vaccine matter is inserted in three or four places it is more effectual than when inserted in one or two places only, and that if vaccination marks are of an area of half a square inch, they indicate a better state of protection than if their area be all considerably below this.

The Commission believes that there is no evidence to substantiate the statement that vaccination has increased the mortality from tabes mesenterica, scrofula, pyemia, bronchitis, diarrhea and skin diseases. The possibility of infection with syphilis and erysipelas is acknowledged, but the sum total of the real dangers of vaccination is insignificant when compared to the enormous good of vaccination.

To afford absolute security against the communication of syphilis, calf-lymph is recommended; and the Commission advise that so long as vaccination is compulsory, the patient or the parent should be allowed the choice of calf-lymph or humanized lymph. To further diminish hostility to vaccination, it is recommended that there should be an extension of age within which vaccination is required, and that vaccination vesicles should not be opened without adequate reason.

Immediate notification of the disease, and hospital isolation of the patients and isolation for sixteen days of all those who had been in immediate contact with them, offers the only substitute for vaccination; and in reviewing this subject the Commission can see nothing to warrant the conclusion that in Great Britain vaccination might be safely abandoned and replaced by a system of isolation.

Further recommendations are:

That power should be given to the sanitary authorities to give compensation for loss of wages occasioned by isolation; that notification of smallpox should everywhere be made compulsory; that increased powers should be given to local authorities with regard to common lodging-houses; that re-vaccination should be encouraged without being made compulsory; and that persons committed to prison by reason of non-payment of penalties under the vaccination laws should no longer be treated as criminals.

The Commission offers no satisfactory substitutes for the Compulsory Acts. Any half-way measures seem to allow so many avenues of avoiding compliance with the Acts that they would soon become virtually inoperative.

The report of the majority is signed by eleven of the thirteen members of the Commission. Mr. JONATHAN HUTCHINSON and Sir WILLIAM HUNTER, possibly the most prominent and influential members, do not sanction any relaxation of the existing compulsory laws, and even recommend compulsory re-vaccination. Four members dissent from any form of compulsion, believing that the offer with appropriate arguments should be made to the patients and parents, leaving

them free to accept or reject. Two alone of the Commission, Dr. COLLINS and Mr. PICTON, question the efficacy of vaccination.

CORRESPONDENCE.

The Organization of the Missouri Board of Health; A Letter to the Governor by C. H. Hughes, M.D.

ST. LOUIS, MO., May 25, 1897.

HON. LON. V. STEVENS, GOVERNOR OF MISSOURI:

Dear Sir:—Yours of the 22d inst. is received. My idea about appointments on the State Board of Health from the standpoint of a chief executive acting for all the people would be that all interests should be represented in proper ratio. The preponderating interests should be the majority of the people through the medical men who represent them. Every lawfully recognized medical interest should have a place on the Board in proportion to ratio of population. The people who employ the regular medical methods of advanced modern medicine being preponderatingly ascendent, should have the majority. Regular modern medicine is in no sense a theoretic school of medicine, nor the "old school," nor allopathic school, as the homeopaths derisively term it. Its votaries administer treatment on the allopathic, contrapathic, homeopathic or any other principle. It is simply rational medicine founded on observation, experience and the study of the human machine and how to regulate it, in health and disease, so as to keep it running best and longest.

A century ago the practice of medicine was as different from the practice of today as methods of transportation are as compared with those of today. The regular profession itself was divided between theorists. The theory of Hahnemann was in vogue as that of Paracelsus, a regular physician, only Hahnemann cut away and made an exclusive system of practice and adopted the infinitesimal dosage idea.

Laboratory study and biologic investigation, vivisections and animal experimentations, supplanted all the theories with facts of physiologic and chemic research and made a new medicine, and the regular practice is the newest of all schools of medicine, if a practice that accepts everything that cures, unhindered by any theory of its action, can be called a school. We ignore the term as a misnomer, as we reject the epithet, allopath, as too restrictive and sectarian, as homeopathy is. Scientific investigations, continuous observation and enlightened experience guide the best minds in regular medicine. It has learned some things that are good from homeopathy and adopted them and some things that are bad and rejected them. Personal proving without physiology and pathology is fallacious. Medicine is a developing science and its practice an evolution. No broad-minded observer, no matter how he starts or what he professes, if he has a naturally qualified medical mind, can honestly continue through life a sectarian physician—an exclusive pathist of any kind. There is but one place for a physician and that is unhindered and without a sectarian designation, free to choose from all sources in the regular profession.

I do not approve of persecution or censure of the sectarian physician, nor of excluding him from fellowship with regular physicians, if he drops his trade mark, as many do and more are now doing. Men become sectarian physicians as they join churches, because of environment, wife, mother, etc., and when a woman's arms are about a man what can he do?

I hope you will constitute that board as it seems to me you are in duty bound to do, recognizing all interests. It is not with you a question of schools but one of the people.

I object to the procedure at Fulton, not because the hom-

eopathists should not have a place to be treated in but because regulars who represent so large a part of the people should not be turned out to make a place for them and because the act is in its nature *ex post facto*, the patients having been sent there for regular treatment. As a physician I should object to real, honest old time homeopathy because of its fallacy and inadequacy, not because some superior homeopathic physicians do not show more skill than some inferior regular physicians, for medical practice is much in the man and his personal judgment.

Before you finally act on this subject I hope you will fully inform yourself as to the status of this sect with reference to onward-marching modern medicine that has done in the last third of a century and is now doing so much for mankind, and not be influenced by the stale old cries of old school, nauseous drugs, allopath, etc., against the most advanced of all scientific pursuits of our day. Modern hygiene, neurology, bacteriology, quarantine, the study of the causes and prevention of disease, antiseptic surgery, etc., all belong to regular medicine. All that homeopathy accedes to or uses is taken from the work of our laboratories, clinicians and savants. While a sect in medicine or religion should be recognized by the State, it should not be placed in a position to dominate the non-sectarian.

On reflection, I think it would be an unjust stab at the large college interest in the State and at the honor of college men, not to allow it representation on the Board. It strikes me that one or two fair-minded men might be selected from all interests involved. I think the college men know best what the schools want and if no one college should have a majority fairness in action would be assured. Regular medicine is undoubtedly entitled to larger and permanent representation, not alone because it is now the newest, most advanced and most liberal school (if you insist on the term), and the most truly eclectic, for it gathers freely from every source that may enlighten or cure, but from a sound political standpoint, viz., it represents the greater number of the body politic. More of the people prefer it and employ regular physicians than the sects in medicine and, hence, as their chief executive representative you are in duty bound to regard their wishes and interests. You are the people's spokesman and servant in the the premises. Yours very truly, C. H. HUGHES, M.D.

The Treatment of Typhoid Fever.—A Reply to Dr. John Eliot Woodbridge.

RICHMOND, VA., July 19, 1897.

To the Editor:—The JOURNAL of July 17 contains a communication from Dr. John Eliot Woodbridge criticising my paper published in the current number of the JOURNAL, June 3. I would pass this communication unnoticed, but the writer overlooks my disavowal in my paper of any intention to treat him with discourtesy, and descends to offensive personalities. I pass these by with the single criticism that Dr. Woodbridge has misunderstood me.

I read the paper in the Section of Practice at the recent meeting of the ASSOCIATION. Dr. Woodbridge was a member of that Section, and I do not understand *why* he should have waited until now to criticise my position. If not present at the time my paper was read he was when the discussion came up. I was not present during the few remarks he made, and which are reported in the proceedings. His criticism of the earlier part of my paper is not worth noticing. I leave it to a discriminating profession whether a room will be better disinfected by the methods suggested in my paper, or by his method of "sending a stream of formaldehyde gas through the key-hole, and the next night use the room with safety as a surgical ward." What does he send it in with? He should tell us all about it. It seems to me a consistent suggestion, and a-

gassy as his other assertions. But I am not inaccurate, nor have I misrepresented him. Messrs. Parke, Davis & Co. have scattered broadcast over the country a pamphlet purporting to be extracts from Dr. Woodbridge's paper read before the Section on Practice of the AMERICAN MEDICAL ASSOCIATION, and other societies, and if he is disingenuous enough to take my quotations in my article and compare them, he will find the quotations accurate to the letter, and I again assert that such assertions do not commend themselves to the mind of any physician familiar with the causation and pathology of typhoid fever. There is a question of accurate diagnosis when he tells us the patient must "be put on the treatment when first seen; if you await pathognomonic symptoms, it will not always succeed." Strange he has no criticism of my quotations from Tyson and I. C. Wilson. I am in very good company with these gentlemen, and Osler and many others of the best authorities the land over. I deny that I have made any unjustifiable or unprofessional attack upon members of the AMERICAN MEDICAL ASSOCIATION. There are hundreds of good men who fail to analyze cases and treatment, and specious statements, made like those in Dr. Woodbridge's papers, find many followers, and accurate observations are *not made*. I want to *know* from these gentlemen how this treatment cures. I want them to tell us something of the nature of the disease, and how, when the poison has been multiplying and developing the clinical conditions present in typhoid fever, all of these morbid conditions can be aborted. Grant for argument's sake that every case was correctly diagnosed, I commend to his consideration the following, freely quoted from the authors to whom they are accredited, and ask him how he gets over these undeniable facts:

"The typhoid bacilli gain access by the intestinal tract and enter the lymph structures of the intestines, developing there, elaborating toxic principles, which give rise to the constitutional phenomena. The bacilli are not found in the fecal discharges in the early course of the disease, but first appear about the time of the necrosis of the lymph elements. *These facts justify the assumption that the bacilli do not develop, as do those of cholera, in the lumen of the gut.*" (Italics mine.)

"Infiltration attains its maximum development at the end of the first week, and the tenth day of the disease. Rapid necrosis now takes place, and the sloughs separate about the latter half of the second and the first of the third week." "The mesenteric glands show histologic changes similar to those in the intestinal structures. . . . Other lymphatic glands may undergo enlargement; notably those in the fissure of the liver." "Spleen enlarged in over 90 per cent. of cases. Investigations of Walter Reed, at Johns Hopkins, show that the lymphomata of Wagner are in reality areas of necrosis (in the liver); as to whether due to the direct action of the bacillus, or caused by the toxalbumins, has not yet been definitely determined. Reed considers the latter most probable. In the kidneys, similar changes to those described in the liver have been found. When suppuration occurs, miliary abscesses are found, and typhoid bacilli have been found in these minute collections of pus." ("American System of Practice," Loomis-Thompson, pp. 173-179.)

The *above* sustained by Tyson: "There are instances of the general infection of the body, etc.," see Osler, second edition, p. 11. See also clinical history and pathology described in Wood and Fitz.

Now, sir, I commend to Dr. Woodbridge and his endorsers the above authorities, and deny, backed by such unquestioned authority, that it is possible for him, or any other man, to abort typhoid fever by seeking by such depressant methods as he recommends, to take out of the system the infectious principle. There is a period of several days to several weeks of prodromes, *the patient is not seen until after the system is too fully under the influence of the disease to have it cut short.*