

Report I – Record of Interview with a variolator  
Jalalabad, Afghanistan, 25 November 1976

A man by the name of D, who had previously been a prominent local variolator was persuaded by smallpox program sanitarians to come by our hotel in Jalalabad for interview. A dignified man, approximately 50 to 55 years of age, apparently middle-class and dressed traditionally, he appeared somewhat apprehensive but responsive to all questions.

Both his father and mother had been variolators and at age 15, "permission" was given for him to assume the practice – "permission" being vaguely defined in religious terms. From that time until an indeterminate time, some six to nine years ago, he had performed variolations. He estimated that he had performed approximately 1,000 variolations each year. Variolation was performed at his home and most of his clientele were residents living within a 40 kilometer radius. Since he lives only 8 to 10 kilometers outside Jalalabad, the clientele included many of the city's residents, as well as numbers of people who normally live in Kabul but spend their winters in Jalalabad. He made note of the fact that many doctors had, in the past, sought his services. If his estimate of variolations performed each year is approximately correct, simple arithmetic suggests that he must have been either the most prominent or one of but two or three prominent variolators in the Province. He believes that he was the most active one in the area.

He states that word of his services was passed from mouth to mouth; that he did not advertise or display any sign over the door of his residence. His popularity is ascribed to the fact that both his father and his mother had been variolators. He charged no fee but did accept "voluntary contributions". Variolation, however, was a part-time job as he worked full-time in a government job (clerk in the Income Tax Bureau).

His mother had performed variolation using a small bundle of needles (in the Arab manner) and a multiple puncture technique. His father, however had applied variola virus in a "less painful manner" by making a small cut and inserting powdered scab material. It was the latter method which he employed.

He obtained crusts as they were separating from patients – the most severely ill being preferred (presumably, although he did not say so, because of the greater quantity available). The scabs were dried in the sunshine for two days (or somewhat longer if the scabs were not sufficiently dry by that time) and ground into a fine powder. The powder was kept in rolled pieces of paper in a round metal box which, he noted, provided a (relatively) tight seal. The box was kept on a shelf in his home. (The box has no special significance, having been given to him as a "gift" by a variolated patient).

His incision for variolation was made about 2 cms. distal to the thenar eminence with one hand, he encircled the wrist of the recipient, in the process pinching upwards a small section of skin. Saliva was applied to this site. In his other hand, he held a barber's razor (from Germany) which he used to shave off a very thin, oval superficial layer (perhaps 1.0 x 0.5 cm.). That no frank bleeding but, rather, oozing of blood occurred

suggest the depth. Powdered scab material was applied, then a piece of cotton and a handkerchief or similar bandage was wound around the wrist. The recipient was requested to remove the cotton every two days to spit on the lesion and to replace the cotton. This was supposed to be continued every two days for 40 days. The variolation was considered to have been successful if the patient developed fever and at least two or three pustules elsewhere on his body. The average number of pustules which developed, however, was said to be between 15 and 25. He does not believe that any developed serious disease after variolation, attributing such serious cases which did develop to a natural exposure to smallpox.

The only contr-indications to vaccination which he observed were: 1) fever and 2) recent contact with smallpox cases. Persons of all ages were variolated and at any season of the year, although there was a fluctuation in demand depending on the prevalence of smallpox. Usually only a few were variolated at a time.

Each year, he prepared a new supply of material as he felt that material used during the previous year was less effective. When "old" material had to be used, he advised the patient to find a person with smallpox to remove the scab from his own lesion, to mix it with scabs obtained from the smallpox patient, and to rub the mixture into his variolation lesion.

Notably, he encouraged all whom he variolated to come in close contact with smallpox patients as he felt this resulted in a higher proportion of successful takes.

He stopped variolating about nine years ago although senses that his practice tapered off over a period of years rather than ceasing abruptly. He states that people considered vaccine to be a better medicine and stopped coming to him when it became available, first at the health centre about 15 years ago and through vaccination teams which traveled to the villages during the past five to six years.

He believes that most variolators used a technique similar to that which his mother used in which the dried scab powder is first diluted in oil and applied with needles.

He himself was variolated when he was three or four years of age and has a scar to prove it.

He gives no sign or recognition that a serious, sometimes fatal outcome was possible, nor that further transmission of smallpox might occur from a variolated person. (In an endemic smallpox area, this is not particularly surprising).

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