had seen, the Spaniards; then the Scotch; then the Irish, and, lastly, the English and French. He was most anxious to draw the attention of his professional brethren to the above fact. There must exist some grave and lamentable evils (more especially affecting the humbler classes) connected with the circumstances under which vaccination in country districts was performed. The details recorded in this paper should urge our provincial brethren, whose position and ability gave them influence, to lend their aid to trace the evil to its root; for there could be no justifiable reason why the rural inhabitants of England and Wales should be far less well vaccinated than were the rural inhabitants of Denmark, Sweden, and Prussia. The mortality, severe as it was between the indifferently and the well vaccinated, was not the only evil result to be regretted of bad vaccination. Proportionate to the mortality was the severity of the disease, and to those who escaped death there was damaged health, disfigurement for life perhaps, and the discredit brought on vaccination which was in no degree due to it intrinsically, but was owing solely to the want of proper knowledge of the subject, and of the necessary care with which the operation should be performed. Great judgment and caution should be exercised in the selection of vaccine lymph, for in this lay one of the principal causes of failure in vaccination. Lymph for use was in its best state on the seventh day of the progress of the vesicle, the day week from the vaccination; and the author described the character of the vesicle and the indications of the stage when it was most favourable for the collection of the lymph, and some very valuable and instructive observations followed on the mode of conveying lymph, the mode of vaccinating, the mode of preserving lymph, and on re-vaccination.

The author's conclusions from the foregoing facts and statements were—

1st. That natural small-pox destroyed about one-third of all whom it attacked.

2nd. That small-pox after small-pox was of comparatively rare occurrence; that a second attack of natural small-pox was rare, but not often fatal, and that protection seemed to be the law. That after inoculated small-pox an attack of small-pox had more frequently led to fatal results; but there is reason to presume that the virus used for inoculation, like a great deal of the lymph used at the present day for vaccination, was often taken at too advanced a period of the disease, and thus did not afford the full measure of protection it was capable of affording if taken at a proper time.

3rd. That vaccination performed in infancy afforded almost complete protection against the fatality of small-pox to the period of puberty; that a variety of circumstances conspired to make it almost impossible to ascertain exactly in what proportion to the vaccinated cases of small-pox subsequently occurred, or might occur, if all persons lived to an advanced age.

4th. That as a matter of safety it would be well for all persons who were vaccinated in infancy to be re-vaccinated at puberty; this measure being more especially requisite for those who were either indifferently or doubtfully vaccinated in infancy, and still more necessary for those who, though vaccinated, had no cicatrix remaining. Finally, as a matter of precaution, it would be desirable that all persons should be re-vaccinated on small-pox existing in the house where they were residing—a precaution, however, that will cease to be necessary to advise when all persons have the benefit of proper and efficient vaccination.

Dr. COPLAND remarked that it would be interesting if any member could give an account of the causes and effects of the small-pox epidemic in Jamaica, where it had been most destructive.

Mr. STREETER would throw out one suggestion, and that was, the necessity of attending to the health of the skin before vaccination was performed. He believed that the exhausted state of the skin in tropical climates was one cause of the imperfect vaccination which obtained in them. With respect to the unsatisfactory state of vaccination in the country districts, he might mention that, about thirty years ago, in the practice with which he was connected, out of more than a hundred children who had been vaccinated, not one half returned to show the arm and the effects of the operation. He might observe here, that he had only seen one fatal case of small-pox after vaccination, and this was on the fifth day. He alluded to one source of danger in cases of small-pox—namely, a profuse flow of the catamenia which occasionally occurred in the secondary fever.

Dr. WEBSTER considered the paper just read as of great value, whether in respect of the numerous facts it contained or the deductions enunciated by the author. Besides which

the various tables compiled would enable others further to investigate the question, and so disabuse the public regarding some fallacies recently disseminated. He (Dr. Webster) entirely concurred with the opinion stated, respecting the great fatality of small-pox among young people, compared with those in more advanced life. For instance, during 1847, when upwards of 4200 persons died by variola throughout England and Wales, more than three-fourths were under five years of age,—the sexes being equally divided, while very few had passed their forty-fifth year. Again, the fact mentioned by Mr. Marson, that death very rarely occurred in cases where the individual had been properly vaccinated in three or four places at the same time, was likewise most important, and showed if the system was once properly imbued with true vaccine virus, little danger of subsequent small-pox need be apprehended. In his (Dr. Webster's) opinion, many of the deaths reported from variola, after cow-pox, occurred where the party never had been correctly vaccinated, especially throughout rural districts and country towns; in which localities numbers even remain altogether unprotected, owing to the prejudices frequently prevailing in ignorant minds against vaccination, who obstinately object, it is reported, to the operation, "as an impious attempt to arrest the will of the Almighty." The Society's time being very limited, as announced from the chair, prevented any allusion to several points adverted to by the author; nevertheless, before sitting down, Dr. Webster remarked, that the statements now brought forward more than ever confirmed the protective efficacy of cow-pox, when vaccination was carefully and judiciously performed.

Dr. CHOWNE, having been a frequent visitor at the Small-Pox Hospital, could corroborate many of the statements made in the paper. He thought that the fact mentioned in the paper, of the number of persons affected with small-pox after vaccination in the country was most important. It could not go forth with too much energy and force. The failure of vaccination in country districts was most lamentable, but it was not the fault of the practitioners—it was the fault of the Boards of Guardians, of the Government, by whom no efficient arrangements for vaccination were made, and consequently thousands lost their lives.

Dr. COPLAND having inquired if the author of the paper had any remarks to offer—

Mr. MARSON said that of course much of his paper being tabular could not be heard before the Society. He wished, however, just briefly to allude to Table IV, in which the number of cicatrices, and whether they were good or bad cicatrices was dwelt upon. The difference observed was remarkable. Thus, amongst the persons who had only been vaccinated in one place, and the cicatrix was imperfect, twenty per cent. took the small-pox, whereas, when there were four cicatrices, and these were good, the number who took small-pox after vaccination was only one per cent. The medical public had relied upon the circumstance of Jenner having at one time vaccinated in only one place, but he (Mr. Marson) knew that Jenner did not confine himself to one, for he had seen a patient whom Jenner had vaccinated in 1806, and the person had four cicatrices.

(To be continued.)

Correspondence.

"Audialteram partem."

GRATUITOUS ADVICE.

To the Editor of THE LANCET.

SIR,—Having seen your excellent leader, Mr. R. M. Glover's letter, and the various correspondence on the subject of "gratuitous advice," I beg to suggest that the opinions on the subject of each member of the profession be taken by a printed circular, the circular at the same time asking the questions—whether individual members hold gratuitous appointments? whether they are prepared to abandon them? whether they are accustomed to give gratuitous advice? and whether they will cease to do so? &c.

I am sure many, if not all, on reflection, must admit, with Mr. Glover, that the present system of gratuitous medical attendance on public charities, and gratuitous medical relief, lies at the bottom of the greatest grievance which afflicts the profession, not only in a direct manner, but also indirectly. No doubt from this arises our rate of remuneration by unions, by clubs, courts of law, &c.

Certainly, we want a "grand combination" of the profession to insist on a proper remuneration for our services, as well as to put down the quacks. The above circular may be made the commencement of one reform; a small subscription would defray its expenses.

If it should prove unsuccessful in the end in abolishing gratuitous advice, then it will be seen that the evil rests with the profession, and I say deservedly so; and, further, I say that most of our grievances we deserve, because as a body we submit so bear them.

How often it may be found that an individual medical practitioner sacrifices his temporary interest to the present benefit of another less careful of the general good and professional honour!

We all know, or ought to know, the amount of power we should possess by uniting. When will the good day of union come?

I am, Sir, your obedient servant,
Newport, Isle of Wight, July, 1853. ERNEST P. WILKINS.

To the Editor of THE LANCET.

SIR,—I am glad my pamphlet has served to point your remarks on the pernicious system of gratuitous medical attendance. Now it has been so far useful, permit me to assure you I do not affect any such philosophic indifference to the just reward of my labours as, from choice, to attend gratuitously the governors of any hospital. I acted, as we are all unfortunately obliged to do, under the oppressive influence of a custom which I shall be as glad as any one to see abolished.

You say, in a leading article, that I clearly have no right to complain if I am superseded, because I gave gratuitous advice, &c. On a parity of reasoning, there would be very few hospital surgeons who would have a right to complain if they were deprived of their offices to-morrow, so universal, in one form or another, is the practice we all condemn, yet are compelled to follow, in the absence of that united opposition to it which can alone lead to its abolition.

I am, Sir, yours obediently,
Great Marlborough-street, July, 1853. A. G. FIELD.

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—In one of the political papers I regret to see the copy of a letter to the Earl of Aberdeen, by George Kelson, Esq., F.R.C.S.

Mr. Kelson states that he feels assured "that a large majority of the profession are still opposed to what is termed Medical Reform."

Now, I take exception to this statement. I call upon Mr. Kelson to publish a copy of the questions that he addressed to the medical practitioners in 1845; also to show the actual number addressed, with the proportion of "ayes" and "noes" in the answers.

The number of medical practitioners in England and Wales (including all British graduates and surgeons) cannot be less than 18,000. As Mr. Kelson challenges the medical reformers to exhibit their numbers, so do I demand statistics from Mr. Kelson and his co-obstructives of medical progress.

To prevent misapprehension, I will shortly state the objects comprehended by the term medical reform; but, previously to doing so, I beg leave to observe that progress is essential to the well-being of every social institution, inasmuch as men are imperfect creatures, and times and manners become changed and necessitate corresponding changes on the part of men, as says the poet,—

"Tempora mutantur et nos mutamur in illis."

By reform is understood the adaptation of our institutions to the requirements of the age in which we live. Even those that oppose reform are borne onward by its sure advance; for reform is, in other words, change, which will not cease till the consummation of all things.

The principles that are contended for in the Medical Reform Bill are uniformity of education, registration, and medical councils; but, in the following scheme, I beg leave to indicate some of the *desideranda* in matters connected with medicine.

SECTION I. (Instruction.)

1. Alteration of apprenticeship into pupilage for one or two years.
2. Remodelling of the mode of giving clinical instruction.
3. Practical instruction at college in every subject that is taught. This is as necessary in physiology as in chemistry, botany, or geology. Medical men cannot be physiologists without experiments performed by

themselves. Practical instruction is greatly needed also in medical jurisprudence.

4. Diminution in the number of theoretical lectures.
5. Establishment of professorships of hygiene, with practical instruction in this subject.
6. Uniformity of education.

SECTION II. (Public Services.)

1. One or more professorships of military and naval medicine (including surgery and hygiene.)
2. Possession of a diploma essential to every candidate for employment in the public services.
3. Special examination for admission to the public services to be upon special subjects.
4. The equalization and improvement of the position of medical officers of the army, navy, and East India Company's Service.

SECTION III. (Rights.)

1. Right to practise throughout the three kingdoms.
2. Registration of qualifications.
3. Establishment of medical councils with the enfranchisement of all medical practitioners.

SECTION IV. (Internal Organization.)

1. Medico-ethical rules for medical etiquette. To be rendered universal.
2. The carrying out the Medical Benevolent College scheme.
3. The establishment of a Medical Assistants' Provident Institution.
4. The training and registration of nurses.
5. Charges for advice in lieu of charges for medicines.
6. Payment of medical men by all life assurance offices.
7. Payment of medical men attached to hospitals and dispensaries, and the general recognition of the claims of the medical profession to remuneration for public services.

SECTION V. (Medico-Legal matters.)

1. Increase in the medical element of the General Board of Health.
2. Appointment of a salaried medical officer to every Local Board of Health.
3. Energetic co-operation in the execution of great sanitary measures.
4. Examination into the fitness of youths of both sexes for the occupations for which they may be intended.
5. Appointment of medical jurists to give evidence on cases coming within their province.
6. A half day's holiday for every class of persons, in addition to the Sabbath.
7. Measures to prevent the adulteration of drugs.
8. Measures to prevent the adulteration of food.

SECTION VI. (Government Measures.)

1. Establishment of Lock Hospitals in large sea-ports and in manufacturing towns.
2. Establishment of a Poor-law Medical Board, with considerable augmentation of the salaries of union surgeons.
3. Appointment of medical superintendents to every Lunatic Asylum.
4. Encouragement of vaccination.
5. Further measures to insure correct registration of deaths, and prohibition of certificates being issued by others than medical men.
6. Dispensing of drugs to be confined to pharmacutists and to medical men.

SECTION VII. (Laws, &c.)

1. Discontinuance of Government patronage to quacks by way of granting patents.
2. Prosecution of persons assuming medical titles.
3. Prosecution of persons visiting and prescribing for sick or hurt people for gain. Prosecution to be at the instance of the Excise.
4. Amenability of unqualified persons to the law, should the death of patients occur through their treatment.
5. Druggists to be prohibited, under punishment, from visiting patients; also to be prohibited from prescribing for gain.
6. Restriction on the sale of poisons.

The preceding list is not by any means exhaustive of the subject, and the arrangement is open to objection; still I will ask Mr. Kelson whether the measures indicated in the paragraphs be *desideranda* or not. If they be so, they ought to engage the earnest attention of the medical profession.

I remain, Sir, your obedient servant,
Chatham, July, 1853. FRED. JAS. BROWN, M.D. Lond. & Edin.