

"Scientia," after praising our prospectus, suggests that the course, which lasts eight weeks (not seven), should be compressed into four weeks, and thus enable practitioners on a holiday to participate in it. The objections to this proposal are that the present lectures and demonstrations occupy all the afternoons, three evenings, and two mornings a week, and that it is advisable to leave post-graduates some mornings free for preparation and to follow hospital practice. Of the hospitals mentioned as giving but one lecture or demonstration a week, one contemplates adding a second, and the others have before given two lectures, and probably will do so again if required.

The inclusion of gynaecology and of operative surgery in the course is, as "Scientia" states, highly desirable, and efforts have been made, and are being made, to secure this end, the great difficulty in the former case being the objection on the part of the patients to examination, without which a course could hardly be practical, and, in the latter case, the interference with the various existing courses of practical surgery in London.

"Scientia" objects to the fee of 13 guineas for the entire course, but surely it is moderate, considering that it includes 112 lectures and demonstrations delivered at nine different hospitals by the physicians and surgeons attached to them and extending over two months. The fees of the separate courses, varying from 1 to 2 guineas each, are also not exorbitant, and it is found that practitioners prefer making combinations of courses for themselves to entering for the whole. One post-graduate will enter for the courses at Moorfields and Great Ormond Street, another for Brompton, Queen Square, and Bacteriology, another for Blackfriars, Bethlem, and the Throat Hospital, and so on according to individual requirements and tastes.

A practitioner on a holiday can also enter for half the entire course, or even for half of any separate courses, and lectures are as a rule arranged to suit such demands. From the diversity of these combinations and from the distances practitioners come, as for instance some at the present moment are entering from the Australian Colonies, from the United States of America and from the Cape, and from the increasing members, we augur that the scheme of London post-graduate teaching is steadily gaining the support it is trying to deserve.—I am, etc.,

C. THEODORE WILLIAMS,
Treasurer of the London Post Graduate Course.

EFFICIENT VACCINATION.

SIR,—With regard to the increased efficacy of several vaccination marks, there is one source of fallacy in the arguments of those who try to prove that protection against an attack of small-pox is in direct ratio to the number and extent of the scars. To support their contention it would first be necessary to show that the insufficiently protected cases were only vaccinated in an equal number of places as persist at the time of observation. If they were vaccinated in more places than developed (which is highly likely), it is not fair to assume that the virus used was not of sufficient strength to "rise" properly, and if this view be correct, then is it not also plain that the vaccination was insufficiently performed—I mean as regards to future protection?

I do not enter on the question whether this should be two, four, or twenty points; I only wish to show a slip in the logic of those who advocate the larger number of punctures.—I am, etc.

Dingwall.

WILLIAM BRUCE, M.D., LL.D.

SIR,—Will you allow me to correct some erroneous conclusions which Dr. Hugh Woods has come to on the subject matter of my letter published in the BRITISH MEDICAL JOURNAL of October 10th? Dr. Woods says that I "seem to speak from a general impression, or a preconceived conviction," and that I do not give any proof of my theories.

I beg to state that the opinions which I ventured to express were deduced from an experience of between eleven and twelve years, during which I have had charge of this hospital, and that throughout the whole of that period I have carefully examined every patient admitted, with regard more especially to the number and character of the vaccine scars, and the

type of disease presented; and that I have recorded in each case the result of my observation; but I do not think I could with propriety embody these statistics within the limits of a letter such as this, hence I have merely stated the conclusions I have arrived at from these data.

Again, I did not say, nor do I think, that private practitioners are "incompetent" to vaccinate, but I do think that they are more susceptible to the pressure brought to bear upon them by parents and others to vaccinate inefficiently, than would be the case if the operation were in the hands of vaccinators appointed by the State, apart from the difficulty such practitioners must necessarily encounter in keeping up arm-to-arm vaccination, which I look upon as the most reliable method.

Dr. Woods thinks to confirm his opinion by statistics based on seventeen cases, but surely to found his theories upon so small a number of cases is simply to invite fallacies. I would remind Dr. Woods that the conclusions which Mr. Marson arrived at, and which he impugns, were built up from minute and accurate observation of more than 10,000 cases, and that my own later investigations were made upon equally careful inspection of between 2,000 and 3,000 cases of small-pox.—I am, etc.,

HERBERT GOUDE.
Small-pox and Vaccination Hospital, Highgate Hill, N.

SIR,—“A Public Vaccinator” is quite right in what he says on page 881. Last April I went twice to one of my stations, nearly five miles off, and found that only one child had been brought for vaccination, so that I got 3s. for my two long journeys. I asked how it was there were no more, and was told that they all went to Dr. —, a neighbouring medical man, who vaccinates in one place only. This state of things ought not to be allowed to continue; if it is necessary for public vaccinators to make four insertions, it is equally necessary for private vaccinators to do the same.—I am, etc.,

ANOTHER PUBLIC VACCINATOR.

SIR,—Dr. Hugh Woods states that the Dublin gentleman who instructed him in vaccination used to ask "what difference it made in an attack of syphilis whether the primary sore was large or small, and whether there were more than one such sore." It is strange this gentleman should have drawn the conclusions he did from a comparison of such absolutely different conditions.

Syphilis is a very serious disease. It has a tendency, unless treated by specific remedies, to propagate itself, and may end in death.

Vaccination in infancy seems always to lose some of its effect before puberty. This tendency is greatly increased by insufficiency of the operation, according to the best judges. Vaccination is followed by slight temporary disorder, requiring little or no treatment, and is of inestimable benefit to the system.

As Dr. Woods truly says, it is immaterial whether the lymph be inserted in one or more places, but if in one only this should be of considerable area, and the larger the area the greater appears to be the tendency to the formation of an inflammatory areola. Hence it is good to produce four moderate crops of vesicles, such as can be done uniformly by, say, one of Coxeter's circular vaccinators. Dr. Woods would surely not maintain that a solitary perfect vesicle would adequately protect against small-pox.—I am, etc.,

THOS. LEEDS,
Late Public Vaccinator Sheffield Union.

THE CHANCELLORSHIP OF EDINBURGH UNIVERSITY.

SIR,—The Chancellorship of Edinburgh University is vacant through the death of the late Lord President of the Court of Session. Lord Rosebery, Lord Bute, Mr. A. J. Balfour, and Judge Kinnear, are spoken of for filling the post. Why should we not put forward a member of our profession? The position is an honorary one, and is only given to men of eminence. In the medical profession both in Scotland and England there are men second to none of these above named, and we should easily be able to put one in, as the medical graduates greatly outnumber the other graduates, and the appointment lies with the