pitals, unless for accidents, fevers, and the insane, would be much less required than they now are. But on this subject I shall very probably go more into particulars at a future time.

I remain, Sir, your humble servant,

ROBERT BOYD, M.D.

Somerset County Lunatic Asylum, March, 1854.

THE VACCINATION EXTENSION ACT.

To the Editor of THE LANCET.

SIR,—If you consider the subjoined paragraph, from the *Pembrokeshire Herald and General Advertiser*, of March 24, worthy of a corner in your journal, it is at your disposal. It is, I believe, the first successful attempt at enforcing the provisions of the Compulsory Vaccination Act. My friend, Mr. Noott (to whose persevering energy, under great difficulties, in the cause of vaccination, I can, as his former pupil, bear ample testimony), is deserving of the fullest praise of his professional brethren for the public spirit and determination he has shown in the matter; and were we all “to do likewise,” it is probable Lord Lyttelton’s Act would not be so completely inoperative as it is at present supposed to be.

I am, Sir, your obedient servant,

Bishopsgate-street Within, April, 1854. ROBT. FOWLER, M.D. Edin.

“BOROUGH OF CARDIGAN.—A petty sessions for this borough was held on the 7th inst., before the mayor, Thomas Davies, Esq., and Thomas Edwardes, Esq., when Mr. John Griffiths, relieving officer, appeared to complain against a pauper named Catherine Saunders, for returning to the parish of St. Mary, Cardigan, after having been legally removed to her own place of settlement. The defendant had no defence to make, and was committed to the House of Correction for seven days. William Lane Noott, Esq., surgeon, appeared to support his information against Owen Richards, and Owen Bowen, for neglecting to comply with the directions of the last Vaccination Act, by omitting, or neglecting to attend with, or send their children for inspection, on the eighth day after vaccination. Mr. Noott explained to the magistrates that his only desire in bringing forward the cases, was to teach the public that the requisitions of the statute must be complied with. The defendants assured the magistrates that they had no intention to offend, and Mr. Noott kindly consented to withdraw his complaint upon the defendants paying 2s. each for costs. The cases were accordingly withdrawn, and the magistrates cautioned the defendants as to any future cases.”

PETITION TO THE HOUSE OF COMMONS.

To the Editor of THE LANCET.

SIR,—The lethargy of the profession under government insult is notorious, but as the propensity to follow a leader is well nigh irresistible, perhaps the efforts of one of the humblest members of our noble calling may prove sufficient to rouse other more influential parties to take up the subject of the last absurd demand upon our gratuitous aid in carrying out the new Compulsory Vaccination Act. I have, therefore, with this view drawn up the enclosed short petition to the House of Commons, to which I propose personally to solicit the signatures of our professional brethren in London. If, however, you should deem the subject of sufficient importance for a notice in your influential journal, I do not doubt that the whole body of practitioners throughout the kingdom would unite together, not in one great mass of signatures to a single petition, but in the far better plan of a few names appended to a similar petition, and transmitted to your worthy successor and our present champion in the House.

I am, Sir, your very obedient servant,

WM. RUSSELL HARRISON, Surgeon.

Vauxhall, January 19, 1854.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

The Humble Petition of the undersigned legally-qualified Members of the Medical Profession humbly sheweth,—

That an Act was passed by your Honourable House during the last session, entitled, “An Act further to extend and make compulsory the practice of Vaccination.

That to the knowledge of your petitioners the object which the Legislature had in view, namely, a greater security against that most formidable disease, small-pox, will not be obtained, inasmuch as several clauses of the Act are impracticable, and even were they practicable, are most insulting and injurious to your petitioners.

That the remuneration allowed by the Act to the medical officers is insufficient, thereby preventing well-qualified practitioners from interesting themselves in its working, and without whose co-operation there can be no real security that vaccination will be made what it ought to be, a guard and a safety to the people of this Kingdom and its dependent Colonies.

That it is the opinion of your petitioners that the working of the Act being solely placed in the hands of officers appointed by Poor-law Guardians, to the exclusion of the rest of the medical profession, is especially unjust; and

Your petitioners humbly pray that your Honourable House will make such alterations as in your wisdom you may deem requisite to secure its perfect operation.

And your petitioners will ever pray.

THE CHOLERA

IN

THE UNITED KINGDOM IN 1854.

ONE of the most important yet litigated questions connected with the cholera, is that of its *infectious* nature; and it is at the same time, we fear, one upon which many write and reason very loosely. But the propagation of the cholera by human intercourse *does not* prove the malady to be infectious if due regard be had to the strict and scientific meaning of the terms employed in the argument. There are no two terms more loosely used than *infection* and *contagion*; yet with a little care their application and true restriction are facile enough. An infectious malady is one whose poison-germ can multiply itself in the body which has imbibed it, so as to increase itself manifoldly, such body becoming a focus or storehouse of new poison-germs, which, being given off around it, are imbibed by other human beings coming within a given sphere of the focus, (short of actual personal contact required by *contagion*;) and in which other organisms, again, and a remultiplication of the poison-germ or zymotic particle, can ensue as before. Now a disease being diffused by human intercourse does not necessarily prove this. It simply shows that “if the poison of cholera increase in, or under the influence of, damp and impure air, and is likewise capable of attaching itself to the surfaces of bodies, to the walls of rooms, and to furniture, it will also be collected by the clothes of persons living in infected dwellings, will be carried by them from place to place, and wherever it meets with the conditions favourable to its increase and action, it will produce fresh outbreaks of the epidemic.” (Report of College of Physicians, p. 221.) In the *New Jersey Medical Reporter*, (February, 1854,) we find it stated that a singular case lately occurred at *La Charité*. A matron of one of the wards, in passing a cholera patient, spoke to the servant, and told him to be careful and see the patient well attended to as *he had the cholera*. Whereupon the man fainted on the spot, was carried out of the ward, and *in less than twenty-four hours died of cholera*. Now what does this prove? Simply that sudden alarm or depressing mental or moral emotion renders the organism highly sensitive to a certain morbid influence, but it does not point out the source or the *exact* contiguity *in loco* of that influence. It may have been diffused in the atmosphere generally, or in the ward in particular, it may have been brought in by the man’s clothes, &c., or it may not, we cannot say which, but we certainly can say we have no proof that the poison germ of cholera was multiplying in the first patient’s body, from which fresh zymotic particles were going to be thrown off to the complete empoisonment of the air. We believe we are justified in saying that the difference between the diffusion of cholera by human intercourse, and its propagation by infection has been fully proved and maintained in the excellent reports of Dr. Baly and Dr. Gull, yet that important fact has been overlooked by very high authorities. For instance, and we would say it with the utmost respect and deference, we cannot help thinking the difference in question has been sometimes lost sight of by no less a person than Professor Alison, in his late most able article on the “Exciting Causes of Epidemics.” At any rate, with all the care and logical acumen of the great ornament of the Medical School of Edinburgh, we do not think the difference in question is *sufficiently preserved* in the following *résumé* of this illustrious author:—“We maintain that we do not go further than statistical evidence will support us in asserting