medical school the dean or manager of which expresses a desire for one; a certain number will be reserved until October, to give colonial medical schools an opportunity of obtaining them. Each set contains twenty-five coloured plates. Brief descriptions can easily be prepared from the text of Dr. Fox's Atlas and affixed to each plate. The cost of packing and transmission amounts to 1s. in the United Kingdom, and 2s. 6d. for America and the colonies. This sum should be sent, with the application, to Messrs. Mintern Bros., 84, Southampton-row, London, W.C.

We are, Sirs, yours faithfully,

SIDNEY COUPLAND, M.D.
W. R. GOWERS, M.D.

July 24th, 1894.

THE UNANSWERABLE ARGUMENT FOR VACCINATION AND REVACCINATION.

To the Editors of THE LANCET.

SIRS,—I imagine that the chief service of Dr. Herbert Goude's too short life was that he continued the work and the testimony of Marson and others at the Highgate Small-pox Hospital which have always been the unanswerable argument against those who decry vaccination. I send you two letters which, I think you will agree with me, are worthy of being put on record. They are answers to letters from myself inquiring chiefly as to three or four points: (1) the continuance or otherwise of Marson's splendid results; (2) as to the occurrence of serious evils *after* or *from* revaccination; (3) the constancy of response to revaccination; and (4) the method of revaccination followed at the Highgate Hospital.

The answer on all these points is so absolute and so unequivocal as to be final for all those who are to be influenced by evidence and have any sense of the proportion of evils. If we could be sure of never meeting a case of small-pox of course we might reasonably object to the malaise and the sore arms which show that the operation has been done effectually. But in this casual world wise people will take note of the fate of the one official (a temporary assistant gardener) who refused to be revaccinated took small-pox and died of it.¹ I venture to think, too, that not the least valuable part of Dr. Goude's letter is that in which he describes the method of revaccination—by human lymph from arm to arm. Whether the results from calf lymph will realise the same success remains to be shown.

I am, Sirs, your obedient servant,

July 24th, 1894.

J. G. GLOVER.

[COPY, NO. 1.]

Small-pox and Vaccination Hospital, Highgate-hill, Upper Holloway, N., London, May 9th, 1893.

DEAR SIR,—The statement that I made in 1885 that no nurse or other official of this hospital had contracted small-pox, with one exception—that of a gardener who escaped revaccination—holds good to the present date, so that now we have an unbroken record of fifty-eight years during which no nurse or servant has contracted the disease, even in a modified form, and this, too, though the nurses and attendants on the sick have on many occasions accidentally inoculated themselves with variolous matter, thus putting the protection afforded by vaccination to a really crucial test. We have had no injurious effects from revaccination beyond those apparently inseparable from the operation, such as malaise and occasional tardy healing of the vesicles.

Very truly yours,

HERBERT GOUDE.

[COPY, NO. 2.]

Small-pox and Vaccination Hospital, Highgate-hill, Upper Holloway, N., London, May 22nd, 1893.

DEAR SIR,—At present I am very busy, but perhaps later on I may have leisure to embody our experience here in a letter to THE LANCET. With regard to your questions: 1. My staff, both nurses and servants, are invariably revaccinated with humanised lymph, and always, when possible, from *arm* to *arm*. 2. It is seldom that I do not obtain some sort of result from my revaccinations, but when such a case occurs I always, if possible, revaccinate again before allowing the nurse to go on duty. I say if possible because many of our servants, having come direct from the country, have to be revaccinated and sent on duty forthwith. In one or two instances I have had *unvaccinated* ward

servants sent to me from the country, whom I have had to vaccinate and send into the wards at once.

Very truly yours,

HERBERT GOUDE.

THE EXCEPTIONS TO COLLES' LAW.

To the Editors of THE LANCET.

SIRS,—I do not wish to deny Dr. Coutts the "poor consolation" of believing his case "at best a doubtful one," but I certainly consider that it cannot be quoted as an exception to Colles' law until the source of the infection of the child is determined. This being doubtful, the title under which the paper is published is misleading, because it records the "infection of the mother by her own child," who was the victim of "*congenital syphilis*." My other reasons for not considering the case an exception to Colles' law are given in my letter of June 23rd, not one of which is invalidated by Dr. Coutts' answer. He, in fact, replies only to one of my objections—maintaining that the clinical features of acquired and inherited syphilis in infancy are sufficiently distinct to prevent mistakes being made between them. He grants that his experience of acquired syphilis in infancy is "perforce limited," but still he cannot believe that the symptoms of the acquired form "could so closely mimic" the symptoms of the congenital form as were shown in his case. In making this assertion, which, according to his own statement, is rather based on belief than on clinical observation, he ignores the references—which I gave in my letter—to the vast experiences of such men as Hutchinson and Fournier, both of whom have pointed out how easily mistakes might occur in this direction. From Fournier's book, "*La Syphilis Héritaire Tardive*," the last chapter of which I may again recommend to Dr. Coutts' attention, I extract the following three paragraphs (translated)—viz.: (1) The various clinical signs which have to be taken into consideration in making the differential diagnosis between hereditary syphilis and the acquired syphilis of infancy, are obtained either from the character of the actual lesions or from the personal appearance of the patient. Of these signs not one is sufficiently distinct to merit the title of pathognomonic (p. 638). (2) Even certain special symptoms which were originally considered as signs indicating hereditary syphilis can be produced by syphilis acquired in infancy (p. 650). (3) The only two reliable diagnostic points are found in (a) the previous history of the patient; (b) the examination of the patient's entire family history (p. 639).

It is on these two points that Dr. Coutts' case is weakest, because he knows the previous history of the patient by hearsay only, and because the history of the father is negative. I should not again have touched upon Dr. Coutts' interesting, though doubtful, case were I not anxious to learn more about the other two cases which had come under his notice, since the publication of his paper. Cases of this kind, complete and therefore conclusive, are still so rare, that every addition to them must be of the greatest value to medical science. I feel sure that Dr. Coutts would do good service, by either himself giving the desired publicity to these cases, or by prevailing upon his informants to make them known. Perhaps they would now be less unwilling to come forward, knowing that—as I have already stated—their cases would not be the sole exceptions to Colles' law. The publication of any authentic cases of this kind would, I feel sure, be received with great interest by the profession.

I am, Sirs, yours faithfully,

Welbeck-street, July 24th, 1894.

GEORGE OGILVIE.

"THE LOSS OF LIFE FROM PREVENTABLE DISEASE."

To the Editors of THE LANCET.

SIRS,—Dr. Kenwood, in his letter to THE LANCET of July 21st, points out that my letter is likely to furnish the erroneous inference that he does not recognise the importance of taking the preventive measure of home isolation in those cases of whooping-cough where it can be effected. I am sorry if such a construction should be placed upon it, especially so as Dr. Kenwood in his letter of June 22nd says that one of the duties of the female inspector would

¹ See Dr. Goude's letter to the *Islington Gazette*, March 3rd, 1885.