

it comes and the risk of making a bad debt. On the other hand, the public vaccinator pays no postage, and his lymph is supplied free and carriage paid, and he does not risk a bad debt. At the same time, he is paid a fee of more than four times that which I receive.

I do not agree with those who hold that were every medical man a public vaccinator, it would be impossible to exercise proper supervision. I consider that every man who desires to be a public vaccinator, and is willing to accept a certain rate of pay, and carry out the regulations of the Local Government Board, is entitled to become one. At the same time I would fix a penalty for not carrying out the regulations, and on a second offence suspend him for a certain period of time.

I also consider there would be fewer objections to vaccination were a person permitted to choose his own vaccinator, and know at the same time the operation would cost him nothing. I am quite sure I could bring more influence to bear with my own patients on this point, and the same would be the case with every medical man, and thus the anti-vaccinationist would, if not disappear entirely, become much fewer in numbers. At the present time, if I were to worry parents to have their infants vaccinated, the conclusion they would naturally come to is that I desire to transfer 2s. 6d. from their pocket into mine, and I have certainly no intention to lower myself by touting for work in such a fashion.—I am, etc.,

April 25th.

GENERAL PRACTITIONER.

COMBINED SANITARY DISTRICTS.

SIR.—The extraordinary treatment of Dr. Francis Bond by the Chipping Sodbury District Council is so manifestly unjust not only to him but to the inhabitants of the district, who are deprived of the services of one of our most experienced and eminent public health officers, that strenuous efforts ought to be made not only to get him reinstated but also to prevent a recurrence of such a catastrophe. According to the local papers, Dr. Theodore Thomson attended a meeting of the District Council, on behalf of the Local Government Board, and unsuccessfully urged the reappointment of Dr. Bond.

My immediate object in writing you is to point out that under Section cccxxxv of the Public Health Act, 1875, the Local Government Board has the power under certain circumstances of making a combination of districts for the purpose of appointing a medical officer of health, and I believe I am right in saying that somewhere in the Seventies one of the sanitary authorities in the Herefordshire districts desired to break away from the combination, but the Board threatened to make a compulsory Order, and the combination still remains intact.—I am, etc.,

Hereford, April 22nd.

HERBERT JONES.

A SIDELIGHT ON MEDICAL EDUCATION.

SIR.—The answer to "I.M.S." might, I think, for the most part, have been found in the data of my first and complete letter; but perhaps the following few considerations may be added. The last twelve service examination statistics that were made available were those dated from the army competitive examination of July, 1902, to the army one of July, 1904, and the examinations between those dates were unexceptionally included. To make an extended series over twenty years would prove a bit more difficult even than "I.M.S." may imagine, and, if his were the same as my experience in collecting them, he would encounter the extraordinary prejudice and refusals of supply at the hands of some of the Government offices concerned, especially as a private individual. By this longer series, or any still longer ones, I doubt if the main position would be at all altered; and, any way, my series and the conclusions drawn were taken over a wider field than had before been used in that way as representative, and surely, it was an adequate summary and treatment of the subject.

The number of the College men does predominate in those service competitions. "I.M.S." forgets, however, that in my tables every class of candidates had clearly to be carefully treated separately and extracted over each series. Now, it will readily appear that the numerical strength of the College men actually confirms strongly the rigidity of the comparisons made, and would have severely told against them if they had been incapable of continuing to hold their own against their other university competitors. Such numbers could only help to make their position the less assailable when compared with that of the average, and not the "honour,"

degree men elsewhere. The actual total numbers asked for, with regard to the numbers of London College men and the degree men brought in, respectively, were 160 and 122, out of a total of 376. Admittedly, in the second table of all the higher places gained, to get an index average a separate figure would have to be worked out for each class of candidates. But there my relative index number of the first table gave a perfectly clear general view not to need a laborious detailed review afterwards of each of the further place distributions. As a definite example to show the difference of non-comparable statistics, I would here adduce the chief quotation from the statistics in the Royal College of Surgeons' last report—namely, that their members "were 22.6 per cent. more successful for the Navy, Army, and Indian Medical Services than candidates drawn from all other sources." This peculiar conclusion obviously leaves out those who do better than the College men; and, although easy to fall into, it is an acme of error to then lump them altogether and say those who stand second or third in a tally of numbers do better than those before them and all the others. My comparisons were quite different and did not attempt to do anything of that kind, consequently my second table referred to the total and not the relative number.

For the larger object of my total comparison it seemed useless to chop up the figures to show when each body distinguished itself beyond other bodies. It would have been an endless divisioning, and there were not sufficient numbers to deal with the less representative bodies. A far more interesting series of numbers than those of the trials of the smaller bodies might be got together to show that before the formation of the local universities and the ascending popularity of the London University, the College and Hall men held the best, and often the premier, medical posts in the naval and military services, and also, at that time, in many hospital services too. It would be inadequate and trivial to take each of the service statistics separately for the full comparison; it would complicate and confuse a correct estimate, and it could reach no conclusion.

As to the application of these statistics, as a rule I agree it would be supererogation on the part of examining bodies to advertise their competitive successes. In fact, I dwell thereon—on the insufficiency of motive of the Royal College of Surgeons' quotations in their report, without their redressing the anomalous and inadequate position of their members, registered like all other medical practitioners, belonging to the College, but without a degree as given in other towns for similar examinations.—I am, etc.,

Bognor, April 20th.

H. ELLIOT-BLAKE.

MINOR OPERATIONS AND HOSPITAL REFORM.

SIR.—I have read with great pleasure the letter of your correspondent "S. W." in reference to the above subject. There is no doubt that the grievance is a very serious one both for the hospitals and the young surgeons which your correspondent alludes to; but why, may I ask, does he apply the term young? I think the old are equally as badly treated. Of course all this is brought about by (in my opinion) residing near or in a hospital town, and by the places where the medical men reside being overrun by clubs. This latter has a great deal to do with the burning question, as, for example, supposing an operation has to be performed on a club patient, I think it is invariably the case that a hospital note is at once suggested; consequently the rush to the hospital. I may say since I have been in this district (fifteen months) I have performed several minor operations, such as removal of tonsils, adenoids, haemorrhoids, circumcisions, and amputations of fingers, but not before clearly explaining to the patients or their parents that they could be done at home equally as well as at the hospital (without prejudice of course), and consequently got the permission to operate.

I think if medical men, anxious for surgical operations, were more determined with their patients, and explained to them that the case could be attended to at their home, then probably the rush and imposition which takes place at the hospitals might be greatly reduced.—I am, etc.,

Dudley, April 22nd.

A. ST. LAWRENCE BURKE.

THE CORNEAL REFLEX IN ANAESTHESIA.

SIR.—It was with much pleasure that I read Mr. Thomas's note on the above subject in the BRITISH MEDICAL JOURNAL of April 22nd. My experience is that if the reflex be not abolished in the great majority of cases, reflex movements will take place disconcerting to the operator, embarrassing to the anaesthetist, and not without danger to the patient. I