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ONE BAR TO SMALLPOX

That is Vaccination, Says State Board of Health—Bulletin Describing Outbreaks in Oregon and Defending Preventive Measures is Issued.

Smallpox in Oregon—the story of its outbreaks and testimony as to the value of vaccination—is the subject matter of a bulletin just issued by the State Board of Health. Forms of this disease mentioned are: "Cuban itch," "Manila itch," "Bean itch," "Dhobie itch," "black measles," "black chickenpox," "Filipino itch," "nigger itch," etc.

"Absolutely the only barrier against smallpox," says the bulletin, "known to the medical profession after at least 2000 years of experience, is vaccination. Let vaccination fall into abeyance in the healthiest community in the world, and in one generation there will be a soil for repetition of the horrible epidemic of the Dark Ages. The incubation period required for a full development of smallpox is from eight to 14 days. The time required for the development of the shorter lived vaccine germ is, however, only from three to five days, so that if a patient who has been exposed to smallpox can be vaccinated within three days after his exposure, the slower and more serious infection will be, so to speak, short-circuited, and he will have his vaccine reaction before the smallpox can develop. This, in seven cases out of ten, will entirely prevent the development of smallpox, and in the other three cases practically insure his not dying of it. Indeed, in many cases, vaccination five and even seven days after exposure to smallpox will prove an effective weapon.

"One vaccination practically insures against death by smallpox, and two vaccinations complete immunity from the disease. In precise figures the mortality of all epidemics of well-marked types of the disease is, among vaccinated victims, from one-half of 1 per cent to 3 per cent, and among unvaccinated victims from 20 to 40 per cent.

"It is difficult to appreciate the chill and panic which runs through a plague-stricken community after they have seen their dead. The shadow of death seems to lurk at every corner, men stand huddled together in nervous groups in the streets in broad daylight, and glance fearfully over their shoulders like frightened children. If any one wonders at this let him go look upon the face of one who has died from the touch of Maya's spear. I say 'face,' but it is a figure of speech—there is no face, but simply a swollen mass at the end of a bloated body—no eye, no nose, no forehead, are to be seen. The lips only are discernible by the bloody froth which bubbles in and out of them at each horrible, creaking respiration. The form of your friend has become a swollen, hideous mass of carrion, which—horror of horrors—still breathes.

"Bloated like one who has been ten days drowned, covered from scalp to sole with a dark brown crust, through the cracks in which the pus bubbles up and sinks back again with every laboring breath; so horrible offensive that it requires the utmost determination and self-control to remain in the same room; you cease to wonder at the terror that smallpox has always inspired in all ages of the world and the panic that runs through a community even today at its approach. It is not because the disease is so excessively fatal—a severe form of diphtheria, pneumonia, or even typhoid fever will show a higher mortality than it can, and, of course, since the days of vaccination, any one of these diseases claims from three to 20 times the number of victims that smallpox does. It is the horrible, and, until seen, almost incredible disfigurement it inflicts upon its victims days before it kills them. Almost any other disease decently allows its victim to die before he begins to decay; smallpox literally reverses the process. It is this living putrefaction which makes the horror of it. Put your hand upon what was once your friend, try to life it from the couch into the coffin, and it slips from your careful hold, leaving a handful of flesh in your shuddering grasp.

"Never before, at least in modern times, has there been an epidemic at once so widespread and so mild as in the last three or four years in the United States. So few have been the fatalities, that it has been exceedingly difficult to induce a large percentage of the community to regard the disease as at all serious, or even as smallpox at all. Many cases have never called in a physician, and all have been most unwilling to submit to anything like strict quarantine regulations. To this must be attributed a large measure of its spread. Contrary to the general impression 'Manila itch' was not brought back by the returning troops

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from either Cuba or the Philippines. Most authorities now agree with Dr. Probst, secretary of the Ohio State Board of Health, in tracing the earliest appearance of the disease to Florida, earlier in 1898, before the war had been declared or any troops had even set sail for Cuba. The name appears to have originated among the ignorant negroes in whom it first appeared, and, whether there is any truth for it or not, it is difficult to state. "Manila itch" spread so rapidly during 1898 and 1899, that by the close of the latter year it had appeared in well nigh every state of the Union. Its course was mainly up the Mississippi Valley and along the lines of its tributaries: in Louisiana, Mississippi and Texas, and north-westward; and to Tennessee, Ohio and Indiana, in a northerly and northerly direction. A considerable part of our infection appeared to have come by way of Texas, California, Nevada and Southern Idaho. The disease had become fairly spread in Oregon by the middle and latter part of 1899. From Oregon it appears to have spread to Washington, and from Washington to Utah and the Dakotas, and thence into Minnesota, Iowa and Indiana and Ohio, finally reaching the Eastern Seaboard States, where it is now raging with great fury, especially in New York and Pennsylvania.

"That Manila itch is smallpox is shown by the following considerations:

"First. While cases may show no thoroughly characteristic pustule and leave no scar whatever, yet in almost every group of more than four or five cases of the disease, one case will occur which in eruption, fever and pitting is unquestionably smallpox.

"Second. Scarcely a neighborhood can be found in which out of 50, 75 or 100 cases there has not been five to ten cases of furious, confluent smallpox. The disease will run apparently in its mildest type and almost unchecked, when suddenly, without any warning a case infected from one of the mildest possible types will develop a malignant form, perhaps hemorrhagic or "black" smallpox and die within a week, in spite of everything that can be done. In at least four cases out of five, at some stage of the disease, somewhere upon the body, a thoroughly characteristic pustule or patch of pustules will be found.

"Third. Vaccination, if sufficiently recent, absolutely protects against it.

"Fourth. Those who have had the disease will not respond to vaccination.

"Fifth. Those who have suffered from smallpox in earlier epidemics are absolutely immune.

"Sixth. In certain regions this epidemic has suddenly developed malignancy almost equal to that of the classic type, as for instance, in Pennsylvania a year ago; in New York at present where the mortality is something like 15 or 20 per cent instead of the barely 1 or 2 per cent as in our Shaniko-Prineville outbreak."

The bulletin narrates the career of Manila itch in Oregon in 1901-2, and describes the disease as it existed at Moro, Prineville, Shaniko, Coos Bay in Douglas County, and at other places in the state.

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