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QUARANTINE.

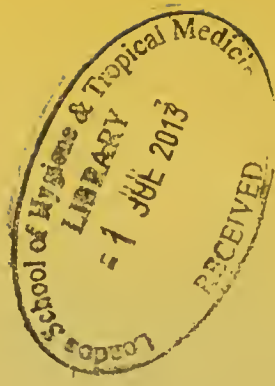
AUSTRALIAN MARITIME QUARANTINE AND THE
EVOLUTION OF INTERNATIONAL AGREEMENTS
CONCERNING QUARANTINE.

No 2
1913.

SPD.T.91
1913

By Authority
ALBERT J. MULLETT, GOVERNMENT PRINTER, MELBOURNE.

C.11388.



AUSTRALIAN MARITIME QUARANTINE AND THE EVOLUTION OF INTERNATIONAL AGREEMENTS CONCERNING QUARANTINE.

From the earliest times attempts have been made by various countries to protect themselves against the introduction of disease from other countries. Roughly speaking, however, such measures were applied by any country against only such countries as were at the time of application of these measures invaded by an unusual outbreak of a disease which did not happen at the time to be prevalent in the country moved to so protect itself. Certainly these measures were also applied to any vessel arriving in port with cases of disease on board. The one crude measure universally applied was the application of quarantine—that is, detention of the ship and all on board under absolute isolation for a longer or shorter period.

Soon the absurdity of detaining a vessel which was itself absolutely free from disease, merely because it had come from a country where disease was prevalent, became apparent, and the more enlightened of the officials concerned in the administration of these measures began to take steps towards an international discussion of the position. Another aspect of the same question also appealed strongly to some of the European authorities. The journeys between various European ports were so short that practically Europe was, so far as quarantine was concerned, merely one country.

It may be readily appreciated, therefore, that this matter of quarantine was essentially one calling for international agreement. Many attempts were made to secure an International Conference upon the subject, but without any result until the very severe outbreak of cholera in Europe from 1848 to 1850 brought the necessity of co-operation between nations for the purpose of defence against disease prominently before the world.

PARIS, 1851.*—The first Conference was convened by the French Government. Twelve states only were represented, and the outcome of the Conference was a Convention of thirteen articles and 136 regulations. This Convention was based largely on the French practice, and a too direct adherence to the French ideas was the principal objection to its adoption. It was ratified by only France, Portugal, and Sardinia, and these withdrew from the agreement in 1865. The other countries had a system of administration too divergent from that of the French to permit of their adopting the details prescribed in the regulations, whereas they might more easily have agreed to adopt the thirteen articles of the Convention had these alone been put forward. Still, notwithstanding this failure, this Conference of 1851 opened the door to international discussion.

PARIS, 1859.—The second Conference was also convened by the French Government, and resulted in a Convention on very broad lines. No regulations were adopted, and in the actual application of the principles the greatest liberty was allowed to each State. This second attempt failed mainly by reason of political events, especially the war with Italy.

* The information concerning the European Conferences is taken largely from "Prophylaxie Internationale et Nationale," by Faivre.



CONSTANTINOPLE, 1866.—The French Government again took the initiative, the epidemic of cholera imported into Egypt and thence into Europe by Mecca pilgrims, provoking the summoning of this Conference. The special study of this Conference was the epidemiology and prophylaxis of cholera. It carried out its work for eight months—the French delegate, Dr. Flauvel, being specially present.

Two important principles were, for the first time, ratified—

1. Restrictive measures recognised beforehand and satisfactorily carried out are much less prejudicial to commerce and to international relationships than the disturbance to industry and to commercial transactions which follow an outbreak of cholera.
2. The nearer quarantine and other preventive measures are applied to the original source of the epidemic, the less burdensome are they and the more can their efficacy be relied upon.

The Conference also occupied itself with the measures to be taken in the original foci of endemic cholera, more especially in India, because of the importance of that country in relationship to the Mecca pilgrimage.

This Conference of Constantinople was really the first occasion upon which a real attempt at international regulation of sanitary matters was made. The actual set of regulations was not the most noteworthy result of this Conference, for the long-continued deliberations, the conscientious study of the subjects under consideration, brought the representatives of the countries into closer touch, and bore fruit in an unmistakable influence on the sanitary policy of the countries concerned. England and Turkey in particular gave tangible proof of this ratification of the conclusions adopted, by putting them into practical operation—the former in India, and the latter in the Mediterranean and the Red Sea.

VIENNA, 1874.—This Conference, convened by the Austrian Government at the instance of Russia, had two main objects—the revision of the work of the previous Conference with regard to the epidemiology and prophylaxis of cholera, and the establishment of a Permanent International Sanitary Commission. The principal aim, however, of the two countries which were mainly instrumental in convening the Conference, was the suppression of the maritime quarantine which was hindering commerce in the Black Sea and on the River Danube.

The resolutions of the Constantinople Conference on the subject of the ætiology of cholera were entirely confirmed; but upon the question of quarantine, the delegates were divided. The representatives of the northern countries maintained that all quarantine had become useless; those of the southern countries, on the other hand, while admitting that measures of quarantine had, when Europe was already invaded by an epidemic, lost much of their efficacy, took the stand that, under certain circumstances, such measures of quarantine were still of great value. The discussion on this vital point ended in an agreement that each country should protect itself in the way best adapted to its own interests. To make provision for probable variations in the practical translation of this permissive divergence, the Conference agreed to recognise two systems—that of

“medical inspection,” and that of “quarantine.” As for the institution of a Permanent International Sanitary Commission which should be intrusted with the study of epidemic diseases and their prevention, this was dealt with in a separate draft International Convention distinct from the other resolutions adopted by the Conference. This draft Convention was, however, not followed up, and accordingly the project of a permanent Commission was allowed to lapse.

This Conference of Vienna is noteworthy, by reason of the fact that two features of International Sanitary Defence prominent to-day were then introduced for general discussion for the first time. These two features were the abolition of quarantine and the establishment of an International Sanitary Commission. Prior to this Conference, “quarantine” was understood to mean the detention, not only of an actually infected vessel, but also of any vessel coming from a port declared by the country of destination to be an infected port. Measures of disinfection were understood as being part of the restrictive measures; but the vital part of “quarantine” was the actual detention of the vessel for an arbitrary period fixed by the authorities, until all possibility of infection of those on shore was presumed to have been eliminated. During this period of quarantine, all communication between the vessel and the shore was absolutely forbidden. These measures constituted an enormous hindrance to commerce, and it was natural that strong pressure should be brought to bear on the authorities with the object of substituting some less burdensome measure. The adoption of the principle of “medical inspection” was the direct outcome of this movement; and successive Conferences have progressively enlarged the application of this modification of the severity of “quarantine” measures. The principle of “medical inspection” may be briefly stated as follows:—In place of the irrational method of enforcing “quarantine” detention on all vessels arriving from an infected country, irrespective of whether the vessels themselves had actually become infected or not, it was agreed that it would be quite safe if each vessel, on arrival at any port, were boarded and examined by a medical official from the shore, and “quarantine” measures applied only to those vessels found infected, all those free from infection being allowed to continue without further restrictions. In the latter event, the vessel was awarded “pratique.”

WASHINGTON, 1881.—This Conference was convoked by the United States Government, but the delegates were mostly the accredited Ministers or Consuls at Washington of the various countries, and there were very few medical experts.

The primary objects of the Conference were the discussion of the prophylaxis of yellow fever, and the introduction of a properly organized system of international notification of the occurrence of infectious disease. The system of dual notification (*i.e.*, notification upon bills of health issued to every vessel of the condition of the port of departure at the moment the vessel leaves that port, and also an independent periodical notification by each country to the others of the sanitary condition of the country and its various towns) thus received for the first time the consideration due to its importance.

The Conference of Washington differed from those which had preceded it by reason of the fact that, for the first time, the principal disease studied was yellow fever. Hitherto, the Conferences had limited themselves to the study of cholera. This variation is notable, as it brings into prominence a fundamental principle which underlies all

existing International Sanitary Conventions, namely, that these Conventions have been framed with reference largely to those diseases, invasions of which the majority of the countries represented at the Conferences have to fear. The first four Conferences dealt almost solely with cholera—a disease which, from 1830 to 1850, had caused great ravages all over Europe. At these Conferences, the United States Republic—not having yet been attacked by cholera—was not represented. But the terrible outbreaks of yellow fever in America between 1850-1880 had brought forcibly under the notice of the United States Government the necessity of concerted measures in relation to this disease, and more particularly the necessity of regular notification by other nations (in this case, the notification of yellow fever by the Central and South American Republics) of the occurrence of epidemic diseases within their borders.

ROME, 1885.—This Conference was convened by the Italian Government, and had as its object the creation of uniformity in the sanitary measures in force in the different countries, and the making of these more effective, and at the same time less prejudicial to commerce. At this Conference, resolutions were drawn up by a special committee; but the Conference terminated without adopting these resolutions.

The resolutions prescribed a code of international sanitary control having reference to cholera and, to a minor degree, to yellow fever.

The evolution of the present system of maritime sanitary regulation was at this time at its most critical stage, and the confusion attending this evolution is described by Dr. Proust* in a passage which is worth reproducing here:—

“The distinctive characteristic of the Conference at Rome is that it has adopted the principle of isolation for a period consistent with the duration of the incubation of cholera; it has endeavoured to abolish the use of the terms “quarantine” and “lazaret,” fearing to recall recollections of another age; but it has decided that the passengers and crew of ships actually infected, or even of ships coming from an infected port, may, under certain circumstances, undergo sufficient isolation with the object of avoiding any danger of transmission of infection in the event of one or more of the passengers being infected with cholera in the incubation stage.

“It is not likely that the Conference of Rome will have any practical result. It at first appeared to be impossible that a Conference so numerous, composed of elements so diverse, having interests so opposed, could be productive of any agreement. How is it possible, in fact, to reconcile the demands of England—who does not desire any measure, however slight, with Spain, Turkey, Brazil, and Mexico, who require long periods of “quarantine,” and, in some cases, actually prohibit the entrance of a vessel into their port. However, we have established a kind of international sanitary code composed of rational, moderate, and uniform provisions, which may serve as the groundwork for an ultimate complete understanding.”

VENICE, 1892.—This Conference marks the commencement of the series of formal Conventions adopted as binding by the signatory nations. The discussion was confined almost entirely to the measures to be taken with vessels passing through the

* Report addressed to the Minister of Commerce of France by M. l'Inspecteur-Général Proust, 25th June, 1885.

Suez Canal. The importance of this highway between Asia and Europe as a channel of infection is obvious, and much of the time at this and subsequent Conferences was devoted to the adoption of regulations for the sanitary control of this traffic. This Conference instituted on its present basis the present International Council which controls the maritime traffic in the Suez Canal from the sanitary aspect; and it also introduced another important innovation, viz., the classification of vessels according to their own sanitary condition on arrival, with complete abolition of any detention based solely on the condition of the ports from which the vessel had come.

Thus was established the fundamental change in quarantine administration, which embodied the evolution from the old irrational system to the present method. Under the old system, a vessel was detained and kept isolated if it came from an infected port; under this new modification, the vessel was treated entirely on the result of the medical inspection—a vessel was “clean” if it had had no cases of cholera on board during its voyage; “suspected” if it had had cases during the voyage, but no case within the seven days preceding its arrival; and “infected” if there were cases on board on arrival, or within the seven days preceding its arrival. This classification is still, with slight modifications, maintained.

DRESDEN, 1893.—This Conference continued the consideration of the epidemiology of cholera, paying special attention to the notification by each country of the *first* cases of cholera within its borders, and to the part played by cargo, merchandise, and inanimate objects generally (fomites) in the spread of cholera infection.

This Conference dealt with the question of merchandise much more completely than previous Conferences. It laid down that certain articles, mails, for example, should not be submitted to any restriction nor disinfection; that certain other articles might be prohibited, and either refused entry altogether, or permitted entry only after disinfection.

Further modifications in the classification of vessels according to their sanitary state on arrival were introduced by the recognition of the danger inherent in emigrant ships, or vessels exhibiting insanitary conditions. It was recognised that such vessels, though actually free from cholera, might be regarded with suspicion and subjected to restrictive measures.

Another important principle was adopted at this time, viz., that observation of a person from a “suspected” ship might, under certain circumstances, be permitted at the person’s residence instead of requiring the detention of the person at a quarantine station.

Thus was instituted the existing system of “surveillance.”

PARIS, 1894.—This Conference dealt only with the question of the sanitary regulation of the Mecca pilgrimage, and of the maritime trade of the Persian Gulf.

VENICE, 1897.—The appearance in Bombay, in September, 1896, of a disease which had not shown itself for many years, viz., plague, caused much uneasiness amongst European authorities, and accordingly, this Conference was summoned with the object of arranging the measures to be taken to prevent the introduction and dissemination of plague, and the sanitary control necessary for this purpose in the Red Sea and in the Persian Gulf. The

Convention which was the outcome of this Conference is practically a consolidation of the previous Conferences at Venice (1892), Dresden (1893), Paris (1894).

PARIS, 1903.—The necessity of obtaining a practicable Convention had become increasingly urgent, and it was decided to convoke a new Conference, with the object of codifying the previous Conventions, and producing one uniform set of resolutions and articles of agreement. At the same time, the knowledge that had been gained since the Venice Convention of 1897, on the *rôle* played by rats in the dissemination of plague, and of mosquitos in the dissemination of yellow fever, rendered necessary a revision of the articles dealing with those diseases.

At this Conference, the proposal for the establishment of a permanent International Bureau of Health, first suggested at the Conference of Vienna in 1874, was finally adopted, and this office has been in full working order since 1909.

The classification of ships (detailed above) into "clean," "suspected," and "infected," has been maintained until the present day.

For "clean" ships, notwithstanding that they may have come from an infected port, the only measures permitted are the original medical inspection, evacuation of drinking water and bilge water, and any necessary measures of disinfection (including measures for the destruction of rats). It is not considered permissible to detain either passengers or crew on such vessel.

For "suspected" ships, in addition to the above, it is recommended that measures of surveillance be employed—that is, that passengers and crew be kept under observation for certain specified periods, while in the case of "infected" ships it is recommended that the passengers and crew be detained under observation.

The gradual evolution of the scope of these Conferences under the influence of the various epidemics which appeared from time to time, is one of their most striking features. Dealing at first only with cholera, the outbreak of yellow fever in America brought that disease within the range of discussion, while the great epidemic of plague subsequent to 1895 brought this disease forward into a prominent place in the discussions at Venice (1896) and Paris (1903-12). As yellow fever was not considered a menace to the European countries, it has never been assigned more than a minor place in the discussions at these Conferences, but it is so serious and widespread a disease in America that it has been found necessary for the American nations to hold frequent conferences and draw up international treaties, imposing restrictions on traffic and commerce, solely with the object of preventing the spread of this disease. This phase of the subject is of vital importance in view of the bearing it has upon the differences between the policy laid down by the International Conventions and that adopted in Australia. The United States and other American nations have registered their adhesion to the Paris Convention, but have, nevertheless, found it necessary to impose restrictions beyond those specified in the Convention, with the object of preventing the spread of yellow fever. Not only so, but in view of the necessity of protecting their country against small-pox, the United States have found it necessary to impose restrictions with regard to this disease also—a disease which has not even been discussed at any of the European Conferences. It is necessary to emphasize this, as the

criticisms which have been directed against the Australian system of quarantine have almost entirely been concerned with the measures intended to prevent the introduction of small-pox.

The fundamental principle underlying the existing International Conferences is that these Conferences have been convened with the object of devising some system of mutual protection against those diseases which most seriously threaten the countries concerned, and have always been convened at a time when an invasion by the disease has been actually very imminent.

In adopting the same principle with regard to yellow fever and small-pox, the American nations were only following the same course, and their departure from the principles laid down in the International Conventions has, therefore, been regarded as perfectly legitimate, even though these same nations had registered their adhesion to these Conventions.

That the same principle has actuated the present Australian system can be fully demonstrated.

SANITARY CONFERENCES IN AUSTRALIA.

After Australia had been free from any extensive epidemic of small-pox for a period of thirteen years a serious outbreak occurred in Sydney in 1881. Following this there were scattered cases, and in 1884 the disease became extensively prevalent, affecting New South Wales, Victoria and South Australia. Prior to this there had been several definite outbreaks in Australia—Melbourne, 1857 and 1868; Sydney, 1877—and the danger of small-pox to the community was very definitely before the minds of those in authority. In addition to this, as each of the Australian States had its own law and practice, and these differed materially as between the States, considerable confusion and irritating obstruction to commerce, especially by sea, was found to result.

As a direct result of these two factors the New South Wales Government invited the Governments of the other States to send representatives to confer and report as to the best means of establishing a uniform and effective system of quarantine for Australia. The two words here used—"uniform" and "effective"—constitute the keynote of the objects of this and all subsequent Australian Sanitary Conferences. The striving after uniformity has had its direct outcome in the present Commonwealth system of quarantine—a system uniform for all Australia and under one central direction. The determination to secure efficiency led naturally to the discussion of those diseases which were most seriously to be feared in Australia. The Australian Conferences, therefore, were moved by exactly the same impulses and toward exactly the same ends as all other Conferences; but just as the European Conferences discussed the disease which most threatened European countries—cholera, and later, plague; and just as American Conferences devoted themselves almost entirely to the disease peculiarly dangerous to America—yellow fever, and later, plague—so Australian Conferences, inspired by identical apprehensions, have devoted themselves primarily to small-pox, and later, to plague.

Australia has never known cholera or yellow fever except on vessels arriving off the coast; but it has known very serious epidemics of small-pox, and has learned how great a loss of human life and how serious a hindrance to traffic and commerce, and how great a burden of cost to the community, is produced by this disease.

FIRST CONFERENCE, SYDNEY, 1881.—The greater part of the deliberations of this Conference were directed towards the production of a uniform Federal system of quarantine, and many of the resolutions deal with the details of this system. At that time, and indeed until 1908, there was no system introduced under any Commonwealth Act, and accordingly the system proposed by their delegates was based upon the assumption that all the States would act in unison and co-operate in detail. Provision was made for the introduction into each of the State Parliaments of a uniform Quarantine Bill, so that although there was no combined action in any other political sphere, uniform administration in quarantine would be insured by the passage of these several Acts to be known in each State as the Federal Quarantine Act. It was agreed by the Conference that Part VI. of the *Public Health Statute* 1865 of Victoria, should be the basis of this Federal Quarantine Act, and, although the Act has in its evolution changed considerably, yet this original basis can still be traced in the form of the existing Commonwealth Quarantine Act. Provision was made for the establishment of Federal quarantine stations at Albany and at Thursday Island, the ports first reached by vessels making Australia from the westward and northward respectively, these stations to be under the joint control of all the States.

The procedure to be adopted on the arrival of vessels was also laid down.

In the case of clean ships, from whatever port they may have come, no obstruction to the landing of passengers was permitted. Certain measures of disinfection were allowed at the discretion of the Health Officer.

In the case of vessels infected with cholera it was prescribed that "all hands except such as are actually necessary to cleanse the ship expeditiously and thoroughly, shall be landed at the quarantine ground at the terminal port, where they shall be detained for a period of not less than ten days."

In the case of vessels infected with yellow fever it was prescribed that "if no cases of yellow fever have occurred on board during the voyage, being more than ten days from the date of leaving the infected port, the passengers may be admitted to pratique, but that if any case have occurred on board, the passengers and crew shall be detained for ten clear days on shore at the quarantine ground, and their effects, as long as may be necessary to disinfect them to the satisfaction of the Health Officer."

Plague was not referred to. Considerable attention was paid to small-pox, and the following rules were agreed upon:—

Every passenger ship bound for Australia was to carry enough lymph to vaccinate all on board. If small-pox broke out the surgeon was to vaccinate all on board.

"Persons able to satisfy the Health Officer that they have been successfully re-vaccinated at a date being not more than six months previous to their arrival in an infected ship may, at the discretion of the Health Officer, be released after such time as is necessary to cleanse and disinfect their clothing on shore."

It may be seen from these provisions that except for the attention paid to small-pox the scope of the measures agreed upon as practicable did not differ from those agreed upon at the contemporary European Conferences. That the Australian Sanitarians were fully alive to the position taken up by their European colleagues is indicated by the following initial resolution:—

“That by quarantine this Conference understands such measures taken in regard to vessels coming to the various Australian ports as will effectually protect the Australian Colonies from the invasion of contagious or infectious disease consistent with the least possible interference with the liberty of individuals and with the least possible restriction to commerce.”

This Conference was not productive of any immediate result, nor were any of its resolutions put into practice by the Governments concerned. That it was, however, of great value in preparing the minds of those most concerned for the ultimate unification, and in establishing an understanding between the Health officials of the various States, is clearly shown by subsequent events.

SECOND AUSTRALIAN CONFERENCE, 1896.—This Conference was held primarily, if not entirely, for the purpose of arriving at some uniformity of practice in regard to quarantine administration. Confusion and annoyance had been produced in the case of certain vessels infected with small-pox by reason of the varying procedure adopted in the different States. The discussions dealt with this question of uniformity of procedure in detail, but entirely with reference to small-pox, and the resolutions carried did not differ in any essentials from those carried at the First Conference. In order that the reality of the fear of small-pox in Australia might be appreciated it is only necessary to mention that in the interval between the first and second Conferences two disastrous epidemics of small-pox had occurred, namely, in Launceston (Tasmania), 1887; and Perth (Western Australia), 1893, and the necessity for placing this decision in the most important position amongst the subjects discussed at Australian Sanitary Conferences is indicated by the closing words of the President (Dr. D. A. Gresswell) at the conclusion of this Conference:—

“The resolutions, if carried out, would secure a much greater degree of protection to the Colonies than they had previously enjoyed. Convinced though all might be that small-pox must one day become endemic in Australia, the duty which had been confided to them of keeping it out as long as possible, and by such means as were fair and reasonable, would at all times receive their most careful and anxious consideration.”

THIRD CONFERENCE, 1900.—This was known as the Intercolonial Plague Conference, and the only subject discussed was plague. The world-wide spread of plague, and the appearance of the disease in two of the Australian States, had rendered a conference imperative. The Venice Convention of 1897 was taken as the basis of discussion. Certain important alterations were made, and the resolutions finally agreed upon differed from the Venice Convention primarily in two directions.

The principle of surveillance was not adopted, but, as was the practice adopted by the French Government, taking advantage of the discretion allowed by the Venice Convention, observation was substituted for surveillance.

The precautions taken against rats and the measures for destruction of rats on board were much in advance of the provisions of the Venice Convention.

FOURTH CONFERENCE, 1904.—The previous Conferences, which had had as their object the creation of uniformity in the measures adopted by the different States, had resulted in a much better understanding between the various health officials and also in considerable progress toward uniformity in the application of quarantine measures, but no common legislation and no binding agreement had been concluded between the States. With the Federation of the Australian States into a Commonwealth in 1901, a new legislative condition had been created, and amongst the matters upon which the Commonwealth Parliament was, by the Constitution, authorized to legislate for, was quarantine. Accordingly in 1904 the Prime Minister of Australia summoned a Conference of the principal health officials in the various States. The principal object of this Conference was expressed in the Prime Minister's letter as follows:—

“The Conference will be asked to submit for consideration suggestions as to the provisions to be introduced into a Bill dealing with the question, and also as to the taking over of the administration of the quarantine laws from the several States.”

This Conference drew up a number of recommendations, most of which were subsequently embodied in the *Quarantine Act* 1908—now in operation. The Quarantine Act for the Commonwealth of Australia was assented to on March 30, 1908, and came into force on July 1, 1909, and by this Act the aims of Australian Sanitarians, begun in 1884, were achieved. It was found necessary, however, before the transfer of administration from the State Governments to the Commonwealth Government was actually made, that the officials of the various Governments concerned should meet to discuss certain important details.

Fifth Conference, 1909.—The Fifth Conference, 1909, was accordingly held and the draft regulations were discussed, various details of practical administration being laid down.

Throughout the Fourth and Fifth Conferences, and naturally also in the Commonwealth Quarantine Act and regulations, measures directed against small-pox take a prominent place, though the proximity of the Asiatic endemic centres of plague and cholera, and the danger threatening Australia from these sources, is also fully recognised.

COMPARISON BETWEEN AUSTRALIAN QUARANTINE CODE AND OTHER CONVENTIONS.

It is necessary in the first place to understand what is meant by “quarantine,” as the word is used in Australia. The term was defined by the First Conference (1884) as follows:—

“By Quarantine, this Conference understands such measures taken in regard to vessels coming to the various Australian ports as will effectually protect the Australian Colonies from

the invasion of contagious or infectious disease, consistent with the least possible interference with the liberty of individuals, and with the least possible restriction to commerce."

The definition, as given by the Quarantine Act at present in force, is:—

"In this Act, quarantine has relation to measures for the inspection, exclusion, detention, observation, segregation, isolation, protection, sanitary regulation, and disinfection of vessels, persons, goods, things, and having as their object the prevention of the introduction or spread of diseases affecting man."

It is obvious that the term "Quarantine" in Australia does not bear a significance in any way divergent from the aims and objects of the various European Sanitary Conventions.

The advisability of continuing to use the word "Quarantine"—recalling, as Dr. Proust says, "recollections of another age"—may perhaps be open to question; but the policy which is labelled with this name in Australia does not, so far as its declared objects go, differ from the policy in force in Europe.

The desideratum in both geographical spheres is efficiency of prophylaxis, with a minimum of restriction to commerce and traffic.

Furthermore, the practical interpretation of these ideals does not differ in essentials any more than does the policy.

There are provisions for the notification of disease, for the application of certain prescribed measures of disinfection and of destruction of rats and insects, for the prevention of the migration of rats between ship and shore, and for the production by arriving vessels of a Bill of Health from the ports called at.

The sphere of quarantine administration in which the Australian system principally differs in detail from the European system is in the measures prescribed upon the arrival of vessels; but, as will be pointed out, the only essential difference is the inclusion of small-pox.

Upon the arrival from oversea of any vessel in any port in Australia, the master must produce a health report in a prescribed form. This is perused by the quarantine officer (always a medical man) who boards the vessel, and then all passengers and crew are mustered. If all persons are found to be free from any quarantinable disease,* the ship is, as a general rule, admitted at once to pratique. Measures of disinfection and deratisation may, however, be prescribed, and the only departure from the general rule which would be enforced is that, in the event of any unusual occurrence of disease in any of the ports from which the vessel has come, the passengers might be released only on the condition that they report themselves at specified times and places.

In practical application, the classification of other vessels recognised by the European Conferences, viz., "suspected" and "infected," is not rigidly adopted in Australia—every vessel upon which a case of quarantinable disease has occurred during the voyage being treated as an infected ship. The remoteness or imminence of the probability of infective persons or material being still on the vessel on arrival in Australian waters is, however, considered, and each case is dealt with according to the facts revealed by inquiry on arrival. Passengers or

* The quarantinable diseases are small-pox, cholera, plague, yellow fever, typhus, and leprosy, and power is given to add to these by proclamation.

crew may be released under surveillance, or may be detained under observation at a Quarantine Station. The minimum periods of detention at a station, or for surveillance, are prescribed as:—

Small-pox	...	...	18 days.
Typhus Fever	...	...	14 days.
Yellow Fever	...	...	7 days.
Plague	...	...	7 days.
Cholera	...	...	7 days.

Release under surveillance is, in the case of small-pox, only permitted for persons primarily vaccinated or re-vaccinated more than fourteen days and less than seven years.

In actual practice, the application of the principle of surveillance is applied wherever possible, consistent with the reservation just mentioned, and is freely applied in the case of plague infection.

The above statement makes it clear that there is no essential difference between the Australian and the European systems as systems. The one fundamental point of difference is the inclusion of small-pox in the diseases against which measures of protection are taken.

In this respect, as has already been pointed out, the authorities have been actuated by precisely the same motives as the authorities of other countries.

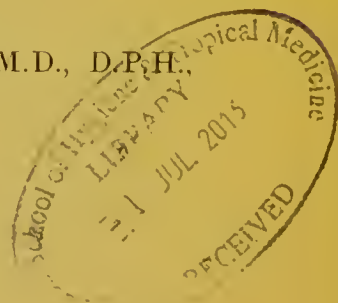
The Australian population is, from the point of view of the hygienist, an unvaccinated population, the only State having any effective system of vaccination being Victoria. Small-pox, moreover, is not endemic in Australia, and has become epidemic just often enough and severely enough to produce a wholesome dread of the disease in the minds of the responsible authorities. The last epidemic was in 1903.*

Under these circumstances, the application of the system of frontier defence against disease, known in Australia as quarantine, is entirely in accord with the principles upon which all such measures of sanitary maritime defence are based, and in their details the measures prescribed in respect of small-pox are entirely in harmony with the measures prescribed, and recognised also by European Conventions, for other diseases.

* Since this pamphlet was written an outbreak of small-pox in Sydney has occurred. This outbreak had not been brought under control at the time this pamphlet was published.

J. H. L. CUMPSTON, M.D., D.P.H.,

1st September, 1913.



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