

moment, render it most desirable that measures for extending and improving vaccination be promptly adopted.

The Council, referring to the suggestions they have at various times had the honour of submitting to the Lords of her Majesty's Council on this important subject, which from the time of the foundation of the Society has been one of earnest consideration with them, are gratified to find so many of these suggestions embodied in the Bill. At the same time there are two especial particulars in which they cannot regard the Bill as satisfactory, and in which they trust it may yet be amended.

1. They have always protested, and feel bound still to protest, against this great branch of preventive medicine being associated with Poor-law relief. The chief grounds of this protest were stated by them so long ago as 1855 in a memorial presented to the then president of the General Board of Health, and printed by order of the House of Commons; and the Council, seeing that the objections then taken by the Epidemiological Society are sustained by the inquiries into the state of vaccination in England, which have recently been made by direction of the Lords of her Majesty's Council (Sixth Report of the Medical Officer of the Privy Council, pp. 93-94 and 144), cannot but feel disappointed that this opportunity has not been taken for completely severing public vaccination from Poor-law administration. They submit, moreover, that a system of supervision which requires the joint agency of two public departments (the Privy Council and the Poor-law Board) is cumbersome, and cannot fail to be disadvantageous; and they trust that the entire supervision may be vested in the Privy Council.

2. Although by the sixth clause of the Bill some increase is ensured in the rate of payment of the public vaccinator, and although by the operation of a most beneficial clause inserted by the Select Committee each public vaccinator will have an opportunity of earning by zeal and pains a further augmentation in the shape of gratuity, the Bill does not remedy one great and just source of complaint—the extreme *inequality of payment* arising from the varying circumstances of different districts. In a system of payment per case, the remuneration of the public vaccinator can only be fairly adjusted by taking into consideration the population of the district and consequent probable number of annual cases, as well as the distances travelled in the performance of the duties of the office. In the Bill provision (which the Council are still obliged to regard as inadequate) is made for the travelling of distances, but no account is taken of the varying populations of districts. Yet to the practical man it is obvious that a rate of payment per case which, for example, would be quite remunerative in a large town the population of which would give the vaccinator a thousand cases per annum, would be exceedingly inadequate in a small town which would give but one, two, or three hundred annual cases. The Council submit to your Grace that there should be additional (mileage) payments for distances exceeding three miles, and that there should be an increased fee per case for populations below a certain amount.

The Council wish me to call your Grace's particular attention to a defect, which they apprehend may be an oversight, in the thirty-second clause of the Bill. This clause, as it is at present worded, renders persons liable to penalty for carelessly conveying small-pox patients in public conveyances "containing passengers;" words of limitation which would leave untouched one of the most common dangers—namely, the conveyance of small-pox patients in street cabs.

I have the honour to be, my Lord Duke,

Your Grace's most obedient servant,

(Signed) WM. JENNER, M.D.,

His Grace the Lord President of the Council.

President.

Correspondence.

"Audi alteram partem."

THE CORONER FOR CENTRAL MIDDLESEX.

To the Editor of THE LANCET.

SIR,—I intend to adhere to my determination of not entering further into controversy, and shall be very glad if the Islington medical gentlemen think it any advantage for them to have the last word. But there is one party who has formed a conspicuous figure in this controversy who has not been heard, and that is the beadle. "Beadledom" is a necessary insti-

tution in the Coroner's Court, and, like all other British institutions when properly worked, is found to be based on important wants in the community. I therefore beg that you will insert the enclosed certificates obtained from Islington medical practitioners by my much abused officer for the parish of Islington. I may add that the present beadle of Islington—Stanwell—was not appointed by myself, but by the parish authorities of Islington.

I am, Sir, your obedient servant,

EDWIN LANKESTER,

Marlborough-street, July 12th, 1866.

Coroner for Central Middlesex.

[The insertion of the certificates referred to by Dr. Lankester would occupy more space than we have now at command for the purpose; but we willingly print the names of the medical practitioners who have been summoned to give evidence at coroners' inquests in the parish of St. Mary, Islington, within the last two years, and who testify generally to the obliging behaviour of the officer, and to the promptness with which their fees have been paid. The names are as follow:—]

William Walker, L.R.C.P., F.R.C.S., &c.; Charles Day, M.R.C.S., L.S.A.; Thomas Liddard, L.R.C.P., M.R.C.S.; H. W. Down, M.D., M.R.C.S.E., &c.; Wm. Robert Woodman, M.D.; W. H. B. Wilkinson, M.R.C.S.E.; John Brunton, M.D.; J. L. Morgan, M.R.C.S.E., L.S.A., &c.; Gordon Smith, M.R.C.S., L.S.A.; Henry Marriott, M.R.C.S., L.S.A.; M. Park, M.D., M.R.C.S., L.S.A.; J. Stedman, L.R.C.P., M.R.C.S.; W. Dunderdale, M.D.; Edward Cottew, L.R.C.P.; Thomas Cotton, M.D.; Thomas Henry Pierpoint, M.R.C.S.E.; Thos. H. Mitchell, Casualty Surgeon to the Caledonian-road Police Station; Frederick Dawson, M.R.C.S.E., L.S.A., L.M.; Wm. Henry Ellis, M.R.C.S., L.S.A., House-Surgeon to the Great Northern Hospital; Henry Billingham, M.D., M.R.C.S., L.S.A.; Thos. B. Gill, M.R.C.S.E.; John Jacob, M.R.C.S.E., L.S.A.; George John Amsden, L.R.C.P.Ed., L.S.A.; Robert Mack, L.R.C.S.E., L.S.A.; J. R. Ede, M.D., F.R.C.S.E.; F. G. Buxholm, M.D., M.R.C.S., L.S.A.; John Slater, M.D.; J. Whitehead, M.D., L.S.A.; G. Harvey Betts, M.D.; R. H. Popham, M.D.; E. T. Shaw, L.A.C.L.; W. Rumboll, M.R.C.S.; T. W. Harle, M.R.C.S.E., L.S.A., and L.M.; Charles Taylor, M.R.C.S., L.S.A.; Arch. Simpson, M.D.; Thomas J. Baker, M.R.C.S., L.S.A.; Alfred Butler, M.D.; Robert Lamb, L.R.C.P.; Matthew Morris, L.R.C.P. Edin.; G. S. Roper, M.R.C.S., L.S.A.; Josiah T. Powell, M.D.; E. H. Pettifer, M.R.C.S. &c.; A. Donnelly, M.D. Edin.; Wm. M. Sewell, M.R.C.S.L.; Robert Scott, M.R.C.S.; A. D. Harston, F.R.C.S.; Henry E. Trend, L.R.C.P. &c.; G. C. Searle, L.S.A.; Augustus Brown, M.D., M.R.C.S., L.S.A., L.M.; Charles Bryant, M.R.C.S.; Geo. Whittingham; J. R. Donald, F.R.C.S.E., L.A.C.; A. H. Clifton; H. E. Simpson, F.R.C.P.; A. Bradley, F.R.C.S.; H. Sillifant, M.D. &c.; Robt. Bolton, M.R.C.S.E., L.S.A.; Wm. Butler, M.R.C.S., L.S.A.

FOREIGN BODIES IN THE INTESTINES.

To the Editor of THE LANCET.

SIR,—In your number of the 9th inst. a case is communicated by Mr. Pilcher, in which "severe enteritic pains" were the only symptoms resulting from the presence in the intestines of various irritating substances which had been swallowed by a lunatic patient. This case reminds me of one that came under my observation some years ago, in which the patient (also, I need not say, a lunatic) attempted to swallow a large, smooth, oval pebble; this becoming impacted in the lower part of the pharynx and commencement of the oesophagus, which it much distended, destroyed his life. On examination after death not only was this pebble found as above stated, but in the intestines, large and small (chiefly in the former), were a number of angular pebbles, about the average size of an acorn. A tuft of grass was also found plugging the pyloric orifice.

The remarkable part of the case (and this alone has induced me to notice it) was the entire absence of any symptoms during life that could lead to a suspicion of the presence of such irritating bodies in the alimentary canal. How long they had been there could not be ascertained, as the patient never made any allusion to them; but it must have been at least several days. The tolerance thus exhibited is, I presume, only to be accounted for by the special insusceptibility of the nervous system in this class of cases to ordinary, or even extraordinary impressions. This is also shown in the comparative impunity,