relatives, and friends who have suffered from what was undoubtedly syphilis, but have subsequently married, with the result that their wives and families have been perfectly free from any syphilitic affection. Could this be possible were syphilis incurable? One sees now and then cases of wives suffering from syphilis acquired by their husbands before marriage; but these are few compared with those cases where the husband has acquired it after marriage.

The coincidence of scrofula, too, must be taken into account when discussing the curability of syphilis. That the combined effects of syphilis and scrofula are much more severe than that of syphilis, those who have had any experience in the practice of a lock hospital must admit. I find that this was alluded to in an address delivered by Dr. Malden at Bath in 1838, when speaking of the importance of caution in the mercurial treatment of syphilis: "Once light up scrofulous action, which an incautious exhibition or an injudicious management of mercury may easily do, and you are at once in a wood, and know not where its 'wandering mazes end,' for you have to perplex you not only a hybrid between the diseases of syphilis and mercury, but a more disastrous mixture of syphilis, mercury, and scrofula." Thanks to the care with which mercury is now administered, there is less fear of the triple poison, but the more intractable and even fatal cases of syphilis which I have seen have been those in which scrofula coexisted.

That syphilis may remain latent in the system for many years is too true, and that very intractable cases are met with now and then is also evident. But my experience is that the great majority of cases of syphilis occurring in otherwise healthy individuals, taken in hand promptly after the first appearance of its initial manifestation, and treated judiciously with mercury and iodide of potassium, will terminate in a mild attack of secondaries.

Another point to be observed is that the difference between the treatment of primary and tertiary syphilis, so far as the lower classes are concerned, is just the difference between a neglected and a spoiled child. Primary syphilis is relegated to out-patient departments, prescribing chemists and druggists, and quacks. Syphilis occurring in the spinal cord or in the viscera is treated in hospital wards under the most favourable auspices; it has the concentrated attention of all the medical staff, and the assiduous care of house physicians and clinical clerks; and after death it furnishes the theme for lectures and addresses from the most eminent physicians and surgeons. Dr. Gowers' lectures were admirable, and his advice as to the duty of encouraging chastity most excellent. But as a very considerable time must elapse before we can hope to see any diminution in the prevalence of syphilis, I would suggest that the students in all our medical schools should have the opportunity of studying syphilis as thoroughly as they are required to study less important subjects, and that they should be required to produce certificates of attendance on lock hospital or lock ward practice. Then, and then only, will primary syphilis receive the attention which it merits.

I am, Sirs, yours faithfully,

Liverpool, April 15th.

FRED. W. LOWNDES.

THE VACCINATION COMMISSION.

To the Editors of THE LANCET.

SIRS,—Every sensible practitioner must agree with your article, that a commission for the further enlightenment of anti-vaccination bigots is simply a waste of money and of time, for there is a substratum of ignorance and prejudice that no facts will convince or arguments reach. If any scientific truth has ever been proved to the hilt all the world over, it is that vaccination is a blessing, and it is simply an injustice to posterity to allow a few bigots to make future generations of English children as scarred and hideous as so many of their ancestors were a hundred years ago. It would be far more reasonable and beneficial if the grandmotherly legislation of the present day insisted upon a few facts upon vaccination, cleanliness, fresh air, abstinence, and such subjects being taught in Board schools. In a few years a more enlightened generation would spring up, and the necessity of the above absurd commission would never arise again—at least we might hope so, for the infant or child mind is amenable to argument when based on fact, and, once convinced, not likely to fall astray in after years. We all know how difficult it is in after-life to disbelieve even palpable fallacies instilled into our minds in childhood—such as the belief in ghosts, fairies, and other

supernatural absurdities. I am happy to say that in this part of England, during twenty years as a public vaccinator, I have never had a rabid anti-vaccinationist to deal with. I have had many objectors, but a few facts put plainly have generally been all that has been necessary to convince, and I have never during that time had a case that has "gone wrong" or brought the operation into disrepute. The anti-vaccinationists talk of sanitation as a cause of less small-pox now; I believe it is due a great deal more to the fact that the benefits of vaccination are transmitted from father to child, and that, as three or four generations have now been subjected to the virus, the constitution of the new-born infant has to an appreciable extent been influenced to resist the poison of small-pox. If this be not so, how is it that when small-pox attacks an unvaccinated race—such as the North-American Indians—it simply sweeps them off the face of the earth by its deadly virulence?

We know the poison of syphilis is transmitted through three or four generations in a modified form to the detriment of the constitution. Why not the effect of vaccination to its benefit? It is only reasonable to assume that Nature, if she inflicts evils, gives us benefits to compensate, them—at least let us believe so. I commend this theory for elucidation by the Commission. If it is so, it will destroy one argument of the anti-vaccinationists—that Leicester and other similar towns is protected by sanitation, and not by what I should like to call the heredity of vaccination.

I am, Sirs, yours faithfully,

Sherborne, April 12th, 1889.

NATH. ED. DAVIES.

THE LATE DR. JOSEPH ROGERS.

To the Editors of THE LANCET.

SIRS,—You will no doubt be good enough to insert this correction of the notice which you published about my late brother Joseph. The little work which I am seeing through the press is entirely his own composition, written or dictated in the intervals of his distressing sickness. I have simply supplied a preface and corrected the proofs. This correction gives me the opportunity of thanking your excellent paper for the support which you gave his efforts during his long and arduous struggle on behalf of the sick poor. Your action was characteristic of a journal which has, during its long and useful career, unswervingly advocated the cause of humanity, and watched over the legitimate interests and professional honour of that noble calling which has conferred the greatest benefits on mankind.

I am, Sirs, your obedient servant,

Oxford, April 16th, 1889.

JAMES E. THOROLD ROGERS.

THE DIFFUSION OF SMALL-POX.

To the Editors of THE LANCET.

SIRS,—In one of the annotations in the current number of THE LANCET comments are made on some observations in my last annual report on small-pox isolation hospitals. Perhaps you will allow me to remark that, in estimating the distance to which infection may spread by aerial dissemination from such institutions, there must be considerable room for error in arguing from hospitals situated in comparatively crowded areas, with every facility for concealing cases, each of which would be a centre of infection, spreading in an ever-widening circle, and assuming that the same results would be likely to follow amongst more scattered populations, in which everyone knows his neighbours, and in the case of small-pox, is ready to act as a detective, where there is no difficulty in getting early intelligence of every case and removing it at once. If hospitals, with all their precautions, are a danger, houses with one, two, or three cases in them must also be a danger for some distance round, even to those who do not enter them. Be this as it may, my argument is not that hospitals are the best means of preventing the spread of small-pox—this can only be done effectually by adequate vaccination,—but that until the probably distant time comes when everyone shall be adequately vaccinated, communities are justified in protecting themselves, not so much from small-pox as from the serious losses caused by a small-pox epidemic, by using isolation hospitals, even though it should be proved that they thereby increase in some degree the quite avoidable risks of a fraction of the inhabitants of a small part of their district—say, one square