

Pertussis: the way it was

The following is a graphic reminder of why we need to immunise our children against pertussis. To many public health workers it also demonstrates that 'the more things change, the more they stay the same'.

From: Hamilton DG. Whooping cough immunization. MJA 1979; 2:651. ©Copyright 1979. *The Medical Journal of Australia* - reproduced with permission.

The telephone rang and the voice at the other end said; "Come down to my office, Hamilton." It was Dr Ratcliff, the very capable but severe and somewhat aloof superintendent of the Children's Hospital. The tone of his voice boded no good for his medical registrar, the first the hospital had had and still somewhat on trial. I presented myself, and on his desk was the early edition of *The Sun* newspaper open at a page where a large headline screamed: "Doctor attacks hospital and Health Department."

That was 1940. In those days whooping cough was a very grave disease of young children. In the previous 50 years in New South Wales it had killed more children under five than diphtheria. After gastroenteritis it was the greatest infectious killer of infants. That year it destroyed 85 infants in our hospital, out of 293 admitted. A whole 30-bed ward was filled for months with these poor little ones. Most of those admitted were young. The older ones were not in great danger and stayed at home, going on for seemingly endless weeks with their distressing spasms of breath-robbing cough ending in a vomit or choking whoop. Very many of the infants stopped breathing in their spasms and their colour blackened till a nurse rushed to revive them with oxygen. There were no antibiotics to treat them, pneumonia often developed and they lay there in their little cots, emaciated and weak, wracked by their coughing spasms, losing their nutrition by the vomiting or the very breath of life by the respiratory spasm that their cough brought on.

In the midst of this we received reports of trials in America of immunization using a new vaccine that gave 75% protection to children who were known to be exposed to pertussis after the immunization. The medical staff formed a small committee — of Dr Lindsay Day, Dr Donald Vickery and me — to seek ways to get this immunization established in Australia. The Commonwealth Serum Laboratories agreed to make the new vaccine and to circularize all doctors about its use. *The Medical Journal of Australia* cooperated eagerly and published valuable information. We approached the Director of Health in New South Wales with proposals for an immunization campaign. He replied that his Department was putting all its effort into persuading the community to accept diphtheria immunization that gave much better protection. If at the same time they advocated something that gave only 75% protection it would destroy the public's faith in immunization. When we asked could the Hospital conduct its own campaign, we were told a hospital was to treat illness, not prevent it.

When a newspaper reporter rang me early one morning and said he had heard I was interested in whooping cough immunization I described the gravity of the illness and the American experiences, and naively told him what the Director of Health had told us. It was my first lesson in Press relations. I was very unpopular, but it made whooping cough good copy for a few days and other members of the staff were able to make valuable statements anonymously to the Press. The war delayed things, but by 1950 immunization was widespread and deaths from pertussis fell to a trickle of one or two a year.

Dr Donald Hamilton, a well known Sydney paediatrician, was a talented clinician, memorable teacher and raconteur, and a serious artist. After retiring from the consultant staff of the Royal Alexandra Hospital for Children in the 1970s he wrote "Hand in hand" - the history of the Hospital's first 100 years. Dr Hamilton died at the age of 87 on 29 June 1998 as this issue of CDI went to press.

Infant botulism - clarification

In the last issue we reported on a case of infant botulism which was notified directly to *CDI* as a case report. The case was not reported in the National Notifiable Diseases Surveillance System as the case definition for that system is specifically for foodborne botulism.¹ *CDI* is aware of two other reported cases of infant botulism in the past 6 years. The first case, a 2 month old male infant from South Australia, occurred in October 1995, and was reported to the specialised surveillance system for acute flaccid

paralysis (AFP) managed by the Australian Paediatric Surveillance Unit.² The second case, reported in June 1997, was a 5 month old male infant from Western Australia (Adams C, Watson A, Health Department of Western Australia, personal communication).

1. National Health and Medical Research Council. Surveillance case definitions. NHMRC, March 1994
2. Herceg A, Kennett M, Antony J, Longbottom H. Acute flaccid paralysis surveillance in Australia: the first year. *Comm Dis Intell* 1996;20:403-40