together with a diagram which agrees very closely with that given in the present article. This operation was extensively used by surgeons for the closure of skull defects during the war, and while I am obviously completely unable to subscribe to Mr. Jones's claim to novelty or priority, I can, as a result of my experience, heartily endorse his statement that the method is a useful one, although in many instances equally good results are obtained if the pedicle is abandoned and the graft of the outer table is inserted free.—I am, etc.,

London, W.1, May 6th. NORMAN C. LAKE.

Convalescent Homes and Vaccination

SIR,—In the springtime it is natural for a doctor's thoughts to turn to the amelioration of the lot of ailing children. Convalescent homes customarily make antecedent vaccination a condition of admission; this I consider is not now necessary.

All reasonable people know that vaccination protects from small-pox, but the great majority do not, by repeated vaccination, keep themselves protected against small-pox. Why? Because they realize that vaccination is an insurance proposition and that the individual risk of being exposed to serious small-pox infection is infinitesimal, and so they trust our excellent health service both to detect any small-pox which may occur and to protect them from infection, should occasion arise, by vaccination, etc. The authorities of convalescent homes have not this trusting spirit despite the fact that the hospitals have it, for hospitals do not make antecedent vaccination a condition of admission, although those on waiting lists would have plenty of time in which to so occupy themselves.

What does this antecedent vaccination condition entail on the children? As only about half the babies born are vaccinated in infancy, about half the children for whom convalescent treatment is recommended are either vaccinated immediately prior to admission to the home or are refused admission. The reason for insisting on the vaccination of the child must be either in the interest of the child population of the home or in the interest of the unvaccinated child. If the first, it is largely illusory. The unvaccinated child cannot start small-pox in the home unless he was already incubating the disease before arrival; if he *is* incubating small-pox, vaccination will not stop the development of that disease unless performed within the first three days of the incubation period, while the small-pox will not prevent the vaccination from taking unless the child at the time of vaccination was already suffering from the prodromal symptoms of small-pox.

A table from my 1923 Gloucester Small-pox Hospital Report illustrates this:

Small-pox Cases Vaccinated after Catching the Disease

	No. of Days between Vaccination and Appearance of Small-pox Rash														Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Cases where vaccination took ...	—	—	—	—	—	2	1	2	—	3	—	2	1	—	—	11 } 16
Cases where it did not take ...	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	5 }

Thus, as a preventive of the introduction of small-pox into a home successful vaccination cannot be relied on unless it is done a fortnight before admission, but this time-condition is not enforced. It appears, then, that the second reason accounts for the rule—that is, that the homes require all their children to be vaccinated to guard them from the small-pox to which they may be exposed during their stay of a month or less in the home. Is this reasonable? What is the risk? We know that for a generation the risk of variola major has been negligible, not primarily because of its infrequent introduction into this country, but because of the adequate treatment of the introduced cases and their contacts, made possible by the Infectious Diseases Notification Act of 1889. We know that variola minor, prevalent in certain areas since 1923, now seems to be disappearing, that it is a trivial disease for which vaccination has been refused by very large numbers of contacts, and that the disease is of low infectivity—for example, it must have been introduced year after year into our seaside resorts, and yet it has never spread in them. It seems erroneous to suppose that during a month's stay at a convalescent home the risk of contracting small-pox of either form is a sufficient one to justify making the vaccination of all entrants obligatory. When one realizes that these children are ailing and are admitted for the restoration of their health, to subject them to another disease, even though a mild one—vaccination—seems in the circumstances to be reprehensible.

A paragraph of the 1929 Vaccination Order merits the attention of convalescent home authorities. After stating that post-vaccinal nervous disease occurs mainly among children of school age and adolescents who had never previously been vaccinated, it concludes as follows:

> "The Minister is of opinion that, in the present state of knowledge, and so long as the small-pox prevalent in this country retains its present mild character, it is not generally expedient to press for the vaccination of persons of these ages who have not previously been vaccinated unless they have been in personal contact with a case of small-pox or directly exposed to small-pox infection."

At the present time, variola minor, the mild small-pox referred to, is no longer prevalent; the last variola major cases were the *Tuscania* ones of some years ago. The chances of exposure to small-pox infection in this country are, indeed, very remote. Surely the time is opportune for the reconsideration of convalescent home policy in regard to vaccination. I hope they will disregard the vaccinal condition of their little patients save in the presence of small-pox.—I am, etc.,

R. W. JAMESON, M.R.C.S., D.P.H.,
West Wickham, April 25th. Barrister-at-Law.

Aspiration of Empyema in Children

SIR,—In the *Journal* of December 10th, 1932 (p. 1067) is written: "These two points—the question of air in the pleural cavity and the large masses of fibrin—are the main criticisms of the aspiration method." I would add to these a major objection that has not been overlooked by the authors of the paper under review—prolonged delay in recovery from an advantageous localization of a general infection. I can confidently relegate the two points mentioned to their proper place as difficulties associated with a method that is tedious because wanting in radical features.

The alarming mortality revealed by the American Empyema Commission impelled surgeons to resort to closed or intermittent drainage by aspiration. Immediately the mortality fell, and the low figure of 4 per cent. was obtained early but not sustained. It cannot be claimed that a mortality now reported as running into double figures is satisfying. The deaths are due to the risks attached to the slow design of the technique chosen. Its temporizing feature involves the patient in a struggle against a condition demanding salutary relief. The long stay in hospital invites cross and intercurrent infections, which are so often fatal.

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