and think by so doing that they have complied with the Act, and then take no further notice of it. I think there are not a sufficient number of public vaccinators, for I have seen occasionally such numbers of patients waiting to be examined, that it was next to impossible that all of them could be carefully inspected, and some might depart believing their children safe when they are not. I once officiated for a friend who was ill, and, in consequence of small-pox being prevalent in the neighbourhood, there were more than *four hundred* cases came in one day. There is another cause worthy of attention: we know that some diseases become milder in their effects in the course of years, and is it not improbable that the vaccine virus, which is not indigenous to man, should degenerate after a number of years passing through the human system? May it not become milder and therefore less protective? I am much disposed to believe that is the case, for in forty years' practice I have noticed that but very few cases of small-pox after vaccination occurred in former years, and that most of the cases of failure are those which have been vaccinated within the last twenty years.

I would therefore have all general practitioners public vaccinators; I would extend the time of vaccination from three months to five, have the virus taken frequently from its natural source, and, above all, enforce the Act of Parliament.

Perhaps it will be asked how that is to be done? I only know one way—not a pleasant one, but the case requires something out of the usual course. Every practitioner should report every case of small-pox that comes under his care to the Medical Officer of Health, whose business it should be to inquire into the cause, and if from neglect of the Act, report to the parish authorities, who should become the prosecutors. Two or three cases wherein the penalty was enforced would have a powerful effect upon the public.

I remain, your obedient servant,

November, 1859.

H. J. GORE, L.R.C.P.

MEDICAL PHASES OF FAITH.

To the Editor of THE LANCET.

SIR,—Your leading article in a late number upon "Revolutions in Medicine" is fraught with much interest to the philosophic physician. In reference to the great change in the treatment of disease, the pretty and ingenious theory of the change of type of disease advocated by the late Dr. Alison and others is so plausible, and so readily reconciles past and present practice, that very many have given to it that unthinking adhesion which is congenial to superficial minds. This hypothesis, however, fails to explain how a change of type of disease may take place without a similar change in the human constitution. The advocates of this theory speak of waves of time inducing sthenic and asthenic varieties of the same disease, and assert that we live in an asthenic age. We do not find an adynamic race of men at the present time; those who are familiar with the hunting-field know that our sporting squires are as strong and as capable of bearing exertion and fatigue as the Squire Westerns of bygone times; nay, more, our hunters run, take fences, and carry weight, as well as those who flourished when George the Third was king. I mention the horse, because a like change of treatment is followed by veterinary surgeons.

At the commencement of the present century the dogmas of Cullen and Gregory reigned supreme over the medical mind. The lectures and teaching at the various medical schools were delivered in an *ex cathedra* style; few if any amongst the pupils dared to differ from the *dii majores*. Medical publishers did not then, as now, scatter far and wide the opinions of thinking minds; and the medical practitioner, as he had been taught, so, in the remote districts of the country, he practised.

A new institution now arose for medicine. THE LANCET was established, the offspring of some thinking, intelligent, and independent mind, and soon exhibited a power and a determination to break up the crushing tyranny of the medical authorities of the time. A free press is sure to enable intellect to vanquish the dogmatism of antiquated imbecility resting upon vested and usurped interests. At the same time physiology and chemistry made giant strides: men began to doubt, then to inquire, then to discover fallacies; the venerable, heroic remedies were mitigated; physicians were induced to believe an old author—

"Medicus dedit qui temporis morbo moram
Is plus remedii quam cutis sector dedit;"

and a few bold practitioners attempted to treat disease without that formidable trio, antimony, mercury, and bloodletting;

and, to their own astonishment, success justified the attempt. In the pages of most of the medical authors of thirty years ago it was the custom, in treating of each disease, to discuss the question in due order—Is bloodletting, or is mercury, or is antimony, or are the whole of them, admissible in the case? Numberless other remedies have been cast aside; and even at Vienna, Skoda, one of the most eminent of living German physicians, has arrived at a kind of medical infidelity.

The motto of Old Physic was "Faith." Young Physic has inscribed upon its banner "Scepticism," but not disbelief; and if we may judge from analogy, a bright era is about to dawn upon an art which has long been involved in the meshes of an unreasoning faith.

I am, Sir, yours respectfully,

Southam, Nov. 1859.

T. E. RUTTLEDGE, M.R.C.S.

IRIDECTOMY IN GLAUCOMA.

(NOTE FROM MR. HANCOCK.)

To the Editor of THE LANCET.

SIR,—With reference to the letter signed "J. W. Hulke, F.R.C.S.," published in THE LANCET of the 19th inst., I beg to state that I have never as yet written one word, either good, bad, or indifferent, upon Gräfe's operation of "Iridectomy." I did not write the report of my operation for division of the ciliary ligament, which appeared in your "Mirror" of the 29th ult.; neither did I see the manuscript before publication. The material for that report was furnished by Dr. Sansom, the house-surgeon of the Royal Westminster Ophthalmic Hospital, a gentleman quite able to defend his own statements, and to appreciate the relative merit of the two operations.

I have the honour to be, Sir, your obedient servant,

Harley-street, Nov. 1859.

HENRY HANCOCK, F.R.C.S.

To the Editor of THE LANCET.

SIR,—The Operation of Division of the Ciliary Ligament which has called forth the comments of Mr. Hulke was designated "for the relief of pain in acute glaucoma," because it was instituted chiefly with that end, and applied in such a case. It was however, besides, found to be very successful in various tense and painful states of the globe, and one of the latter class of cases was described, because it had been for the longest period under observation.

Long before the publication of the case, it had been tried in undoubted acute glaucoma, the particulars of which will, I have no doubt, be published in due time.

I am, Sir, your obedient servant,

Nov. 1859.

A. ERNEST SANSOM, M.B., M.R.C.S.,
House-Surgeon, Royal Westminster Ophthalmic Hospital.

SUPPLY OF WATER TO TOWNS AND VILLAGES.

(LETTER FROM DR. F. PLOMLEY.)

To the Editor of THE LANCET.

SIR,—As you take much interest in sanitary science in all its bearings, I wish to call your attention to the water supply to our towns and villages, which is now exciting great attention, more particularly with reference to its quality of hardness or softness, and which, in my opinion, is of more importance to health than is generally supposed.

The town of Maidstone, with its 24,000 inhabitants, is at present supplied with a very hard water, to the amount of only 20,000 gallons per diem for the whole population. To the quality of hardness of this water, as well as to the deficiency, I refer, more than to any other cause, the sickness and high rate of mortality of this town—namely, 23½ per 1000. Yet there is no town in England surrounded with greater facilities for obtaining a pure and soft water, and that in never-varying qualities and quantities.

The necessity of water in the town of Maidstone has given rise, since 1852, to many meetings and to much discussion. Within the last few days, it has been decided by a majority of two persons in a large committee, formed for the purpose of ascertaining the best water for the supply of the town, that a *hard, impure, unwholesome, and useless water*, from the chalk, containing, by the analysis of Dugald Campbell, Esq., 23·20 grains of inorganic matter and 2·16 grains of organic matter per gallon, should be preferred to a *soft, pure, wholesome, and useful water*, from the river Medway, containing, by the ana-

lysis of Professor Miller, only 11·48 grains of inorganic matter and 0·48 grains of organic matter per gallon.

The most important evidence produced in favour of this decision was, that the temperature of the water of the river Medway did occasionally, in summer, reach as high as 70 or 75 degrees at or near its surface; and it was stated as a scientific fact, and received as such, that water at that temperature becomes altered in its *chemical composition*, so much so as to make such water injurious to health.

If the chemical composition of water can be so altered at a temperature of 70 or 75 degrees as to render it injurious to health, what a serious alteration must take place in water when its temperature is raised to 212 degrees, its boiling point! If this is really true, surely it ought to be made generally known, more especially to those who drink infusions of tea, coffee, and malt and hops. But common experience, as well as scientific inquiries, prove that such a statement is most fallacious and untrue. Baron Liebig, in his letters on Chemistry, says that "difference of temperature does not effect any alteration in the chemical constitution of water;" this is well known, also, to every schoolboy.

I shall be much pleased to elicit from you your experience of the effects of hard and soft waters on the health of those who use them.

I am, Sir, your obedient servant,

F. PLIMLEY, M.D., F.L.S., &c.,

Maidstone, Kent, Nov. 1859.

Physician to the West Kent Infirmary.

EFFICIENCY OF PUBLIC VACCINATION.

To the Editor of THE LANCET.

SIR,—Is it not a pity that some men cannot write a few lines on a scientific subject without dipping their pens in gall during a part of the short time spent in composing them; that they will not think of other men's feelings while gratifying their own by a flourish in *The Times*; that, while brandishing the whip against the pest, small-pox, they will contrive that a sharp side-cut shall fall on some of their professional brethren? I allude, as you may possibly guess, to a letter in *The Times* of Nov. 17th, signed "Alfred Collinson, M.D.," and "Samuel Norway, F.R.C.S.," each with his address. Agreeing with these gentlemen in some of their statements and wishes, I beg leave to doubt the essential validity of one of their facts, and I wholly and emphatically repudiate the charge inevitably involved in their proposed chief remedy for the existing prevalence of small-pox—namely, Government inspection. Passing by sundry weak points and loose assertions in the letter, I will confine my observations to the offensive insinuation contained in the following passage: "A still greater evil is, that they (the public vaccinators) are subjected to no authority or surveillance, inasmuch as there are no inspectors appointed by the Government to watch whether the results of each operation are successful or not, and thus to secure by direct official superintendence the complete performance of vaccination." Sir, this passage charges me and some thousands of educated professional gentlemen with incompetence, indifference to our patients' lives and health, and, by implication, with pecuniary dishonesty. These gentlemen say (else their proposed inspection can have no object), that because the public vaccinators are not watched (the word is their own) by a Government official, they do not vaccinate as they should do those who rely on their skill and honour; that they are careless about the source and the result of their vaccination, and require Government inspection to make them do their duty as medical men and men of principle. I say this statement is based on vague, speculative, mischievous, and erroneous opinions, and defy them to prove by actual instances the facts which would alone justify them in so publicly propounding their crude and yet defamatory proposition.

As public vaccinators employed by the several parishes are required to furnish returns of *successful* vaccination, certified under their hands as true, and according to which they are paid, the above passage further, though indirectly, charges them with returning as successful, cases not perfectly so, and thus obtaining money not honestly due to them. It is possible that the writers of the letter I complain of may have been so ignorant of the machinery used to secure careful vaccination that they did not see the unavoidable inferences flowing from their proposal; if so, how hasty and ill digested their opinions, how valueless their suggestion, on this point!

Lastly, these medical gentlemen have the crowning impertinence to write that this want of Government surveillance is "a greater evil"—meaning greater than those which went

before, and therefore greatest of all in the present spread of small-pox, as they think.

For myself, I can say, with a most safe conscience, that were a Government official standing over me during every vaccination I perform in the year, I could not alter for the better one jot or one tittle of my manual proceedings, or of the care I exercise in the selection of my cases. For my accurate conscientiousness in returning my cases for payment, I will only say that the forms, being certified under my hand, have a guarantee for truthfulness which I am sure the writers of the letter in question would, were the case their own, consider perfectly valid. I feel quite certain that my brother parochial public vaccinators can substantiate all that I have stated.

I enclose my card, and am, Sir, yours obediently,

Nov. 1859.

A PAROCHIAL PUBLIC VACCINATOR.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

The following are the Rules which were passed and adopted by the Annual General Meeting of the Association, held at the Freemasons' Tavern, November 2nd, 1859:—

1. That this Association shall be called the "London Medical Registration Association."
2. That the objects of this Association shall be to watch the working of the Medical Act; to suppress illegal practice; and to assist the Registrar under the Medical Act, in securing a correct Registration.
3. That all practitioners of orthodox medicine, who are entitled to be registered under the Medical Act, shall be eligible to become members, and that none others shall be allowed to be members.
4. That each member shall pay an annual subscription of not less than ten shillings; and that no member shall be entitled to exercise the privilege of membership whose subscription is two months in arrear.
5. That the affairs of the Association shall be conducted by a President, Vice-presidents, a Treasurer, an Honorary Secretary, a Secretary, (who shall be a paid officer;) and a Committee of thirty members.
6. That the President, Vice-Presidents, Treasurer, and Honorary Secretary, as well as the Honorary Secretaries of Affiliated Registration Associations, shall be ex-officio members of the Committee.
7. That the annual subscription of Local Associations desirous of being affiliated with the "London Medical Registration Association," be at the rate of one guinea for every twenty members, or any less number.
8. That the President, Vice-Presidents, Treasurer and Secretaries, shall be elected at the annual general meeting of the members, to be held early in November, yearly; and that all the officers, except the President, shall be eligible for re-election.
9. That one-third of the members of the Committee shall retire annually, and that the remainder shall be eligible for re-election.

INDIA.

WE extract the following statements from the *Indian Lancel* of Sept. 15th, and other sources:—

The *Englishman* states the 822 discharged soldiers were packed on board the steamer *Coel*, which has but accommodation for from 400 to 420 men, and that as a natural consequence 50 of these unfortunate passengers were landed at Benares in a dying state from cholera.

Dr. Riddle has been posted to the 3rd Belooch Regiment, and will proceed to Nuggur Parkur.

Cholera had left the island of Bombay at the date of the last advices.

In future, according to the *Phoenix*, staff surgeons holding civil appointments and called to the field on an emergency, will be entitled to batta and other perquisites in addition to the staff allowances and the regimental pay of their rank. No deputation allowances will be granted.

Private letters state that there is much cholera at Cawnpore and Allahabad. At Dum Dum cholera was disappearing, according to the latest report.

Much sickness prevailed in the Terai (Nepaul), principally fever.