

# VACCINATION.

## INSTRUCTIONS FOR PUBLIC VACCINATION.

ALL persons in the community desirous of availing themselves of gratuitous Public Vaccination can have the operation performed on attending at the time and place named by the Public Vaccinators appointed by the Government. The only condition attached is, that the child or person vaccinated must return to the Vaccinator on the eighth day after being operated upon; (that is, on the same day of the week following), so that the results may be ascertained and recorded. Unless this is done, the person operated upon cannot be pronounced duly vaccinated, and will not be protected from the penal clauses of "The Vaccination Act" still in force.

The Public Vaccinators are required to give notice of the time and place where they will be ready to operate upon all persons presenting themselves for gratuitous vaccination; and they will endeavour, as much as possible, to keep up a regular weekly succession of cases. The Public Vaccinators will afford the inhabitants residing in their several Districts the greatest facilities in their power to enable them to take advantage of the opportunity offered. Every Public Vaccinator will keep a record of all persons operated upon, containing the name, age, and residence, and the results when seen on the eighth day. A Quarterly Return compiled from this record must be forwarded to the Superintendent of Vaccinations in Hobart Town as soon after the end of each quarter as possible; but the first Return will be made up to the last day of the present year.

In conducting the operation, the Instructions issued by the Privy Council to the Public Vaccinators of England must be the guide.

### PUBLIC VACCINATION.

The following document has just been issued by Lord Salisbury, President of the Council:—

#### Instructions for Vaccinators.

1. Except there be immediate danger of small-pox, vaccinate only subjects who are in good health. Satisfy yourself that there is not any eruption behind the ears, or elsewhere on the skin; nor, even in an incipient stage, any irritation from teething. Under no circumstances vaccinate a subject who is seriously ill, or probably under the incubation of measles, or scarlet fever. Do not re-vaccinate persons, who in infancy have been efficiently vaccinated, unless they be more than fifteen years of age.

2. Wherever there are proper means of doing so, vaccinate directly from the vesicle of a previous subject. Moist lymph, conveyed from case to case, in a vial or in other like manner, must not be used for vaccinating later than 18 hours, (or, in very hot weather, 12 hours,) after it has been taken from its source.

3. Vaccinate by four or five separate punctures, so as to produce four or five separate good-sized vesicles; or, if you vaccinate otherwise than by separate punctures, take care to produce local effects equal to those just mentioned.

4. Take lymph only from children who are in perfect health. Especially satisfy yourself as to their freedom from eruption on the skin.

5. Take lymph only from perfectly normal vesicles, and not later than the day week after vaccination, except on emergency; do not take from any one average vaccine vesicle more lymph than will suffice for the immediate vaccination of five subjects, or for the charging of five ivory points. Do not take lymph from cases of re-vaccination.

6. Register the results of vaccination only after having inspected the cases. Register as "successful" no case of primary vaccination unless the course of the vesicle have been strictly regular according to the subjoined description A. Register as "successful" no case of

re-vaccination, unless either the regular vaccine vesicle have ensued or the results have been normally modified, according to the subjoined description, B.

7. Use every proper care and exertion to maintain at your vaccinating station the means of vaccinating successively from subject to subject without the employment of dried lymph. If from any cause your supply of lymph ceases or becomes unsuitable for further use, make immediate application for a fresh supply; addressing your letter "to the Registrar of the National Vaccine Establishment, Privy Council Office, London, S.W."

8. Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph. Note any case wherein the vaccine vesicle is unduly hastened or otherwise irregular in its development, or wherein any undue local irritation is excited; and if similar results arise in other cases vaccinated with the same lymph, desist immediately from employing it.

#### Signs of successful Vaccination and of successful re-Vaccination.

A. "When vaccination has been successfully performed on a healthy infant, the puncture may be felt elevated on the second day; and, on the third, if examined with a magnifying glass, appears surrounded by a slight redness. On the fifth day a distinct vesicle is formed, having an elevated edge and depressed centre. On the eighth day it appears distended with a clear lymph. The vesicle on this its day of greatest perfection is circular and pearl-coloured; its margin is turgid, firm, shining, and wheel-shaped. On the eighth day an inflamed ring or areola begins to form around the base of the vesicle, and, with it, continues to increase during the two following days. This areola is of a circular form, and its diameter extends from one to three inches. When at its height, on the tenth day, there is often considerable hardness and swelling of the subjacent cellular membrane. On the eleventh day, the areola begins to subside, leaving, as it fades, two or three concentric circles of redness. The vesicle now begins to dry in the centre, and acquires there a brownish color. The lymph which remains becomes opaque, and gradually concretes; so that about the fourteenth or fifteenth day the vesicle is converted into a hard round scab of a reddish brown color. This scab contracts, dries, blackens, and, about the twenty-first day, falls off. It leaves a cicatrix, which is permanent in after life, circular, somewhat depressed, dotted or indented with minute pits, and, in some instances, radiated. The above described local changes, while in active progress, are attended by feverishness, first from the fifth to the seventh day, so slightly that often the fact passes unobserved, and again more considerably during those days when the areola is at its height, the infant now about being restless and hot, with more or less disturbance of stomach and bowels. *About the same time, especially if the weather be hot, children of full habit not unfrequently show on the extremities, and less copiously on the trunk, a lichenous roseolar or vesicular eruption, which commonly continues for about a week.\** When vaccination is performed on such adults or adolescents as have not previously been vaccinated, and likewise when lymph is employed which has recently been derived from the cow, the resulting phenomena, as compared with the preceding description, are somewhat retarded in their course, and the areola is apt to be much more diffuse. There is also more feverishness, but lichenous eruption is less frequently seen.

B. "When persons who have once been efficiently vaccinated are, some years afterwards, re-vaccinated with effective lymph, there sometimes result vesicles which, as regards their course, and that of the attendant areola, cannot be distinguished from the perfect results of primary vaccination. But far more usually the results are more or less modified by the influence of such previous vaccination. Often no true vesicles form, but merely papular elevations surrounded by areola, and these results having attained their maximum on or before the fifth day afterwards quickly decline. Or if vesicles form, their shape is apt to vary from that of the regular vesicle, and their course to be more rapid, so that their maturity is reached on or before the sixth day, their areola decline on or before the eighth day, and their scabbing begins correspondingly early. In either case the areola tend to diffuse themselves more widely and less regularly; and with more affection of the cellular membrane than in primary vaccination; and the local changes are accompanied by much itching, often by some irritation of the auxiliary glands, and in some cases on the fourth or fifth day by considerable febrile disturbance."—*Gregory revised by Cely and Marson.*

\* Whenever this occurs it is almost invariably ascribed by the parents to the use of lymph from unhealthy subjects, and the medical operator is subjected to unmerited censure.