

of his friend, Mr. Nicolson, he rapidly improved in health. Here Mr. Martin received the most marked attention from the Governor-General and family, and especially from his son, Captain Amherst, who held the office of military secretary to his father. A house in the Park at Barrackpore, near the country residence of the Governor-General, was offered to him, as being more conducive to his recovery than the heat of Calcutta.

As the rainy season approached, the Governor-General was preparing for a journey to the upper provinces of India, and Mr. Martin was desired to wait on his lordship. At this interview Lord Amherst told Mr. Martin that the physician who had accompanied his lordship's family from England was about to return, and that, if Mr. Martin's health admitted of it, it was the desire of his lordship and family that Mr. Martin should accompany them to Upper India, it being understood that on the departure of Dr. —, Mr. Martin should be gazetted as surgeon to the Governor-General. Meanwhile, a grievous affliction was about to visit the family of Lord Amherst, in the person of his son and heir. This young officer had been several days ill of remittent fever, when Mr. Martin was summoned by express to Barrackpore to consult with the physician as to the removal of the patient next morning into the boat ready to sail up the Ganges. A brief examination satisfied Mr. Martin that death must speedily close the promising career of his young friend. The distressing duty now remained to state to the dismayed physician and to the afflicted family, that so far from a removal to his boat, Captain Amherst would, on the following morning, be removed from this world; and the event occurred as predicted.

The youthful heir of Earl Amhurst had no sooner been interred, than the fleet of boats set sail; but the voyage was saddened. None of the customary intercourse between the Governor-General and his staff could now be expected to take place. On reaching Patna, Mr. Martin was seized with a relapse of fever contracted in Ava, and it was determined that he could not with safety proceed on the voyage. In waiting on the Governor-General, to take leave, his lordship came on deck, and taking Mr. Martin by the hand, said: "On every personal ground, I much regret your departure; but you must go and recruit your health. Depend on my care for your interests and welfare in every way I can. It was the desire of —," and here the father's voice faltered at the mention of his departed son. Mr. Martin took his leave in silence, and left for Calcutta, where he again recovered his health, and was speedily appointed first assistant to the Presidency General Hospital.

Here Mr. Martin's attention was again to be directed, in a more serious and persistent manner, to the study and observation of tropical diseases in Europeans; while a change of the most important nature was about to take place in his course of life. In October, 1826, the subject of our memoir married the younger daughter of the late Colonel Paton, C.B., quartermaster-general of the Bengal army, and an officer of distinction. This event was the second turning-point in Mr. Martin's career, by fixing his views and professional objects.

We are henceforward to regard Mr. Martin, although always holding military staff offices, as entering on a career of civil practice in the capital of the East—a station for which his distinguished friend, Mr. Nicolson, always considered that he possessed eminent qualities, but which the subject of our memoir often disputed. His career had hitherto been almost exclusively military, and he preferred a military life and the military practice of his profession. He used to contend that no grandmothers, aunts, or mothers ever stepped between the soldier and his surgeon, so as to interfere with his just treatment; but these and other objections had but small weight with his experienced and more discriminating friend.

Medical practice in Calcutta, in the time of the Marquess Wellesley and his immediate predecessor,—that is, three Indian generations back,—was even more productive than that of London, for it was known that the two leading physicians of Calcutta in that day, made £15,000 and £10,000 per annum. As the city has become more commercial and more English, these incomes have gradually decreased, and the largest income realized by a Calcutta practitioner in Mr. Martin's time was £9000 a year. This was, however, made for a series of years. The general receipts from families of the higher class in Mr. Martin's time was 1000 rupees, or £100 per annum; often 1200 rupees, or £120. It must be borne in mind, as separating the condition of the European and Indian practitioners, that in the latter case he holds a commission in the army, to which he may at any time return, and that therefore to enter upon civil practice is either a matter of individual

choice or of public selection. As illustrative of this point, we may anticipate events, and observe that had Mr. Martin's health, in 1840, permitted his longer continuance in India, he intended, on the departure of his family to Europe, to have solicited employment in the field of active military service, either in the Chinese or the Affghan war.

The mode of remuneration in Calcutta is very different from that which obtains in this country. In place of fees for a visit, the remuneration is annual, and entirely at the discretion of the patient, no condition being even so much as implied between the patient and his attendant. To persons in minor practice, this state of things may be attended with considerable inconvenience; but in Mr. Martin's case, as he speedily realized a large income, it never cost him a thought. For instance, a bachelor living within fifty yards, and who may have required very few visits during the year, sends his medical attendant at the end of the year a fee of 500 rupees, or £50; while another gentleman residing three miles from the town, and having a wife and family of children, sends no more. The aggregate sum received being large, these discrepancies are of little consequence. Mr. Martin began civil practice in Calcutta in 1828, two years after his marriage; and long before 1840, when he retired from India, he had attained the largest practice in the great capital of the East. The scope for practice in India is rather for medicine than surgery; but it is heroic medicine, rather than the more placid medical practice of this country. Fever, Dysentery, Hepatitis, and Cholera—maladies running their course with terrific rapidity, not to speak of Diseases of Women and Children, which of themselves go far to make the physician—are the maladies of Indian practice. For this latter duty the necessary qualifications of the military surgeon prepare him. Unless he be qualified to treat the wife and child of the soldier, he cannot be considered fit to take charge of the regiment.

In India the Governor-General represents the Sovereign, and consequently the highest honorary medical appointment is that of surgeon to the Governor-General. The salary of this officer is £120 a month. Few men go to India to engage in civil practice, except as surgeons of the army. In the year 1828 Mr. Martin, after little more than ten years' service, was promoted to the rank of full surgeon. It was in this year that Lord William Bentinck arrived in India, and he soon appointed Mr. Martin as officiating surgeon to the Governor-General. At this time Mr. Martin was married, and just settled in Calcutta practice, so that this office was necessarily but temporary, as the surgeon of the Governor-General is required to travel all over India; but within twelve months of Lord William Bentinck's arrival in India, he appointed Mr. Martin officiating surgeon to the General Hospital, and surgeon to the garrison of Fort William. We have now Mr. Martin embarked fairly in civil practice, with the certainty of a most prosperous career before him. He had been in India ten years, and during that period had received the confidence and the support of no less than three Governors-General.

[The next number of THE LANCET will contain the conclusion of this interesting narrative.—ED. L.]

## VACCINATION AND INOCULATION.

To the Editor of THE LANCET.

SIR,—I confess to some little hesitation in addressing you a second time, and nothing but a feeling that the good of our fellow-creatures is, or ought to be, paramount to all personal considerations, would induce me to do so. The facility of finding a stick wherewith to beat a dog is proverbial, and receives an apt illustration in your number of this day (April 10). You there remark, that "my faith in vaccination is now become so strong that I no longer complain that the government was wrong in prohibiting variolous inoculation, but that I even maintain the necessity of making vaccination compulsory." These are not my words.

I will try once more to make myself intelligible, and, failing to succeed this time, will abandon the task in despair! There died in the metropolis, of small-pox, last year, 1066 persons, of whom about eight or nine hundred were children below five years of age, all of whose lives might have been saved (so far as small-pox is concerned) but for the perverse obstinacy of parents, joined to a want of firmness on the part of our legislature. I repeat, for about the fifth time, that if the legislature is determined to persevere in its present neutrality between foolish parents and their helpless offspring, then the restriction on vario-

lous inoculation ought to be (to a certain extent, and with due precautions) removed. I aver, therefore, that government is *wrong* in withholding inoculation while it hesitates to enforce infantile vaccination.

But you say that the compulsory vaccination of infants is too strong a measure for the British government to propose. I do not agree with you. *Grasp a nettle firmly and it will not sting you.* The evil consists in the half measure which the act of 1840 gave us. I can remember when it was predicted that the registration of infants under the act of 1846 could never be carried out, owing to the prejudices of parents. The anticipations of those croakers, however, were not realized. Let the government only display the same firmness with regard to infantile vaccination which it displayed with regard to infantile registration, and the same result will follow.

You assume that there exists in this country, among the uneducated classes, a religious objection, "a superstitious horror of vaccination" as contravening the arrangements of Providence. You next assume that I must be cognizant of such a wide-spread feeling. Very far otherwise. I do not believe in the existence of any such moral objection to vaccination in any class of persons in this country, educated or uneducated. The objections to vaccination are not moral, but physical. As you do not seem to know them, I will tell you what they are.

1. A certain number of parents object to vaccination, because they say they have actually seen, or at least heard of, so many grown people taking small-pox afterwards, that their faith in it is shaken. 2. A second class of persons take their child to be vaccinated, but the operation not being successfully performed (and its repetition proving equally unsatisfactory) they abandon all further attempts. 3. A third class of non-conforming parents will tell you, that some of their earlier vaccinated children had had such bad arms, and had suffered so severely from the operation, that they declined to expose others to like troubles. Religious objectors may possibly exist, but I have never seen them, nor ever heard of them, except in your last number.

You are good enough to ask me a question which it might be uncourteous in me not to answer. After announcing your triumphant demolition of all the arguments which I had founded on the experience of the Small-pox Hospital, you ask whether I have any other proof to offer of the comparative inefficiency of vaccination in the more advanced periods of life; and if I have not, you advise me to acknowledge my sins and wickedness at once, and say nothing more about the matter.

My reply will, I dare say, be as little satisfactory to you as my reference to the practice of the Small-pox Hospital. I refer you, sir, to three successive leading articles in a periodical called "THE LANCET," published on the 29th Dec. 1838, Jan. 5 and Jan. 12, 1839; which I have carefully preserved as by far the most able and convincing papers on vaccination and its powers in adult life, that have ever appeared—ininitely superior to anything I have ever written myself.

When I have called your attention to these admirable articles, also to a short but most energetic appeal by Mr. Farr, which was published in THE LANCET of Saturday, Nov. 28, 1840, and, lastly, to a leading article in THE LANCET of Saturday, April 4, 1840, page 59, which shows the original intention of the government with respect to variolous inoculation, I feel that I have done all that is required to indoctrinate you on the subject-matter now at issue between us. You may possibly have forgotten, or may find it convenient to ignore, what you thought, and said, and published, in the years 1838, 1839, and 1840, on the subject of vaccination and its results, but I have not, nor do I intend that the public or the profession shall, for the opinions you then entertained are too just and truthful to be lost sight of. You could not do better than republish them for the special benefit of the Epidemiological Society.

I am, Sir, your obedient servant,

GEORGE GREGORY, M.D.

Camden-square, April, 1852.

To the Editor of THE LANCET.

SIR,—In your leading article on the subject of vaccination, contained in THE LANCET for April 3rd, I cannot help thinking, with all due deference, that you have neither stated the true cause of the neglect of vaccination, nor the proper remedy for its being efficiently carried out. You state that prejudice cannot account for the alarming facts brought forward by Mr. Grainger at the Royal Medical and Chirurgical Society, and proceed to throw the whole onus on the unfortunate medical officers of unions, who are also public vaccinators. Now, sir, I cannot admit that any one who has not been actually engaged in vaccinating amongst the poor can form any true estimate of the

difficulties in the way of public vaccinators, or of the obstacles which meet them at every step; and I, for one, beg publicly to repudiate the charge that the failure of the present system of general vaccination is in any degree to be attributed to the medical officers. In proof of this, I might refer to the immense numbers vaccinated by the medical staff during the first few years after vaccination was placed in the hands of the Boards of Guardians. When the subject was new, and a sort of panic prevailed amongst the poor, there was but little difficulty; but soon the excitement passed off, arguments, from frequent repetition, lost their effect, and the desire for vaccination disappeared. At the present moment, I assert, without fear of contradiction, that it is only under the pressure of a case of small-pox in a neighbourhood that anything approaching to a general vaccination can be accomplished. After ten years' experience as medical officer to a union, my firm conviction is, that the barriers to vaccination amongst the poor are ignorance, prejudice, and apathy—profound indifference to the benefits resulting from vaccination. I have found this last more difficult to combat than the other two put together. These, together with the imperfect state of the law, are the true causes of the present unsatisfactory state of vaccination. In conclusion, I must add my deliberately formed opinion that nothing short of a parliamentary measure rendering vaccination *compulsory*, will ever meet the end in view: unless the poor understand it is the law of the land that their children *shall* be vaccinated, it matters not whether you have in a district one vaccinator or twenty—the result will be always unsatisfactory.

Hoping you will give the above a place in an early number of your journal,

I remain, sir, your obedient servant,

W. PHILSON, M.D.

Baldock, April, 1852.

\* \* We insert Dr. Philson's letter, but retain the opinion expressed in the leading article to which he refers. It is not asserted that the remedy therein suggested would be entirely effectual.—ED. L.

## MEETINGS OF THE MEDICAL SOCIETIES IN LONDON DURING THE ENSUING WEEK.

NOTE.—When the day of the month is not specified, no meetings take place.

Societies.	—	Days of Meeting.
Epidemiological, 53, Berners-street	Mon. 8½ P.M.	April 19
Chemical, 5, Cavendish-square.....	Mon. 8 P.M.	
Medico-Botanical, 32, Sackville-st.	Tuesday.	" 20
Medico-Chirurgical, 53, Berners-st.	Tues. 8½ P.M.	
Pathological, 33, George-street, {	Tues. 8 P.M.	" 20
Hanover-square.....		
Hunterian, 4, Bloomfield-street, {	Wed. 8 P.M.	" 21
Finsbury.....		
Pharmaceutical, 17, Bloomsbury-sq.	Wed. 9 P.M.	" 21
Harveian, 64, Edgware-road.....	Thurs. 8 P.M.	
Western Medical and Surgical, {	Fri. 8 P.M.	" 22
44, Sloane-street.....		
Medical Society of London, 32A, {	Sat. 8 P.M.	" 24
George-street Hanover-square }		

## Medical News.

COLLEGE OF PHYSICIANS.—Dr. Paris, president; Dr. Wilson, senior censor; Dr. Hawkins, registrar; Dr. Burrows, and Dr. Nairne, had an interview last Saturday with the Secretary of State.

MEDICAL BENEVOLENT COLLEGE.—At a meeting of the Council of the Medical Benevolent College, held at the Hanover-square Rooms, on the 6th inst., Dr. Watson was unanimously elected Vice-President of the College. The Rev. Henry Mackenzie, Vicar of St. Martin's-in-the-Fields, and the Rev. H. Glossop, Vicar of Isleworth, were also elected life governors of the institution, both these gentlemen having, in their respective districts, kindly preached in aid of the funds of the college.

HOSPITAL APPOINTMENT.—Dr. Millington, in the Birmingham College, has received the appointment of assistant-surgeon to the Staffordshire General Hospital.