

mentioned purposes: Lord Armstrong, F.R.S.; Mr. Latimer Clark, F.R.S.; Professor G. Carey Foster, F.R.S.; Dr. John Hopkinson, F.R.S.; Professor G. B. Howes; Mr. W. H. Preece, F.R.S.; Sir David Salomons, Bart.; Major-General Webber, C.B. *Honorary Trustees*: Mr. A. P. Trotter, B.A., 2, Victoria Mansions, 23, Victoria Street, Westminster, S.W.; Mr. J. H. Thornton, chartered accountant, 227, Winchester House, Old Broad Street, E.C. *Honorary Secretary*: Mr. James Swinburne, 49, Queen's Road, Wimbledon, S.W.

The issues raised are of the greatest possible importance, both to the public and to the medical profession, involving as they do the question of the *bona* or *mala fides* of the methods of treating disease by electrical or alleged electrical processes which have been and are now being carried out and extensively advertised under the auspices of Mr. C. B. Harness and the company with which he is identified.

A preliminary action has already been brought by Dr. Tibbits, at Mr. Harness's expense, against the *Electrical Review* for alleged libel, as he had been strongly censured in that paper for associating himself with the system alluded to.

The proprietors of the *Electrical Review* obtained a verdict with costs against Dr. Tibbits, but even if the *Electrical Review* succeeds in recovering the costs from Dr. Tibbits, the costs recoverable will only meet a portion of the expenditure necessarily incurred.

It is intended to devote a portion of the amount subscribed to the payment of these expenses, which have been the result of a disinterested and, so far, a successful attempt to protect the public.

The Committee further intend to apply such portions of the amount as they may, in their discretion, consider advisable to pay, or contribute to the payment of, the expenses which have been, or may be, incurred by the proprietors of the *Electrical Review* or by those of *Science Siftings* in connection with this litigation. Any surplus remaining after such payments have been made may, at the discretion of the Committee, be employed as the Committee may determine in connection with any further proceedings that may be taken in the matter.

It is believed that members of the medical profession especially will be glad of the opportunity of expressing, by a liberal support of the fund, their disapprobation of the view put forward by Dr. Tibbits's counsel that the article in censuring Dr. Tibbits was, in his person, attacking the medical profession generally.

If any of your numerous readers are willing to subscribe to the fund, and to give it the benefit of their influence and support, they are requested to forward the amount of their subscription by cheque, payable to Mr. James Swinburne (Defence Fund), and crossed London and South-Western Bank, Wimbledon Branch.—I am, etc.,
JAMES SWINBURNE,
49, Queen's Road, Wimbledon, Feb. 28th. Honorary Secretary.

CASUALTY PATIENTS AT ST. BARTHOLOMEW'S HOSPITAL.

SIR,—In the BRITISH MEDICAL JOURNAL of February 18th you have an article criticising the casual department at St. Bartholomew's Hospital, and your remarks suggest that you must have been misled as to the working of the department.

For ten years, from 1882 to 1892, my duty at the hospital was to attend daily, with one of my colleagues, at 9 A.M., and to remain until all the surgical cases were seen; so that I am not writing without full knowledge of the matter.

Your criticism is chiefly directed to two points: First, as to the abuse of the charity, because "investigation is precluded;" secondly, as to the professional treatment of the patients. With the principles involved under the first heading I will not attempt to deal generally, but so far as St. Bartholomew's is concerned, effective investigation was made into the position of applicants. Every new surgical case was seen either by myself or my colleague, and we were authorised by the governors to refuse treatment to any applicants who appeared to be unsuitable for hospital patients. Moreover, a special officer was present whose sole duty was to investigate the circumstances of doubtful cases. I have no hesitation in saying that the vast majority of patients were only too obviously in circumstances precluding the idea of the charity being misapplied; and even the selected cases referred to the officer mentioned were rarely found on investigation to be un-

deserving of hospital treatment. Indeed, what often surprised me was what a large number of these poor creatures had been attending what they described as "the pay doctor," until their resources were exhausted.

I now wish to deal with your far graver charge as to the quality of the professional treatment obtained in the casualty department of St. Bartholomew's, which you describe as "a farce," a statement which is absolutely without foundation, and most unjust to the large body of men engaged in carrying on the work. The staff daily in attendance in the surgery consists of over twenty qualified men (including two of the assistant surgeons of the hospital and ten house surgeons) assisted by forty dressers selected from the senior students, a total of over sixty. I do not believe that there is a body of men in any profession who show more devotion to their work and truer charity than the house surgeons and house physicians of our metropolitan hospitals. During the long series of years in which I helped to supervise their work at St. Bartholomew's, I can scarcely recollect a single instance in which a patient was neglected, or in whom the treatment was not carried out in the most conscientious and effective manner. Unfortunately mistakes in diagnosis must occasionally occur to all of us, but that such mistakes are more frequent in hospital than in private practice I cannot for a moment admit.—I am, etc.,

Stratford Place, W., Feb. 21st.

HARRISON CRIPPS.

SANITATION MINUS VACCINATION AS A DEFENCE AGAINST SMALL-POX.

SIR,—In view of the statements made by the *Star* of February 27th, as to sanitation being the best protection against small-pox, it may be well to give the substance of the deliberations of the German Vaccination Commission (1884) on this very point, as taken from their official report. Eulenburg said: "We cannot rely upon isolation." It was quite impracticable in private life, as Dr. Siegel had said. Weber, an opponent of compulsory vaccination, spoke thus: "We have never said that isolation is the only means to be adopted, we only say that it should be one of the means." Koch said that, to begin with, compulsory isolation would be an infringement of personal liberty a thousand-fold greater than the incomparably milder measure of compulsory vaccination. Again, unless the same compulsory measures were simultaneously adopted in all neighbouring countries they would be useless, because small-pox would be continually reimported. As to disinfectants, the Gesundheitsamt had been much occupied with their investigation, but they had very little hope of finding a specific. It was true that in Essen disinfectants had been used, and that the small-pox thereupon abated; but hundreds of instances could be given where disinfectants, freely used, had been of no effect (*ohne dass es auch das geringste genützt hatte*). "We are firm on the point that nothing can be effected against small-pox by the disinfectants at our disposal," because the small-pox contagium is a volatile one, and even gaseous disinfectants cannot be used in a private house in sufficient strength to destroy it. Von Küchensteiner remarked that in Germany small-pox cases became more numerous as the Austrian frontier was approached, while in Austria the exact converse was evident, the cases becoming fewer as the German frontier was approached. This proved vaccination to be an extraordinary preventive power.

Von Conta reminded his hearers that early in the century small-pox inoculations had failed to infect vaccinated persons. We could not repeat such experiments now, but they remained striking evidence of the power of vaccination. Siegel judiciously remarked that isolation would be of most use amongst a well-vaccinated community when occasional attacks of small-pox occurred, while in badly vaccinated populations it would always be too late—in fact, utterly impracticable. Grossheim said that isolation had been vigorously tried in the army in 1820, when it was found that even with the most minute care, and all the advantages of discipline, epidemic outbreaks could not be prevented; hence the conviction and the law that every recruit must be vaccinated. Reissner said that isolation and disinfection were all very well when they had only one case or two to deal with, but this arrangement utterly broke down as soon as the patients were counted by the dozen. Often the ordinary hospitals had had to be used,

with disastrous results to their inmates. Thus the Commission pretty well agreed that isolation and disinfectants, while of "considerable avail," were "absolutely useless" against epidemic outbreaks.

The *Star* says that vaccination was enforced from 1867. There was certainly a law for its enforcement, but Parliament forgot to create the machinery for its enforcement throughout the population. This was remedied in 1871, when an Act was passed compelling boards of guardians to appoint vaccination inspectors. Some isolated prosecutions took place before 1871, and the *Star* mentions some of these, but this does not affect the truth of the above. After 1871 every child in England was separately looked after and reported to the guardians, with a few unavoidable omissions. It is curious that the antivaccinators never point out that the year 1871 was the year of an exceptionally severe epidemic throughout Europe. This very epidemic plainly distinguished the better vaccinated amongst the countries of Europe. It is instructive to contrast the small-pox mortality in 1871 in Scotland, England, Sweden, and Bavaria, with the same in the rest of Europe.—I am, etc.,

Aca cia Road, N.W., Feb. 28th.

E. J. EDWARDES.

THE INDIAN LEPROSY COMMISSION: A SUPPRESSED REPORT.

SIR,—In a letter to the BRITISH MEDICAL JOURNAL of February 18th—the latter part of which was unfortunately somewhat obscured through a few printer's errors—I have already denied the allegation that the delay in the appearance of the Leprosy Commission Report was caused by a "serious disagreement between the Executive Committee and the Commissioners." A correspondent in the *Pall Mall Gazette* has gone so far as to speak of a "suppression of the Report." He complains that he was unable to obtain a copy of the Report, and this fact he at once connects with "remarkable disclosures" contained in Mr. Tebb's popular treatise on *The Recrudescence of Leprosy*, and implies that the Report has been suppressed on account of the disagreement between Committee and Commissioners. I may inform him that the Report has by no means been suppressed, but that in a few weeks he will be able to obtain his desired copy. The delay was unfortunate, but could not be prevented, when we remember the distance separating the writers of the Report from the printing and Census Commissioners' offices in Calcutta and Simla, and the unavoidable difficulties in obtaining the census figures. I may inform him that the Report in its final form was despatched from London before I was aware that there existed any disagreement whatever.

It had not been my intention to allude to Mr. Tebb's book. As some of this gentleman's statements are regarded as "remarkable disclosures," I shall here protest against the methods which Mr. Tebb considers proper to resort to. He states that "the Committee do not accept either the reasoning or conclusions upon which the recommendations of the Commissioners are founded." This is an assertion which, as many others of Mr. Tebb's, may be classed under what Mr. Balfour considers the "second category of misstatements." It may easily be seen from Mr. Tebb's own book that Mr. Hutchinson and Sir Dyce Duckworth *de re et facto* agree with the conclusions and recommendations of the Commissioners—that, however, the other two medical members of the Committee dissent. We see, then, that medical opinion is once more divided, and I may be forgiven when I refuse to acknowledge any importance to the opinion of laymen in such matters as contagion, predisposition, and so forth. The opinion of the Committee is also divided on the subject of "compulsory segregation," but, according to Mr. Tebb, the Committee are distinctly in favour of "compulsory segregation." It is equally false that the "Committee can give only a general approval to the minor recommendations of the Commissioners." The part is always less than the whole. In his criticism of the work of the Leprosy Commissioners—which, by the way, Mr. Tebb has not seen—he has shown as little critical power as he has done all through his book—a remarkable instance of *petitio principii*.

I must also protest against the irresponsible manner in which Mr. Tebb makes certain accusations without having so much as seen the outside of the Report. It is considered an

act of common decency to attack an author on the *ipsissima verba* of his work, and not on the summary of the same, as Mr. Tebb does. He accuses the Commissioners "of not having defined contagion," and "of having bundled together two dissimilar sources of alleged causation," namely, contagion and inoculation. Mr. Tebb's opinion as that of a layman is of no value to me, but I wish to remind him that a little study of bacteriology and pathology will convince him that his ideas of contagion are antiquated, and but little removed from nonsense. "Contagion" is not the same as "simple contact," and by a contagious disease we do not mean a disease which is spread by simple contact. "Contagious" includes "inoculable" and "transmissible." A little knowledge has been a dangerous thing for Mr. Tebb, and he tries to teach where he ought to go to school. He will find some information on contagion in the Report, and it may be hoped that on reading the modern definitions of contagion he may profit and be instructed. It is not the rule to define in a conclusion, and it seems ridiculous that Mr. Tebb should accuse the Commissioners of want of term-definition in their final summary.

His ignorance of the Report itself tempts him further to reprove the Commissioners "for having left out vaccination from the list of causations in their summary of conclusions as a cause of the diffusion of leprosy," and he considers this "the latest daring official effort to preserve vaccination from reproach." What if the Commissioners were less easily satisfied with the existing evidence than Mr. Tebb, and, having discussed the matter fully in the Report itself, omitted it naturally enough in the summary? He should not speak of "evidence shamefully ignored" unless he is certain that such is the case. He may rest assured that vaccination has not been ignored, and that he and his theory have received the fullest attention from the Commissioners. Writings such as Mr. Tebb's are likely to catch the public, and I do not complain, but Mr. Tebb ought to remember that one may at least expect fairness from him.

Mr. Tebb and his admirers ask what good will the Commission do "amidst the divergence of opinion?" The only good that he could possibly have anticipated is of course the "abolition of vaccination in India." The "divergence of opinion" will not affect the Government of India. There are in India sufficient officers of the highest reputation and knowledge, at the same time as familiar with the question of leprosy as our authorities here. We may rest assured that those acting as advisers to the Government of India will be equally competent to examine the evidence contained in the Report. The possible value of the Leprosy Commission is not to be gauged by the opinions of a few antivaccinationists or by European sentiment. The question of compulsory segregation and isolation in an empire like India is one of so great an importance, that, so far as contagion is concerned, nothing but absolute evidence can be accepted; sentiment, lay opinions, and judgment from impressions are of no avail; we require crucial tests and unequivocal research.

In conclusion, I must crave your pardon for having trespassed on your time and on the space of the JOURNAL.—I am,

A. A. KANTHACK, M.D., M.R.C.P.,
Medical Tutor and Registrar, University College, Liverpool; late
Member of the Leprosy Commission.
Liverpool, Feb. 22nd.

LAY ANTIVACCINATION AGITATORS AND THE PUBLIC PRESS.

SIR,—The letter in the BRITISH MEDICAL JOURNAL of February 25th from Dr. Wightwick draws attention to a matter that is not receiving the attention it deserves from the general body of the profession. Few have any idea of the extent of the antivaccination movement until it is brought forcibly to their knowledge by the advent of the antivaccination lecturer, with his indictment of the medical profession, his limelight illustrations of most repulsive diseases, all of which he states positively are the results of vaccination; and, finally, by his tabulated statistics, showing that people die now from small-pox just as much as they did before vaccination was discovered.

Few medical men take the trouble to controvert his assertions, and consequently the general public accepts these statements as true; and there arises—and their number is