

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.

place one "fried fish shop" outside the barrack gate "out of bounds" to the troops in garrison. No fresh cases of enteric fever have since occurred in that locality. Many cases of diarrhoea occurred amongst the men in another quarter; on careful investigation it was traced to the unsoundness of the pork and other flesh used in the preparation of sausages and sold to the troops.

The attention of most people is attracted by the horrible stench coming from these "cook shops," but though the smell arising from the cooking of fried fish is a nuisance and objectionable, yet it does not appear to depend upon the soundness or otherwise of the fish, but may be increased by the medium in which the fish is fried, such as olive oil, pure lard, dripping, beef or mutton fats, margarine, and cottonseed oil. When cottonseed oil is used the odour is abominable. Lard is very heavily adulterated with cottonseed oil, and as such is unwholesome; margarine is distinctly a compound of fat not fit for use as a food or for cooking purposes. Cottonseed oil produces painful indigestion and irritation of the bowels, and as such should be prohibited. In tracing the source of the particular fish supply, it may be well at the same time to very thoroughly investigate the medium in which the fish has been cooked, as a particular source of the origin of the disease within suspected areas. The temporary closing of "cook shops" within particular localities is a matter for the sanitary medical authorities of cities and towns, and deserves further investigation.—I am, etc.,

Woolwich, May 20th.

J. J. LAMPREY,
Lieutenant-Colonel A.M.S.

THE REPORT OF THE ANÆSTHETIC COMMITTEE.

SIR,—In a paper read before the British Medical Association meeting at Edinburgh in 1898 I showed that the Indian chloroform mortality probably does not exceed 1 in 8,000. I hope before long to supply fuller statistics.

May I be allowed a few words of criticism in connection with the report of the Chloroform Committee? The report gives many elaborate tables, and assures us that chloroform is eight times as dangerous as ether. But the actual deaths attributable directly or indirectly to the two anæsthetics are given as 18 deaths in 13,393 chloroform, and 6 deaths in 4,595 ether administrations. Evidently the actual mortality-rate is about equal. Then, how is the differential danger-rate arrived at? By a column of danger cases (B γ) which all recovered! The figures are indeed illusory. The true danger-rate is the mortality on the gross total, not that on complicated cases only, nor the mortality after deducting deaths due secondarily or only partially to the anæsthetic.

It has long been recognised that ether fatalities are less immediately and openly connected with the anæsthetic than are the fatal cases connected with chloroform. For this reason the advocates of ether have often claimed that its mortality is only 1 in 15,000.

We now know the true mortality, direct and indirect, as allowed by a Committee of experts, certainly not biased against ether. It is 6 in 4,595, equal to 1 in 765.8.—I am, etc.,

ARTHUR NEVE, F.R.C.S.E.

Kashmir Mission Hospital, March 18th.

THE PROVISIONAL REPORT OF THE CONSTITUTION COMMITTEE.

BRANCH SUBSCRIPTIONS.

SIR,—There is one point relating to the proposed subscription of members which I think requires explaining. Paragraph 20 proposes that the total subscription per member be 25s. per annum, and that of this sum a part be granted for "defraying the working expenses of Branches and Divisions." Are we to understand that the sum granted to each Branch shall be subdivided equally between a Branch and its Divisions? If a Branch contained, say, fifty Divisions, this subdivision of funds will cause great annoyance.

Next, the following paragraph proposes that "all Branches and Divisions be given power to defray, by means of special subscriptions from their own members, any extraordinary expenses of their local organisation, or the cost of any special privileges which they may decide to confer on their members." This is a very wide proposal. It gives a Branch power to make a levy upon its members; and next it empowers a Division to make a levy upon its members. And as a member

must be a member of both a Branch and a Division, it follows that he must pay whether he likes to or not. Next, I would suggest that the amount of this levy be a fixed sum. By its present reading a levy of any sum—say, up to £5 per annum—could be made; I would suggest that it be limited to 2s. 6d. per member. Further, I think the paragraph should be more carefully drawn, as its present wording—"local organisation"—might include medical defence or such-like.—I am, etc.,

Liverpool, May 18th.

ROBERT R. RENTOUL.

WHOOPIING-COUGH CURED BY IRRIGATION OF THE NARES.

SIR,—In the BRITISH MEDICAL JOURNAL of May 4th, Dr. Martin Payne, of Cricklewood, relates a case of whooping-cough cured by carbolic irrigation. I have used the irrigation method for many years, and always mentioned it as one of the most successful methods of treating the disease to the students attending the clinical instruction at the Royal Hospital for Sick Children. At p. 111 of my manual of *Disease in Children* irrigation is strongly commended. I do not claim originality in this method of treatment, for it has been long used by others, as by Henoch of Berlin.—I am, etc.,

JAS. GARMICHAEL,
May 14th. Consulting Physician, Royal Edinburgh Hospital
for Sick Children.

THE PHARMACEUTICAL SOCIETY.

THE members of the Pharmaceutical Society of Great Britain held their annual dinner at the Hôtel Métropole on May 21st, when in the absence of the President owing to indisposition, the chair was taken by Mr. C. B. ALLEN, Vice-President.

Mr. R. A. ROBINSON, L.C.C., in proposing the toast of "The Houses of Parliament," remarked that the Lord Chancellor had said there was ground for the law in regard to pharmacy being altered, and to this the Pharmaceutical Society were quite willing to accede provided their rights were protected as well as the rights of the public. The toast was acknowledged by Mr. W. PALMER, M.P.

Mr. S. R. ATKINS (Treasurer), in giving the toast of "The Medical Profession," said that the Society had endeavoured to teach its members the line of demarcation between prescribing and dispensing. He frankly admitted there were great difficulties, because some medical men must in country towns dispense their own medicine, and occasionally the pharmacist on the spur of the moment had to say what was needed.

Dr. D. MACALISTER (Chairman of the Pharmacopœia Committee of the General Medical Council) replied to the toast, and pointed out that there were hundreds of pharmaceutical questions awaiting the earnest seeker after truth in relation to the properties and most eligible preparations of drugs. He hoped that the Senate of the University of Cambridge would pass estimates amounting to £26,000 for the building of a new pharmacological and public health laboratory for which the site was already secured.

Mr. W. MARTINDALE proposed "Science," and eulogised the work done by the Public Analyst at Somerset House and his assistants.

The toast was acknowledged by Professor THORPE, of the Institute of Chemistry, who declared that he did not share the pessimistic views that had been expressed in regard to the future of pharmacists.

Sir JAMES CRICHTON-BROWNE, in giving the toast of "The Pharmaceutical Society of Great Britain," said that pharmacy, like medicine, had advanced just in proportion as it had become more scientific and less empirical. Medical science and pharmacy were at one time united, but though they had not been divorced, they had agreed to a judicious and judicial separation, and were advancing now on parallel lines with science, still the great guide for each of them. He ventured to suggest to the Society that at some time it should direct its attention to the selling of drugs in hospitals. Every one desired that the poor should be freely supplied with drugs, but if out-patient hospital people could afford to pay for their medicines, then in his judgment they ought to pay the druggist. That was especially the case in hospitals where the drugs were sold below cost price. The difference between