

Unfortunately, however, the vaccinator is not "by law" compelled to vaccinate in a manner which is consistent with the highest "efficiency and sufficiency of operative procedure." The letter of the Local Government Board in reply to Dr. Christmas¹ clearly shows that a public vaccinator is not obliged to make four marks, though he should—to quote the letter—"use his best endeavours to induce the parent to allow the child to be vaccinated in the manner referred to in the instructions, and should explain fully the reason."

With regard to the duty of public vaccinators thus set forth, it seems probable that, notwithstanding their conscientious endeavours, and aided no doubt by the apparently ubiquitous medical gentleman round the corner who willingly vaccinates in any manner that may be desired by the parent, the performance of vaccination in an inefficient manner will be directly encouraged by the irresolute attitude of the Local Government Board, who, under the circumstances suggested by your correspondent—namely, refusal of four marks by parent, but permission for two marks—are not prepared to say that the vaccinator should decline "so to vaccinate the child."

The giving to parents the option of vaccination or no vaccination by means of a conscience clause may or may not be right as a point of ethics, and as part of a policy adopted by Government, although in other countries the opinion of the individual is not allowed to stand in the way of the well-being of the community; but the official recognition by the Local Government Board of inefficient vaccination is only calculated to lower the standard throughout the country, and to bring vaccination into disrepute among the people by the production of less obviously favourable statistics.

It is hardly necessary to point out that the protective influence of vaccination is not so obvious to the lay mind that parents can be expected to exercise a wise judgment as to the number of vesicles to be produced; it must also be remembered that there exists a not inconsiderable number of practitioners who profess an honest doubt as to the question; with no class of medical men, however, and by no powers of reasoning, is it a consistent practice to make the number of vesicles a matter for the parents' decision.

In treating a case of diphtheria, the medical man, having obtained assent to the employment of antitoxin, and having decided on a dose of 4,000 units as the correct treatment, in what light should we regard a statement on the part of the patient that he preferred a dose of 2,000, that under protest he would submit to 3,000, but that, if the doctor would kindly inject a dose of 1,000 units, he would regard the latter as a gentleman? The proposition sounds absurd on the face of it; but I submit that the resemblance between the two cases is not a remote one.

It is, in my opinion, greatly to be regretted that the Local Government Board has adopted an attitude which, while it admits the desirability of the efficient performance of vaccination, is directly calculated to effect the opposite purpose; and it is sincerely to be hoped that the weight of medical opinion, expressed either officially through the General Medical Council or individually by members of the profession, will be directed towards the urgent necessity for the performance of vaccination in all cases in an efficient manner, or not at all.—I am, etc.,

W. SPENCER BADGER, M.B. Vict., D.P.H. Camb.
Tettenhall, Wolverhampton, May 13th.

SIR,—I have much sympathy with "H. M.'s" letter in the BRITISH MEDICAL JOURNAL of May 4th, but am not inclined to apportion the blame quite as he does. The fault lies entirely in the weakness of the law on the subject, a weakness emphasised by the recent dictum that in cases where four marks are objected to, "the Board is not prepared to say that the public vaccinator should decline to vaccinate the child."² Why is the Board not prepared to say?

The remedy, to my mind, lies in two main regulations: 1. Definition of efficient vaccination and rigid adherence thereto in all cases. 2. Abolition of the office of public vaccinator.

In regard to the latter I think every practitioner should be empowered to vaccinate according to standard, and nowise

else, and forward his certificate to whatsoever authority might be appointed in the same way as he does notification certificates, and receive suitable fees therefor. Of course there are little difficulties in the way of such a scheme, but they are by no means insurmountable. In urban districts these would be small. Each patient would select his own practitioner, and a uniform fee could be paid. In rural districts the fee could be fixed as that suitable for the nearest practitioner, and if the patient preferred another who resided further off he must pay whatever extra the medical man demanded. This method would clearly fix an issue, and if people really objected to vaccination no hardship would be involved, since they could have recourse to the "conscientious objectors'" clause, whilst the practitioner would be protected in carrying out efficient vaccination.

As a private practitioner I have honestly tried to do my duty in this matter of vaccination. In my earlier days of practice I time and again refused to vaccinate a child unless I could make four insertions. Result: I repeatedly lost my patients, whilst they were accommodated by other and older practitioners. Now when I vaccinate I make four insertions unless pressed for fewer, when I generally tell the parents they can get off altogether if they have a conscientious objection.

Very often the "paltry fee" which "H. M." mentions is a very serious consideration to a patient, and, if a private practitioner makes four insertions and charges for so doing, he thinks he might as well get the public vaccinator to call free of charge.

Regulation on the lines I have mentioned—perhaps somewhat crudely—will tend to diminish defective vaccination, and at the same time will maintain the right of a patient to have his own doctor, and prevent interference of one medical man with another's patients—an interference which in some cases has led to friction between medical men.—I am, etc.,

May 13th.

J. D.

LONDON DIPLOMATES AND THE UNIVERSITY OF LONDON.

SIR,—Permit me to express my approval of Mr. F. C. Langford's letter in the BRITISH MEDICAL JOURNAL of April 27th.

The unenviable position in which the London diplomates find themselves placed when brought into contact, or still worse into competition, with the graduates of the Scottish schools has long and frequently been deplored. Any judicious attempt to remove these disabilities, although it might not avail to benefit the present possessors of these diplomas, would prove a boon to the younger generation of London students, and would receive my cordial support. I attribute the present unsatisfactory state of things chiefly to two causes:

1. The ignorance of parents and guardians as to the relative value in the public mind in the possession of an M.D. as against a diploma.
2. The supineness and want of cohesion in the London schools, whose sole aspiration seems attained if they attract a number of students by reason of their reputation as being "practical," while they have little or no appreciation of their responsibilities either as to the present morals or the future prospects of the young men whom they have thus secured.

That "the colleges," owing to the multiplication of provincial universities, will be either abolished or at best relegated to the list of those interesting but archaic institutions known as city companies, unless they speedily bestir themselves, seems undoubted.—I am, etc.,

CHARLES G. LEE, L.R.C.P. Lond., M.R.C.S. Eng.
Liverpool, April 27th.

ENTERIC FEVER AND FRIED FISH.

SIR,—In connection with the investigation published in the BRITISH MEDICAL JOURNAL of May 18th, 1901, p. 1212, by Dr. Hamer and Mr. Shirley Murphy leading to the conclusion that the outbreak of enteric fever in London may be ascribed to the eating of fried fish, the following may be of interest: Some few cases of enteric fever having occurred amongst the young recruits belonging to a particular barrack in 1900-1901, steps were promptly taken to find out the probable cause. From the evidence adduced it was considered advisable to

¹ BRITISH MEDICAL JOURNAL, April 13th, page 936.

² BRITISH MEDICAL JOURNAL, i, 1901, pp. 936, 1029, 1117, 1124, and 1184.