

children. Cases of primary intestinal infection are admittedly rare, and cases of secondary intestinal infection through the agency of tuberculous sputa is admittedly common. The frequency of this secondary intestinal tuberculosis proves that there is no real inherent difference between adults and infantile intestines as regards the capability of infection by the tubercle bacillus. Adults, again, are as constantly exposed as children to infection by the same kinds of food, the only difference being that with them milk is for the most part taken in much smaller quantities.

With equal conditions of capability of infection and identical sources of contamination, the rarity of primary intestinal tuberculosis in adults is a weighty argument against the expectation of any great frequency of the complaint in children. The view, too, that tuberculous food collecting about the tonsils and back of the pharynx is often directly responsible for tuberculosis of the glands of the neck is as difficult to prove as to disprove. There are, however, valid reasons against the supposition that tuberculosis often arises from such a source.

On the whole, then, I would contend that the weight of the evidence we possess is in favour of Dr. Koch's view of the infrequency of tuberculosis arising from the ingestion of tuberculous food being the correct one.—I am, etc.,
J. A. COURTTS.
ppor Berkeley Street, July 31st.

VACCINATION AND PROFESSIONAL UNDERSELLING.

SIR,—With all due respect to Dr. Major Greenwood, I venture to think that he has entirely overlooked the real reason why private practitioners are willing to vaccinate for a much smaller fee than that paid to public vaccinators. I believe the real reason is that most medical men object to having a rival calling on their patients. If there is any little thing amiss with the child, the mother is very likely to ask the vaccinator's advice on the subject, which he can hardly refuse to give; he may possibly promise to send a bottle of medicine, and to call again, and thus he gains a footing in the household. Of course, the risk is much greater when the public vaccinator is at all unscrupulous; but however honourable he may be, the usual medical attendant does not like the risk of losing his patient in this way, and in many instances, I believe, would prefer to do the vaccination for nothing rather than have the public vaccinator stepping in. This difficulty could of course be obviated by appointing public vaccinators for large districts, and allowing them to do no other work.

Another reason for the private doctor's lower charge is, that in a working-class district no one would think of paying 6s. for vaccination; it is out of all proportion to the other fees charged, and by insisting on it we should simply drive all our cases to the public vaccinator; and the average practitioner still thinks that "half a loaf is better than no bread."

I must take exception to Dr. Greenwood's statement that by sending all the cases to the public vaccinator "a much better standard of vaccination would be the result." This is not proved, and seems to me an uncalled-for slur on the ability or conscientiousness of the general practitioner.—I am, etc.,

Mossley, near Manchester, July 31st. A. W. HARRISON, M.D.

SIR,—It appears to me that the four letters under this heading published in the BRITISH MEDICAL JOURNAL of August 3rd, like several previous ones, miss a vital factor altogether.

Permit me to point out that the public vaccinator canvasses nobody, and does not "tout" or interfere in any way with the private practitioner. He merely receives a list from the vaccination officer of such children as have reached the age of 4 months without being accounted for in the vaccination register. The private practitioner has four months in which to vaccinate his own cases, during which time the public vaccinator is not even aware of their existence; and it is only upon the neglect of the practitioner to look after his own cases that the public vaccinator is ordered by the existing law to "offer" to vaccinate, and to make such offer personally, after sending notice in writing of the date on which he will call. It is even then still open to the parents to refuse his offer, and to go to the family attendant.

Let it also be remembered that a very large number of children are born without the presence of a medical man at all. It is precisely such cases which, for the same motive of economy, are readily given to the public vaccinator, and it is a very cool assumption (on the part of those who are attacking the public vaccinator) that all these cases are the private property of some individual medical man or other.

Moreover the question of "underselling" can never arise, because competition can never arise if the medical attendant deals with his own cases in proper time. Such cases as he has not attended at birth he can hardly claim to have a preferential right to vaccinate.

The chief difficulty in the way of recognising vaccinations done by all medical men would, I apprehend, lie in the great difficulty of efficient Government supervision; and, in the absence of this, competition and underselling would flourish to exactly the same degree as they do to-day, only the point would be changed from the fee to the number and size of the vesicles to be made.

There is no shadow of either the one or the other in my district, and I am sorry to hear that other places are not so fortunate.—I am, etc.,
Altrincham, Aug. 3rd. THOS. W. H. GARSTANG, D.P.H.

SIR,—The only equitable and just remedy for this evil is for the Government to pay all practitioners alike for successful vaccinations, whether they be appointed public vaccinators or not.

It is to be hoped that this matter will not be allowed to drop until the evil is remedied, and I would suggest that our representatives on the General Medical Council should be written to on the subject, and also that the full influence of the British Medical Association should be brought to bear on the Local Government Board to alter the present inequitable and unjust state of affairs.—I am, etc.,
August 3rd.

VERAX.

THE SUPPLY OF MEDICINES BY MEDICAL GRADUATES.

SIR,—I am instructed to send you the annexed copy of a resolution recently adopted by the Senatus Academicus of this University, and to request that you will kindly give it a place in the next issue of the BRITISH MEDICAL JOURNAL. I may mention that a similar resolution has been adopted by the University of Aberdeen.—I am, etc.,

L. J. GRANT,
Secretary of Senatus.
University of Edinburgh, Aug. 6th.

Resolved: Whilst it is admitted that the exigencies of practice in certain localities may sometimes render it unavoidable for a medical practitioner to supply to his patients the remedies which he prescribes, the Medical Faculty of this University is of opinion that it is undesirable and detrimental to the position of medical graduates of the University that this custom should be followed under other circumstances; and, further it regards the sale of objects other than remedies by its medical graduates as, under all circumstances, to be strongly deprecated.

TOTAL EXTIRPATION OF THE PROSTATE FOR RADICAL CURE OF ENLARGEMENT OF THAT ORGAN.

SIR,—It should be possible to discuss a scientific subject without acerbity.

Even if Mr. Freyer does not acknowledge that McGill enucleated the hypertrophied prostate, the operation said by Mr. Freyer to be original was described by Dr. Fuller in the *Journal of Cutaneous and Genito-urinary Diseases*, vol. xiii, 1895, p. 232, and on p. 233 are shown drawings of prostates removed by enucleation, which are very much like the drawings shown in Mr. Freyer's paper. A series of cases is also given at the end of the paper. This book can be seen in the library of the Royal Medical and Chirurgical Society. The operation is further described on p. 415 of Dr. Eugene Fuller's work on *Diseases of the Genito-urinary System* (The Macmillan Co., New York, 1900), where occurs the following passage:

Enucleation can be easily and speedily accomplished in this manner, and should not be desisted from until the lateral and median hypertrophies, as well as the hypertrophies along the line of the prostatic urethra, have been removed. The vesical walls at the base, as elsewhere, are very elastic and dilatible, so that it will be found that