written by Dr. Sedgwick Saunders, the Medical Officer of Health for the City of London, and addressed to the Eastern and Australian Steam Navigation Company, wherein the following sentences occur:—'Respecting the question of quarantine, it is pretty well agreed

among American and English sanitarians that the medical inspection of a ship, with a proper supply of detached hospitals, is infinitely preferable to the detention of a number of healthy people for any portion of what may be termed the 'incubation' period. Quarantine is not only utterly useless in small-pox, or diseases of the zymotic class, which have a definite time for their development after exposure to contagion, but it leads to all kinds of deceit and falsehood on the part of those who are interested in clearing the ship, besides inflicting great personal inconvenience upon healthy persons.' And further on in the same document a very important statement is made, as follows:—'The most recent authoritative dictum upon this subject is that published in the 'Supplement to the Ninth Annual Report of the Local Government Board, 1879-80, in a paper by Mr. J. Netten Radcliffe, where we find the following:—'Quarantine rests upon the traditions of medicine—not upon the existing state of medical knowledge in British medical schools as to the diseases to which it is applied. The experience of quarantine in this country has been such as to show its utter futility as a practical measure of precaution against the invasion of a foreign disease, and for some time past it has been seen that such medical reasons as can be pleaded for it are countervailed by medical and social reasons of quite equal force against it. Hence quarantine is now retained on the statute book for the purpose of avoiding certain disabilities to which our shipping would else be subject in countries in which quarantine is held to be an essential element in the prevention of certain spreading diseases.'

"In the face of such a dictum, one cannot wonder at the impatience exhibited by the trading community when one of their vessels is detained. What the medical reasons which countervail the performance of quarantine are I know not, as the way in which we conduct it in this Colony implies a strict adherence to known sanitary laws, such as the segregation of the sick, the disinfection of persons and things, and the thorough cleansing of vessels. The social reasons are apparent to all, but I think that if the commercial reasons had been added the matter would have been clearer still. So far as I can see, the whole of the objections to our quarantine may be summed up in the inconvenience and thralldom to persons and the temporary damage to commercial interests. The imposition of quarantine upon a ship not only implies a very serious monetary loss to her owners, but it also entails the arbitrary detention of a number of apparently healthy people—not because of any act of their own, but simply because they have been unfortunate enough to come within the range of virulently infectious disease. It is a sort of imprisonment without a crime; and I have therefore deemed it my duty, while enforcing a rigid examination of persons and vessels likely to endanger the public health, to make the detention of ships as short as is consistent with perfect innocuousness, and the imprisonment of the unfortunate passengers as free of unpleasantness as the circumstances of the case would permit."

It is unfortunate that Dr. Mackellar should have so completely misapprehended the position taken up by the English authorities. They have discarded quarantine on account of its proved uselessness in preventing the spread of infectious disease, and adopted sanitation on account of its proved usefulness to that end. What is done in Sydney quarantine is no doubt done in "strict adherence to known sanitary laws;" but that is not the question; the question is, whether it is effectual in preventing the introduction of disease, and its dissemination in case of introduction. General—if not universal—experience says it is not effectual. Dr. Mackellar says, further on, in connexion with the International Sanitary Conference of Constantinople in 1866:—

"The efficacy of restrictive measures was very clearly proved; the several countries which escaped the cholera visitation of 1865 being those where a rigorous quarantine was maintained."

The English representatives at the Conference by no means admitted the clearness of the proof; and if the facts were as stated, why did the succeeding Conference of Vienna, in 1874, recommend the regulations above quoted for medical inspection preferentially\* to quarantine?

Dr. Ashburton Thompson, the Secretary to the Sydney Conference, in his remarks in support of quarantine as against medical inspection, bases his arguments on medical and etiological considerations, and does not touch the vital point of the usefulness or otherwise of his system. It is true that his views are similar to those of many medical men on the continent of Europe, and have found expression in the declarations of many of the professional members of the International Sanitary Conferences. But these declarations have never met the case put forward by English authorities. That case is well put by the English and Indian delegates to the last International Conference at Rome in 1885, and shows, notwithstanding Dr. Ashburton Thompson's suggestion that England's climatic and geographical conditions have something to do with the success of her system at home, that the system is as efficacious elsewhere under totally different conditions.

"We availed ourselves on this occasion of the opportunity of bringing prominently before the Conference what experience in India had taught us in connexion with this matter \* \* \* \* that attempts made in India to arrest cholera by quarantine and cordons have totally failed, and been put a stop to in consequence by the Government. That the only known means of mitigating the incidence of cholera is removing insanitary local conditions, and this has been extensively and successfully done all over India. Hence quarantine in India has failed and is discontinued, whilst sanitary work has succeeded, and is being extended."†

And the wisdom of this was being strikingly illustrated in Italy at the very time Dr. Ashburton Thompson was reading his paper to the Sydney Conference. In a memorandum addressed by the English Ambassador in Italy, as principal English Delegate, to the President of the Roman Conference, he says, while speaking of the cholera of the preceding year, 1884:—

"While at Naples the epidemic was raging with such violence that there were in one day—the 10th September—474 deaths and 966 new cases, Rome, which remained in daily contact with refugees from Naples, enjoyed a state of perfect health. When the presence of cholera was officially declared, nearly 4000 inhabitants of this city came in one day to take refuge in Rome, and every day the railway trains were crowded with passengers from Naples. Never was city more seriously menaced with cholera than Rome was last year; and though it was protected neither

\* The text is—*La Conférence recommande le système d'inspection médicale, mais pour les États qui préfèrent maintenir les quarantaines, elle établit les bases d'un règlement quarantenaire.*" And it is to be noted that this règlement is not so severe as the Sydney one;—the detention in case of cholera being from three to seven days, instead of not less than ten.

† See Correspondence relating to International Sanitary Conference at Rome, 1885: Presented to Parliament,—p. 28.

‡ Dr. Thompson's remarks were read on the 17th of the same month.

by quarantine nor a sanitary cordon, nothing was changed in the ordinary habits of its population, and its admirable attitude of confidence and quietness was not troubled for a single moment.

"Allow me to remark parenthetically that this fact of a large emigration from a place where cholera was prevalent without danger to the place of refuge, confirms the details given by the English and Indian delegates on the subject of the movement of troops in India when cholera breaks out in any camp—system of movement which replaces isolation and sanitary cordons.

"As to the city of Rome, its security in the midst of such dangers, though seemingly miraculous, was, in reality, due to the wise precautions taken months before by its excellent and energetic Syndic, the Duke Torlonia.

"It is true that he found a powerful ally in the abundance of good water that Rome enjoys more than any other city of the world, and of which the supply is calculated at 300 litres per day per head. This allowed the Duke to take the heroic measure of closing all the wells in the city, and of replacing them with new conduits from the Aqua Marcia, to the number, if I am not mistaken, of 130 or 140. At the same time the strictest watch was kept as to the cleanliness of the houses and court-yards; while at the gates of the city, measures were enforced with Draconian severity for the prohibition or destruction of all articles of food likely to be injurious to the public health.

"The result of these measures was so remarkable that I have thought it right to enter into these details; and thus, while supporting the opinions and information given by my colleagues the English and Indian Delegates, to show, once more, the uselessness of quarantine, and the advantage of employing in time preventive sanitary measures."\*

It has been suggested at the International Conferences, and something like the same suggestion was made at the Sydney Conference, that the action of England in reference to quarantine is but another instance of her sacrificing everything to monetary interests: that she is acting not to protect the public health, but the pockets of her people. Nothing could be more mistaken. Great Britain probably spends in connexion with the conservation of the public health more than all the rest of the world together. For the financial year ending Lady Day, 1883—the latest return at hand, and by no means an exceptional year—there was expended in England and Wales on sanitary work more than £11,000,000 derived from rates, and nearly £6,000,000 derived from loans. If there was a similar expenditure, proportionate to their population, in Scotland and Ireland (for which returns are not at hand), the amount spent from rates would be £14,700,000, and from loans £7,900,000, making a total of £22,600,000. These are the sums spent in one year by public bodies,† and do not include the consequential work, such as drains and other sanitary work, that private persons are called on to do by local sanitary authorities, nor sanitary works such as waterworks that are done by private companies. They are greatly in excess of anything that could be spent in any system of quarantine, however costly. They are the self-imposed contributions that the people pay to local authorities to be spent in preserving the public health; and their amount proves that the action of the country is based on the principle of saving life, and not on that of saving money, and is an earnest of her sincerity in the work.

That quarantine has certainly an important bearing on the public health is shewn by the fact that the countries that adopt the most stringent quarantine regulations are the countries that pay the least attention to sanitary work as preventive of disease and its spreading. Very little energy and outlay are required to enforce a very strict quarantine at a few ports of entry, and the annoyance and trouble occasioned thereby fall on others. But patient perseverance in well-doing, and some self-sacrifice and expenditure of our own money, are required to put our own towns and villages into a proper condition, and to educate our own people into healthy habits. The easier course is therefore adopted, and its adoption is a further discouragement to sanitation, as it gives a false feeling of security. As Sir J. S. Lumley well puts it:—

"I would observe in regard to this that these precautions themselves may very well be not without danger. They may give birth to such a feeling of security that people think themselves dispensed from taking preventive measures at home, imagining that all danger of the coming in of cholera from the East is put aside, and that they may rest in tranquillity, whereas the enemy may well be already in the place in the shape of unwholesome water, badly constructed drains, emanations from putrid vegetable and other matters, infected air, dirty houses, and the consequently unclean habits of the people."‡

In thus urging the abandonment of quarantine, it must be understood that regulations for the furnishing of all information regarding outbreaks of disease, the maintenance of scrupulous cleanliness on board ship, strict medical and sanitary supervision, vaccination, and every practicable form of sanitary precaution, are unequivocally advocated.

It is certainly very desirable that such regulations should have a federal character, or should be uniform for all the Colonies. I would venture to suggest that if a Conference be called to discuss them, it should consist, in part at least, of practical business men.

A. MAULT.

*Central Board of Health, Hobart,  
19th December, 1887.*

\* See Correspondence above cited, pp. 61, 62.

† Urban, Rural, and Port Sanitary authorities, Commissioners of Baths and Wash-houses, Commissioners of Sewers, and the Metropolitan Board of Works. The expenditure of the Corporation of London as Port Sanitary authority for London is not included; nor that of County authorities or Boards of Guardians for sanitary improvements; nor that of Commissioners for draining fens, &c.; nor that of the Imperial Government for sanitary work.

‡ See Correspondence above cited, p. 61.