

## EDITORIAL

### CHOLERA OUTBREAK

Since the outbreak of the El Tor variant of Cholera a few years ago in Celebes, Hong Kong and Canton, the disease has barely been contained in areas where it is known to be endemic, and throughout this period, increased activity has been noted in Thailand, India, and Indonesia from time to time. Singapore and the Federation have been lucky to escape unscathed, but it should be obvious to anyone medically trained that with a water-borne disease of high infectivity which has an incubation period up to at least 7 days, and also the ability to have carriers who can excrete live vibrio from a much longer period, the state of safety of these two territories is only relative. It speaks well of the international quarantine provisions and the local vigilance of public health officials that we have been able to be in comparative freedom from cholera.

The first available public indication that this blissful state was not to endure came in the early part of May this year when official confirmation of cases of cholera in Malacca was made, and within a short period, cases were reported in Tangkak, Muar, and Johore Bahru. The first case in Singapore was published on 18.5.63 to have come from Potong Pasir area, and she had shown the symptoms on 17.5.63. Thus was destroyed a delusion of safety within a matter of two brief weeks, and many areas in the Federation together with Singapore were declared infected areas.

It is well to go over some basic principals in epidemic diseases so that emotions and desire to witch-hunt may not cloud the issue, and useful steps may be taken without fear of pressure or accusation of bias. It would also be easier then to examine the various charges against health officials, doctors, pharmacists and the public so that a fair and reasonable conclusion can be reached. Cholera is a water-borne disease, and spreads through food and water. The patient usually shows acute gastro-enteric symptoms with profuse vomiting and diarrhoea, and in his vomitus and stool, vibrios are found in quantity, and highly infectious. In the event of a disease being detected, the Infectious Disease Ordinance requires that such a case must be immediately notified by the doctors so that the health section can swing into action. The case is isolated and treated, the contacts isolated, immunised and observed, and the affected areas cordoned off for disinfection and

tracing of the source of infection. Should these fail to contain the disease to within a small area, then steps are taken to contain the whole town by restricting movements of people and articles so that no infection may spread out and endanger the surrounding areas. The neighbourhood regions will be informed so that they can take steps also to impose embargo on entry of articles and persons from infected areas. In the case of cholera, foodstuffs such as vegetables, sea foods especially clams and cockles, are not only suspect, but shown to be actually dangerous. Within the infected area, mass immunisation and case-finding with view to rapid isolation are carried out, and where the epidemic is severe, the surrounding regions also begin immunisation of districts at risk. The hospital and health staff are immunised first, as they are most exposed, and also on their shoulders will fall the major brunt of health and therapeutic measures to contain the epidemic, for it is only sensible that one takes the best care of one's soldiers in time of war, otherwise the battle will be lost before the enemies are confronted.

With mass immunisation, it becomes obvious that whereas the doctors used to be able to carry on looking after the population, they would now be taxed to the limit to immunise people. The vaccine normally adequate to meet the sporadic demands of travellers would become short, and the hospital facilities would become more subject to strain to meet the increased demands. Hence vaccine becomes an article of great value, and may be hoarded for ransome, and the price of an inoculation may rise because of the disproportionate demand. Similarly, embargo on persons and things will lead to protest and complaints, and issues other than health may be raised to cloud the picture.

Now let us see what happened in practice in the present outbreak. No immediate obvious move was made to contain the outbreak in Malacca where the first case originated, and in fact the restriction on travel and export was reported to be on only as late as 21.5.63, by which time the disease was already in Singapore—hundreds of miles away! Immunisation was not begun in Malacca until about 22.5.63, by which time Malacca had already 111 proven cases of cholera! It is, however, strange to note that where Malacca appeared to be dilatory in carrying out time-honoured measures of public

health, the surrounding regions including Singapore seemed to be equally slow-moving, and travellers and foods from infected areas were having fair freedom of movement. Granted that with strict observance of personal hygiene, one can avoid personal contact with the newcomers, and also by properly cooking the food, the vibrios will have no chance, but the prevention of infection lies in keeping infected matter to within as small an area as possible to prevent dissemination, for an infected clam will have the possibility of infecting the handlers, the transport, the water used to wash it, in addition to the person who eats it. Proper cooking will protect the last, but what of the infectivity possibilities in the others unless it is insisted that the clam should be properly cooked before it is allowed to leave the infected State!

In the immunisation side, the doctors' private stock of vaccine ran out within the first few hours, for generally a doctor will have perhaps enough for a score or so only in his possession. Replenishment from wholesalers soon proved difficult, and price demanded in some instances amounted to more than a dollar a dose—more than five times the real price almost overnight! To have run out of the vaccine might be justifiable on the ground of the suddenness of the demand. To increase the price of vaccine imported in a hurry by special delivery might be justified by the need to pay additional freights. But to raise the price 500% on existing stocks could only be regarded as profiteering, and in the event of an epidemic which could be regarded as a sort of national crisis, such action should never be condoned. The Government of Singapore did a wise thing in supplying vaccine to the hard-pressed doctors subsequently, but perhaps the release might be done in a better way, for it was done with conditions so announced that the doctors did not get direct communication, and the three national dailies carried three different accounts—one stated that doctors receiving the vaccine "are requested to charge a dollar only per inoculation", another "are expected to" and a

third "are prohibited to". Happily, the position was put right at once, but all the same, it is a procedure which could bear some improvement for future application.

Simultaneously, mass inoculation was carried out, and commendably with swiftness and precision. The voluntary workers, comprising doctors, medical students, nurses, hospital assistants also answered their call with praiseworthy readiness. But in spite of the resources at Government disposal, it was apparent that to inoculate the entire population would take time, and meanwhile public fear, and the advent of the disease could not wait. It would have been a much speedier thing if all the general practitioners could be involved in the mass inoculation, for it would mean at once a minimum of 200 to 300 additional centres of inoculation. As it went, each general practitioner had 200 doses of free vaccine, and with their own stock acquired sometimes at cut-throat prices, they were able to do perhaps a thousand odd cases each after almost one week, when with better understanding and planning they could have done 5 to 10 times that number—a difference between 200,000 cases in one week and 1 to 2 million cases at the same time.

It is an axiom that every catastrophe brings knowledge, and this outbreak of one case so far in Singapore, and more than 100 in the Federation likewise can be instructive. The control in the way of quarantine can be more decisive both in the infected area, and in the surrounding regions. The amount of vaccine in private holdings can be more rigidly controlled to prevent hoarding. The general practitioners can be requested to come into the campaign when a speedy immunisation is desired. Last but not least, it still may not be too late to consider action against people who raised the price of vaccine and inoculation without good grounds for although they are but very few, the psychological havoc they have caused is plenty.

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## ON POPULATION

Two well-known dramatically opposite views regarding human wealth exist. One is the obvious reckoning of money and land, agricultural produce and mining potentialities. The other has been propounded by Adam Smith in 1770 that labour is the source of wealth in his "Inquiry into the causes of the wealth of the na-

tions." Subsequently, Marx considers labour as the only real value of human wealth. In spite of the popularity, there seems at least to those untrained in economics that a Nation is wealthy not on labour potentialities alone, for otherwise, the richest nations today would be China and India, both of which are as we know still far

from the claims of riches. It was Malthus who first suggested that human beings in absolute number might have set-backs in spite of their labour value. He postulated that production increased in arithmetical progression whereas population did so in a geometrical progression. This means that human increase will in due course outstrip the increase of production leading to privation and strife! For the most part, however, man chooses to seek security in numbers, and the Malthusian concept received little serious thought for a long time.

In the last decade, the position has changed radically. The concept has been revived and imbued with new vigour. The dramatic term of "population explosion" has been coined, and a responsible international body alleges that half of the world's population at present are born in starvation! Such a doctrine must inevitably have a deep appeal in days when a Government can be toppled by popular vote, and the public is apt to base its support on the adequacy of personal needs. If a Government finds that its failing in providing service, employment, and security can be readily blamed on the increase of population which it does not dare nor wish to control, then it is strange indeed if population control should fail to find favour with elected rulers!

Hence it is that the concept of population control has received official attention, and there are now countries, who obviously think that had the public been less enthusiastic in increasing its numbers, many of their difficulties would have been overcome. That a decrease of population will ease the demands on the wealth of a nation is an undeniable truth, but the question is where should the line of reason begin, and the realm of speculation be confined. Clearly, if the population of the world is reduced to a single couple, we would be enjoying the plenty of the days of Adam and Eve if the arguments about population control is true, but no one in his senses seriously urges that life in the Garden of Eden without clothes and cooked food is really more comfortable than the "harassed" one in the present era! It appears that at least a few facts must be known before population control could be acclaimed without misgivings.

Granted that human wealth tied to the planet is limited, and it may be also accepted that

given ideal conditions, human beings may increase indefinitely with no limit in view, then a time must come when control is necessary if we are to have only a limited planet, and faced with a limitless expansion of the population. Much of both contentions are in fact arguable. We have as yet not exhausted the habitability of the earth, far less the possibility of migration out of the planet. The living space may be limited in theory, but in fact the end is not definitely in view, in spite of loose talk about there being no standing space in this planet within another century! Also none but the few starry-eyed can regard the present conditions as being ideal for population increase. It is true we have lowered mortality but we have not lowered it further in the last decade. It is true we have prolonged the expectation of life, but again further prolongation has been extremely niggardly. On the other hand, we have perfected weapons which will ensure greater destruction, and we have as yet shown no definite ability to prevent wars which have occurred with wearisome regularity. If conditions are not truly ideal, can we in fact assume that the increase in the future will still be limitless, and following a pattern of geometrical progression? After all, events in one century do not guarantee that the future will be the same.

Arguments apart, to make a good case for population control, it is not enough to allege vaguely or even mistakenly of starvation and lack of standing room, of excessive fecundity and undue survival. To be logical, one must estimate the extent of the resources accurately enough to state the figure of the ideal population beyond which definite harm will arise. It will mean accurate assessment of a man's basic need in the way of food and accommodation, and reliable estimate of the resources of the world. So far, enthusiasts have given a great deal of nightmarish propaganda, but very little reliable basic facts, and to expect any support with conviction and dedication on such scant grounds would be more visionary in spirit than rational in thinking. It should be the duty of all those who urge population control to provide the world with such basic information at the first opportunity so that an awareness of the true state of affairs may be brought about, as otherwise, all the statements and propaganda will fall flat on dubious ears.

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