

ally opened for a discussion on animal vaccination) to answer Dr. Seaton's letter, inserted in a late number (May 29th).

Dr. Seaton acknowledges that he has no personal experience of this new mode of vaccination. His acquaintance with the subject is only by hearsay. He states that "some one told him that in Paris it did not answer the purpose," and that he would make inquiries into the matter.

I beg of Dr. Seaton the favour of not making any such inquiries. Let him rely on his own investigations, and only believe what he can himself verify. Dr. Blanc's establishment, recently founded in London, offers an excellent opportunity. Let Dr. Seaton there vaccinate some children with his own hand, from heifer to arm; and let him follow up the phases of the eruption which will occur. His standing in the profession, and his acknowledged merit, are to me a complete guarantee that he will do so with the greatest impartiality. I, for one, am certain that the operations will succeed; that Dr. Seaton will become quite partial to this novel practice; and that, in a few weeks, animal vaccination will have in him a staunch supporter.

Dr. Seaton says that, in England, vaccination is most satisfactorily organised; and that excellent vaccine matter is abundant. Well and good; but what becomes of the *renewal* of the matter, the necessity of which has been acknowledged for the last thirty years by the highest authorities, if we thus rest satisfied with the existing state of things? For seventy years vaccine matter has been travelling from one organism to another. Is it not high time to give it new life by obtaining it at its original source? This is the argument which animal vaccination fearlessly brings against its adversaries.

By this kind of vaccination the produce of such spontaneous cow-pox as may be discovered can be collected and propagated upon its own soil—viz., upon animals. From thence it can be conveyed to many human beings, without fear of losing the primary germ.

If you earnestly wish it, you can soon find a case of spontaneous cow-pox. Inoculate the produce to a single heifer; and with the vesicles of the latter, vaccinate the children of your national vaccine establishment. What will be the result? In less than a fortnight you will thus *renew* the vaccine matter of Great Britain and her colonies. This is one of the boons which animal vaccination offers to the population of a great country, which boon may be bestowed in a comparatively short time.

It might perhaps be objected that this matter is inferior to that obtained from arm to arm. But a moment's reflection will upset such a preposterous supposition; which is, in fact, quite disproved by daily practice.

I must be allowed to state that the authority of the most eminent vaccinators of the old school is not of much weight, when the relative advantages of human and animal vaccination are carefully considered. Though the latter is of very recent date, it has already acquired considerable influence. Animal vaccination is becoming more and more popular, and it has the singular privilege of gaining to its ranks, in a very short time, such of its adversaries as recognise the strength of actual facts.

Dr. Seaton is too sincere to shut his eyes to the light, and I fully rely on his speedy conversion.

I will not trespass on your space by examining all the questions connected with vaccination, though they are just now being so warmly discussed by men of great eminence; I will confine myself to quoting the deductions concluding my first paper on animal vaccination, which I presented to the Academy of Medicine of Belgium as far back as 1865. Four years' persevering practice of this vaccination has not altered my opinions.

These deductions are as follow:—

1st. The vaccine matter obtained by successive transmissions of the cow-pox from heifer to heifer, can be propagated to human beings, and protects them from small-pox.

2nd. Animal vaccination possesses the exclusive privilege of dispelling the fears of those who, rightly or wrongly, believe that vaccine matter can transmit to the vaccinated individual the constitutional diseases with which the vaccinator may be affected.

3rd. The inoculation from heifer to heifer yields an inexhaustible supply of vaccine matter, which may, almost instantly, satisfy the most extensive demands.

4th. A central vaccine establishment, founded by the State, would allow of the regeneration of human vaccine matter by making animal vaccine fluid penetrate into the smallest hamlet of the kingdom. Such an establishment would, besides, be able to supply any infant with a produce the acknowledged innocuity of which would strengthen the hands of the authorities, when they lay a penalty upon the non-vaccination of children.

The wish expressed in the fourth deduction has been complied with. The Belgian Government has founded a National Vaccine Institute, the object of which is to furnish all the medical men of the kingdom with vaccine matter taken from heifers, or from children recently vaccinated from heifer to arm. This establishment is in a very prosperous condition; the profession and families are highly pleased with it, and no one now thinks of questioning its usefulness.

I am, Sir, your obedient servant,

— WARLOMONT, M.D.,

May 30th, 1869.

Director of the National Vaccination Institute of Brussels.

THE CARBOLISED CATGUT LIGATURE.

To the Editor of THE LANCET.

SIR,—The failure of the catgut ligature in Professor Spence's case of ligature of the common carotid artery may have given rise to doubt in the minds of some members of the profession as to the expediency of using the antiseptic catgut ligature in the manner recommended by Professor Lister for the deligation of large arterial trunks. As I am specially concerned in Mr. Spence's case, from his having used a ligature prepared by me, I hope you will allow me space for a few remarks, which may throw some light on so important a subject.

I wish, in the first place, to make some remarks with regard to the ligature itself; and, secondly, to notice the means used to prevent putrefactive suppuration in the wound afterwards.

Since Mr. Lister discovered the antiseptic catgut ligature, it has been constantly used in Mr. Syme's wards in amputations, &c., though, as yet, there has been no opportunity of using it for vessels in their continuity. On the 12th of May, the day of Mr. Spence's operation, one of his dressers came to me in a great hurry a few minutes before the operation was to be performed, to ask if we had any "carbolic acid ligatures," either silk or catgut. I gave him some of both kinds, that had been prepared for our own use three days previously, but which had by that time got perfectly dry, and had probably parted with most of the carbolic acid they had imbibed. I was not aware, I confess, at that time, of the importance of the directions which Professor Lister has given, that the gut should be kept steeping for a protracted period in the antiseptic solution. Though Mr. Spence describes very carefully the way in which he made the knots in tying the vessel, it is quite possible, considering the state of the catgut at the time of the operation, that the first knot yielded while the second was being tied; and the unusual precautions which he adopted to guard against this occurrence imply that he felt apprehensive of it. This view is borne out by what was seen by myself and others in the dissected preparation, where, after the knots had been unfortunately completely cut away, more catgut was visible on the vessel than could possibly have formed the constricting ring if the first knot had retained its hold.

As to the precautions taken to prevent subsequent putrefaction in the wound, I can only say that, whatever the sponges were washed with before the operation, they were frequently wrung out of water without carbolic acid during its performance; that no means were taken to render the instruments, or the fingers of the operator or his assistants, innocuous; and that the dressing of the wound consisted of a single strip of lint moistened in a solution of oil and carbolic acid (one part in twenty), not large enough to overlap the wound half an inch in any direction. These are the precautions which Professor Spence took "to give the method a fair trial;" and they have only to be compared with the directions of Professor Lister, or the way in which

Mr. Bickersteth's operation on the common carotid artery was conducted,* to show that they were entirely insufficient to prevent putrefaction. Accordingly, putrefactive suppuration did actually occur, as was proved by the appearance of the wound immediately after death. I happened to be the first to examine it, and found its deeper surfaces coated with yellow pus, and offensive from decomposition. Under such circumstances it is not surprising that the catgut was then soft, and even diffident; but it by no means follows that it was so at the time when the cerebral symptoms supervened, which was within twenty-four hours after the operation: indeed, it appears inconceivable that such can have been the case.

Lastly, I cannot but regard it as strange that the artery was never laid open to ascertain whether the coagula had really been displaced. That this was so is, so far as I am aware, merely a matter of hypothesis.

From the above facts your readers will probably be of opinion that, while there is no sufficient evidence that the patient's death was really caused by the operation, the manner in which the method was carried out sufficiently explains the failure.

I am, Sir, your obedient servant,

EDWARD LAWRIE, M.B., M.R.C.S. Eng.,

Resident Surgeon, Mr. Syme's Wards.

Royal Infirmary, Edinburgh, June 5th, 1869.

POOR-LAW MEDICAL OFFICERS AND DISPENSARIES.

To the Editor of THE LANCET.

SIR,—I am directed by the Council of the Poor-law Medical Officers' Association to request the favour of your inserting in THE LANCET the enclosed memorandum, which was unanimously approved at a meeting held yesterday.

I am, Sir, your obedient servant,

JOSEPH ROGERS, President.

33, Dean-street, June 9th, 1869.

"By Order of the Council.

"MEMORANDUM.

"The Council of the Poor-law Medical Officers' Association had their attention drawn to a statement in the speech of the President of the Poor-law Board, on moving the second reading of the Metropolitan Poor Act (1867) Amendment Bill, to the effect that 'the difficulty in London had turned upon the question whether the sick poor should be attended to at the medical officer's surgery or in a dispensary;' and, further, that 'a great many medical officers said it was more convenient that the sick should attend at their surgeries; and, as the guardians of many unions agreed with them, there was great resistance on the part of the guardians to the establishment of dispensaries.'

"The Council desire to express their conviction that Mr. Goschen must have been misinformed as to the feelings and wishes of the medical officers generally. At the first meeting of the Metropolitan Poor-law Medical Officers' Association, which comprised nearly half of the medical officers of the metropolitan districts, held July 16th, 1866, a principal object of the Association was declared to be 'to obtain from the local authorities the provision of all medicines and appliances prescribed for the sick poor, and the employment and payment by the same of qualified dispensers.' At the first meeting of the Poor-law Medical Officers' Association, which numbers nearly 800 members, held July 31st, 1868, the same 'object' was incorporated in the laws. And when Mr. Gathorne Hardy brought in his Metropolitan Poor Act (1867), no part of the scheme was more highly approved by the district medical officers than that comprised in the dispensary clauses.

"The subject has often been considered at the quarterly meetings of the Association, when the attendance of all Poor-law medical officers is invited, and at the monthly meetings of the Council; and no difference of opinion has ever arisen with respect to the desirability of establishing dispensaries. The delay in carrying out this measure has been a source of deep regret and disappointment to many members of the Association and others; and at the last quarterly meeting, held in April, the following resolution

* Vide THE LANCET, May 29th, 1869.

was unanimously adopted,—viz.: 'That in the opinion of this meeting it is desirable that the clauses of the Metropolitan Poor Act, 1867, relating to the establishment of dispensaries, should be put into general operation forthwith.'

"If, therefore, Mr. Goschen's statement—which amounts to this, that a great many medical officers are opposed to the establishment of dispensaries—be correct, the fact now comes to the knowledge of the Council for the first time.—*Extracted from the Minutes, June 8th, 1869.*

"(Signed) "JOSEPH ROGERS, M.D., President."

THE ROYAL MEDICAL BENEVOLENT COLLEGE ELECTIONS.

To the Editor of THE LANCET.

SIR,—The result of last week's election of a pensioner to fill a vacancy in the Medical Benevolent College (the only one which has occurred for two or three years), while it surprises no one acquainted with the laws of the Charity for the admission of pensioners, most incontestably proves—what I ventured to place before the Council at the annual meeting—the necessity for immediate change in the bye-laws of the College which shall at once equalise the claims of male and female applicants.

I look upon the votes given to the male candidates on the last occasion (one polled 1780, a first application) as a protest against the present system of election; and as the College now contains *twenty-two women* and only *three men*, if the present plan of election is not at once altered, it will cease on the next election to be a home for decayed members of our profession, and in consequence, I believe, fail to receive the support of those who feel with me that a grave injustice is done to many deserving men on the list, and of others who have long felt that it is utterly hopeless to come forward and incur expense with so remote a chance of success. It is true that with the last proposal of the Council to elect next year out-door pensioners there is yet some hope for those with starvation staring them in the face, and which, I trust, will enable justice to be done to the male claimants. Patience and perseverance are honest virtues; but if, by remaining on the list of candidates, and accumulating votes, a woman under fifty-three can secure a comfortable home for life, to the exclusion of those for whom the Charity was founded, why then the excess of votes (as the debating secretaries used to prove) is a vice, and may soon ruin a misdirected Charity? Why not follow the rule of certain branches of the public service with regard to widows, or insist upon a fair division, as we do in our Masonic Charities? At all events, let us discard a system which fills our residences with widows, some of whom at the present time are little more than half the age of their husbands.

I make these observations in no captious spirit of opposition to anyone, but, as I believe, and many friends share this belief, in the best interests of an institution of which I became a supporter before it had a local habitation and a name.

I am, Sir, your obedient servant,

Bedford-square, June 1st, 1869.

JABEZ HOGG.

PROLAPSUS UTERI AND ITS TREATMENT.

To the Editor of THE LANCET.

SIR,—Dr. Graily Hewitt's excellent clinical lecture in THE LANCET of last week, on the above subject, prompts me to send you the following brief history of a case that I have recently met with.

Last summer, whilst staying for a short time at a remote but picturesque little fishing village in Devon, I was consulted by a patient, who told me that for some years she had been suffering from a tumour in the womb, and it was grown so large that for a long time it had come down between the thighs, and interfered with her walking. She was upwards of sixty years of age, and the general health had evidently been damaged by the symptoms she enumerated—namely, a disagreeable and sometimes profuse dis-