

leaving the other blanks only to be filled up by the vaccinator on the child being successfully vaccinated. On the return of this paper to the registrar, he should be authorized to pay the vaccinator a small sum for the same, and, in the case of the public vaccinator, his fee in addition; thus insuring, at least, a return to the registrars of all public vaccinations. On the registrar making a record of the vaccination in his books, he should affix his name and seal of office (a die-stamp) to the medical certificate, and give it to the parents of the child on application for it, he retaining the other half of the printed paper, which should contain the vaccinator's receipt for his fee to produce to the guardians as his voucher that the payment has been made. Should the public vaccinators be paid by the registrar, and in accordance with the number of printed certificates they produce, it will be necessary for the registrars to furnish the public vaccinators with blank forms for revaccinations, and some rule should be laid down as to the age at which revaccinations may be paid for.

Mr. Simon, medical officer of the Privy Council, in the Appendix to his Report of 1858, says—"Do not revaccinate persons who in infancy have been efficiently vaccinated, unless they be more than fifteen years of age; or if during any immediate danger of small-pox, more than twelve years of age."

It has been said that a repugnance on the part of the people exists against vaccination; but, as far as my experience goes, this is not the case, except with the very few. Apathy with some, and procrastination or postponement with others, until they hear of some neighbour's child who is healthy "to be done from," are the prevailing obstacles to surmount. It is, therefore, most desirable that at the expiration of a given period (say twelve months from the birth of a child, for by that time most of the unhealthy will have ceased to exist, as 106,634, or about one-sixth of all the registered births, die during the first year of life) a quarterly list of those then living, and not registered as vaccinated, should be made out by the registrars, and sent to the vaccinators of their respective districts, whose duty it should then be to call upon the parents, or other persons having the custody of those children, and urge upon them the necessity of immediate vaccination; failing their compliance with this request, he should make his return accordingly, and the registrar should forthwith sue for the penalties, unless a medical certificate be produced to him that the child is not in a fit state to be vaccinated. For conducting this inquiry, and making a report to the registrar, the public vaccinator should be entitled to a fee of one shilling for each case, in addition to the usual fee for vaccination if performed by him. Registrars who have not registered the birth of a child, receiving certificates of vaccination, should be ordered to forward duplicates of them to the registrar of the place where the child's birth was registered. As many vaccination districts are so small that it is impossible to keep up a supply of lymph from their own population, it is desirable when vacancies occur amongst public vaccinators, which average 270 annually, the smaller districts should be united. By the table it will be seen there are 915 vaccinators who receive less than £5 per annum each, and many of these only a few shillings. Should a fresh Act of Parliament be introduced on the subject of vaccination, or a Medical Poor-law Bill be brought forward, as promised by the Right Hon. T. Sotherton Estcourt when President of the Poor-law Board, I trust the subject of the payment of the public vaccinators will be made a part of one of the said Bills, and a definite system laid down. At present the payments are capriciously made, one board of guardians paying 1s. per vaccination, whilst another board gives 2s. 6d., or even higher. The annexed table shows this remarkable disparity of payment, even in whole divisions of the kingdom. In the south midland division, 2s. 6½d. is the average remuneration, whilst in the metropolis it is only 1s. 0¼d., and the officers of the union houses have no fees at all. With such a system it is no wonder the Acts of Parliament are so imperfectly carried out. As the labour of vaccinating and inspecting 500 cases would not occupy five times as long as 100 cases, I would suggest a graduated scale of payment—say 2s. 6d. per case for the first 100 cases per annum, 2s. per case up to the next 400, and above this 1s. 6d. per case, and an extra sum to be allowed for all those cases vaccinated at a distance from the residence of the medical officer. Vaccinators not giving certificates of having performed vaccination when it has been successful, or giving a certificate without having ascertained by inspection that the child has been successfully vaccinated, to be subjected to a fine of 20s., recoverable in like manner as other fines under the Vaccination Acts. One half of all fines should go to the parties suing for the penalties, and the other half to the poor's rate.

Trusting these suggestions, which are of a practical nature, may meet with due consideration,

I have the honour to be,

My Lords and Gentlemen,

Your obedient servant,

RICHARD GRIFFIN.

The Hon. The Privy Council,  
" The Poor-law Board, and  
The Registrar-General.

## Correspondence.

"Audialteram partem."

### THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—In your journal of the 9th inst. is inserted a correspondence which has occurred between certain M.D.s of Southampton, Professor Christison, of Edinburgh, and Dr. Hawkins, the Registrar, concerning the right of the recently made licentiates of the Royal College of Physicians of Edinburgh to assume the title of Doctor. There are certain discrepancies in these communications, which I hope you will allow me to point out.

Dr. Christison, in his first letter, says—"In Scotland, the right of assuming the title of Doctor can be acquired by a medical man only by graduation at a university." In the second, he says, again, he is "not aware of any right, either in law or in courtesy, by which a licentiate of the Edinburgh College of Physicians can call himself Doctor, unless he is a graduate of a university." In the next paragraph he says—"The simple reason is, that, until a few weeks ago, no such anomalous individual was known in Scotland at all as an ungraduated licentiate of the College of Physicians."

Now, Sir, if such an individual has not existed, how can the right of title by "courtesy" have been determined? The licentiates had all previously acquired the title of Doctor by their university degree; and hence, although the licentiateship might give an equal right in itself, it became merely confirmatory of the previously existing title.

According to Dr. Christison's own showing, the question of right by courtesy—as, of course, determined by usage—can never have been decided in Scotland; so the corollary which he subsequently draws, that "the said licentiates, having no such right in Scotland, have no right to call themselves Doctors in England," falls to the ground.

The Southampton triumvirate are equally inconsistent and illogical when they say—"We have the fullest authority for stating that, in Scotland, ungraduated licentiates are, neither in practice, courtesy, or law, styled in a formal way Doctor;" and immediately after prefix their deprecation of the gentlemanly remonstrance of Dr. Hawkins by saying, "this being a new thing," &c.

According to Dr. Christison's own showing, and I presume he is the authority to whom they refer, all licentiates in Scotland are called Doctors—were called so before they became licentiates, so of course could not take the title *de novo*. Had they not, however, previously been called Doctors, I opine they would have considered themselves entitled to that designation merely in virtue of the licentiateship.

If Doctor be the title—and it certainly is the only popularly understood one—which specifically distinguishes the practitioner of medicine from the practitioner of surgery, what is there in justice or equity rendering it improper for the former to assume the appellation of Doctor when he becomes a legally-constituted physician? It has long been a reproach to a noble profession that the trade-name of Apothecary should attach to those members of it holding the best legal status. The examinations and requirements at the Hall are, at least, equal to those of St. Andrews, Aberdeen, and, for aught I know, to those of the University of Edinburgh itself; and hence it is most unjust that licentiates of the former body should take a lower social or professional standing or title than those of the latter bodies. This being the case—and it is universally admitted to be so, except by the narrow minded—I cannot see what injustice would be done to the M.D.s of these Universities by conferring on the licentiates of the Apothecaries' Society the title of Doctor, or one analogous to it and equally honourable. It would be, in fact, merely remedying an existing injustice. If this be so, *à fortiori* the physician who is, *par excellence*, the legitimate practitioner of medicine, should take the highest

generally understood title accorded to members of this branch of the profession.

I would ask you, Sir, how it is, if the M.D.s consider the licentiate as essentially inferior to the University degree, that these very M.D.s, both English and Scotch, are so anxious to obtain the former, already possessing the latter? It is not likely that, possessing the major, they would be so solicitous of acquiring the minor qualification. The right of the Colleges of Physicians to prevent the practice of those not having their licence has long been obsolete, and is now defunct; yet we see that the M.D.s applying for the licence are even increasing in number.

In conclusion, I will merely advert cursorily to the application which it appears has been made by the Southampton triumvirate to the University of Edinburgh, to induce it to take steps to prevent the so-called assumption of the title of Doctor by licentiates of colleges of physicians. If any such steps are taken, they will not only be futile, but the University will have to produce better arguers than Drs. Christison, Lake, Scott, and Aldridge have hitherto proved themselves to be, before it will convince a court of law, or the public either, that the title of Physician does not include and contain that of Doctor of Medicine—the greater merely containing the less. I do not take this position, I only assert the perfect equality of the two; but certainly if the M.D.s assume any superiority or legal advantage, this will be but a mild and legitimate retort on the part of the licentiates of the Colleges of Physicians.

I am, Sir, your obedient servant,

JOSEPH STEPHENS, L.R.C.P.E. &c.

Grampound, Cornwall, July 11th, 1859.

## A NEW PLAN FOR THE MANAGEMENT OF PRIVATE LUNATIC ASYLUMS.

To the Editor of THE LANCET.

SIR,—Some change is desirable in order to place private asylums and insane individuals in their proper position before the public. I send you the outline of a plan, the only or the chief objection to which is the cost, and that is less than the nation wastes in the conversion and reconversion of a couple of men-of-war.

1st.—I would recommend that all private asylums should be purchased by the nation and licensed, and managed hereafter by an enlarged and much improved Board of Commissioners of Lunacy.

2nd.—That all the medical officers should be appointed by that Board, after a fair public examination of their fitness.

3rd.—That they should all receive fixed salaries, in nowise dependent upon the number of the inmates, or their position in life.

4th.—That the officers should be removable from one asylum to another at the pleasure of the Board, whereby great advantage would result to the inmates from the occasional change of the head of the asylum, and great relief to the medical officer from change of scene.

5th.—That the public should have the power of choosing what asylum they should place their relatives in, and that the Board should give advice and information to every applicant as to which asylum is most suited to the means and case of the applicant.

6th.—That the Board should use their discretion in either shutting up such of the present asylums (after purchasing them) as are not suitable, or in providing others according to the wants of the country.

7th.—That the payments of inmates should go to defray the expenses, not of the particular house, but of all collectively.

8th.—That ample visiting and managing power be given to the Board, as well as authority, in matters of money and general management.

I believe a plan of this nature would meet every objection—that eventually it would pay its own cost, and enable the Board also to provide proper accommodation and treatment for those who are now not able to pay for it themselves. I think there are no insuperable difficulties in the way of its adoption. I believe also that the proprietors of private asylums will readily sell their interest in their houses at a fair valuation, and be glad to get out of a profession where they are so vilified. Many of them might well be entrusted to manage some or other of the houses under the new system. I think the whole cost of the present asylums would not exceed £250,000, much of which would be returned by the re-sale of those houses situated too near towns. And if £500,000—what then? The present owners have profit on the outlay, and so would the

Board; and good interest could be obtained for the purchase money from the better system of general management which could then be adopted. No other body or person than the Board should, under heavy penalties, have power on any pretence to keep people certified as insane. The Board could then adopt any plan, such as the single cottage, or villages in proper localities, or any other they may think best.

I am sure that no other plan than that of purchase and national management will remedy the existing evils. Much would depend upon the formation of the new Board, and the spirit in which it would work. Power should be given to some judge or other person to fix the price of purchase if the seller and Board cannot agree, and the sale should then be compulsory.

This is an outline of a practicable plan.

Yours truly,

HENRY LANDOR, L.R.C.P.E.,  
Late of Heigham Retreat.

Southsea, July, 1859.

## SELECTION OF WET NURSES FROM AMONG FALLEN WOMEN.

To the Editor of THE LANCET.

SIR,—Mr. Acton suggested as a means of reclaiming “fallen women,” that they might be employed as wet nurses. Dr. Routh, in a very able article, endeavoured to show that the child would thereby be exposed to the danger of inheriting the propensities of the nurse, because of the influence the milk would have upon the formation of its nature and character. “Pro re Nata,” in THE LANCET of June 25th, questions the logical correctness of Dr. Routh’s reasoning, and leaves his readers to judge between them. I believe that “Pro re Nata,” in his strictures, has not touched Dr. Routh’s line of argumentation at all. May I, therefore, beg a little space to show wherein I conceive his remarks to be illogical and false?

His points of attack and argument against Dr. Routh, are four:—

(1.) The first stricture is, “That the comparison between a vital fluid, like the blood and milk—a mere secretion, not more likely to be charged with moral venom than any other—than the saliva, for example—is a very false one.”

Now, I think this *comparison* is of “Pro re Nata’s” own making, and that in representing it as a part of Dr. Routh’s argument he is guilty of what logicians call the fallacy of *non causa pro causa* in the form of *non tali pro tali*. Dr. Routh’s argument does not at all require that “milk,” a mere secretion, should bear *comparison* with a “vital fluid like the blood;” but that the nature of the food taken should affect the character of the recipient. Let “Pro re Nata” show that the milk of the mother is not affected by her own character and habits, and that the child fed upon the milk is not affected by the character of its food, and he will then *logically* weaken Dr. Routh’s position.

(2.) The second stricture appears to me to admit quite sufficient to upset the other three altogether. It is this: “Where a nurse’s milk has, by emotion or some other cause,” been altered in nature, it may give rise to diarrhoea or other disturbance in the animal economy of the suckling. Granted; but surely the tendency to diarrhoea need not imply any great moral turpitude.”

Granted again; but an influence upon the child is *admitted*, from the nature of the food taken; and this is corroborative of Dr. Routh’s position. It remains for “Pro re Nata” to show that a *tendency* to “moral turpitude” is *not*, as Dr. Routh contends, engendered by feeding upon the milk of a woman whose nature has already received an immoral bent. To satisfy all correct reasoners, something more than ridicule will be required to show that this is not the case. Actual cases, enumerated to prove that such like antecedents have been followed by similar consequences, are not so to be set aside.

(3.) The third stricture is, “Until it be proved that the breast milk of Sally Jones, spinster, differs from that of Mrs. Jones, matron, in the same degree that vegetable food differs from animal, I cannot allow him to deduce any practical conclusion therefrom in favour of his dogma.”

But why not? Animal food, it is *admitted*, affects the “temper of animals and their instincts” differently from that of a vegetable kind. Need the difference, then, between the breast milk of Sally Jones, spinster, and Mrs. Jones, matron, necessarily be the same in degree to make Dr. Routh’s conclusion a legitimate one? or will not even a difference in kind support it? What has “Pro re Nata” advanced to show that this difference in kind does not exist? Dr. Routh has brought