One can imagine also the pride he will display among his friends and the contempt he will express for the man who lives by mere work. And yet, after all, his would-be imitators often find that burglary is not the safest and most profitable of professions.

But, seriously, one would like to know what it is that Dr. Millard really wants now that the country generally has decided to follow the lead of Leicester. Does he propose to prohibit vaccination, under a penalty, except where it is recommended by a medical officer of health? Because if not (and possibly even if so) there will still be many children vaccinated who will grow up and possibly take small-pox in a mild form and consequently spread it. Dr. Millard makes much of the case of "the child, Annie L., who caused the outbreak in the Mile-End Infirmary resulting in 30 cases with eight deaths." He seems to hold this child, or those who caused her to be vaccinated, personally responsible for the outbreak! Does it not occur to him that if Annie L. and the whole community among whom she lived had been unvaccinated probably 50 others would have taken the disease from the source, whatever it may have been, from which she was infected? Of course, Annie L. would probably have had the disease in a more severe and recognisable form, but equally probably the whole 50 would not.

Small-pox is not *always* a severe disease even among the unvaccinated, although it is so much more frequently than among the vaccinated. The antivaccinationists of Leicester could have told Dr. Millard this. I have known cases of small-pox mistaken for chicken pox in unvaccinated children, even in the presence of an outbreak. The real reason why mild cases of small-pox are often overlooked is because what Dr. Millard regards as the obsolete system of public vaccination has rendered small-pox so rare that the great majority of people, including not a few medical men, have never seen a case. Thanks, however, to the enlightened lead of Leicester and the docile following of the whole country, this lack of experience is likely before many years to be remedied. The country will then have the opportunity of "fairly trying" the Leicester system. I sincerely hope the result may not prove more disastrous than it has been at Leicester.

I am, Sir, yours faithfully,

F. W. STANSFIELD,
Public Vaccinator, Reading.

July 22nd, 1911.

To the Editor of THE LANCET.

SIR,—In your issue of July 22nd Dr. C. K. Millard, medical officer of health, Leicester, refers to Mr. W. H. Jalland's excellent article, part of which appeared in THE LANCET on June 17th, on Vaccination in Regard to Life Assurance. Dr. Millard lays great stress on the "missed" cases of small-pox, and speaks of them as essentially a product of vaccination. His theory appears to be that infantile vaccination could be safely discarded because of these missed cases. He mentions in support of his contention that the case which caused the recent outbreak of small-pox in Mile End directly resulting in 30 cases with eight deaths *was a vaccinated case*. "Will anyone assert," he asks, "that it is probable the same unfortunate mistake would have been made if the child had been unvaccinated?" Leicester provides a distinct answer to this in the affirmative, and the results in Leicester were much more disastrous than at Mile End.

Dr. A. Warner, the resident medical officer of the isolation and small-pox hospitals, and assistant medical officer of health of the borough of Leicester, contributed an article on cases selected from the Leicester epidemics to which Dr. Millard refers, in the *Practitioner*, October, 1904, concluding as follows:—

Personally, I do not believe that unrecognised cases in those who have previously had small-pox or who have been previously vaccinated play an important part in the spread of the disease to the unvaccinated. For if there be a severe type of the disease prevalent the modification by passage through a single resistant person is not sufficient to make the disease appear very mild in the unvaccinated person. Therefore it is recognised and measures for its control adopted. But when the disease is of a very mild type it may be equally well unrecognised in the unvaccinated, for the mildness is then not so much due to increased resistance as to an attenuated infection. Indeed, the epidemic of 1903 was started simultaneously by two unvaccinated girls having unrecognised attacks, since when many similar cases have occurred.

Dr. Millard advocates drastic changes on the so-called experience of Leicester; he himself admits that the type of the epidemics there has been singularly mild and that the good fortune of Leicester under those circumstances might

not have been secured under different conditions. If epidemics followed by hundreds of cases, as in Leicester, can occur, started by "missed" unvaccinated cases, where is the advantage of dropping infantile vaccination because of "missed" cases?

I am, Sir, yours faithfully,

ARTHUR DRURY, M.B., C.M. Edin.

Halifax, July 24th, 1911.

THE NATIONAL INSURANCE BILL.

To the Editor of THE LANCET.

SIR,—I should be glad if I might, through your courtesy, be permitted to state that a copy of the letter which was published from me in your last issue is being sent to all the Members of both Houses of Parliament. The following statement has been added to it by way of introduction, as they could hardly be expected to gauge without further explanation the extent of the infliction with which we are menaced. Even within our own ranks too few seem to realise the danger threatening the higher interests of the profession, or to understand that the great position to which she has earned every claim can only be secured for her by faithfulness to her own high standards.

THE NATIONAL INSURANCE BILL AND THE PROFESSION OF MEDICINE.

The other side of the question, the hearing of which should always precede legislation, has not been referred to in the Bill and has not yet been stated by any of its critics or even of its threatened victims; it has not been placed before our legislators. The Bill and all the discussions thereon have considered exclusively the development of the medical advantage to be obtained for the insurers and for the State, and the "lowest figure" at which State medical service could be exacted from the profession short of actual spoliation and sweating. But the advantage and the development which ought to be secured for the other contracting party under any even-handed State contract have not yet been even mentioned. They are in danger of being overlooked in a settlement affecting for an indefinite period the vital interests of the profession, and therefore of the nation. The letter in THE LANCET of July 22nd (p. 250) sets forth that part of the case for the profession which has been passed *sub silentio*. It calls attention to the solid acquired claims of the profession to "treatment with honour" far above those level terms of "equivalent advantage," which are now also being denied it under the clause of "the lowest figure." The only consistent attitude for the profession is "*Dedit ut des*."

I am, Sir, yours faithfully,

WILLIAM EWART.

Upper Brook-street, W., July 25th, 1911.

A MEMORIAL TO DR. C. W. LONG.

To the Editor of THE LANCET.

SIR,—A letter just received from the eldest daughter of Dr. C. W. Long tells me that the University of Pennsylvania, of which Dr. C. W. Long was a graduate, proposes to place in its medical school a bronze memorial medallion of her father. The unveiling ceremony is to take place on March 30th, 1912. The Provost of the University (Dr. Smith) "believes that for the purpose in mind, that of accentuating our recognition of Dr. Long's achievement, the anniversary of the first use of ether in surgery (March 30th), will be the most suitable date."

The plaster model of the medallion, which is much admired, is the work of a medical graduate of the University, Dr. R. Tait McKenzie, who enjoys more than a local reputation as a sculptor.—I am, Sir, yours faithfully,

July 24th, 1911.

GEORGE FOY.

A QUESTION IN EUGENICS.

To the Editor of THE LANCET.

SIR,—I desire to raise an interesting point which has recently presented itself to me, and to obtain an expression of opinion from the profession generally. To state the matter shortly, a man, who has an epileptic son 12 years of age, desired to have the lad sterilised to prevent him from having children if he should live to a marriageable age. The method of sterilisation is not the question—whether by castration, vasectomy, or X rays—but the legal and moral aspect of the case. Has a father the right to have his son sterilised, and is a surgeon legally and morally justified in carrying it out?

I am, Sir, yours faithfully,

July 18th, 1911.

M.S.

* * * We leave these questions to our readers, in accordance with the writer's request.—ED. L.