

public interests, though it may be strengthened by a direct representation of the profession. He hoped that the Government might still bring in a Bill this session for dealing with the entrance examinations. He fully approved of a one-portal entrance, but thought that the door should be big enough to let in big cats as well as little kittens, and not like the philosopher cut small openings beside already existing big openings. What he meant was this—let the scheme encourage the entrance, by the same door, of giants as well as dwarfs in learning. A single entrance examination must be a minimum examination, one below which no one can enter. But if it qualifies, as it should, for the full exercise of the profession, it will have a tendency to make men aim for a minimum, and neglect a maximum of qualifications. He thought the Universities were quite reasonable in trying to prevent this evil. Why, for example, should a Bachelor of Science, who has passed an examination four or five times higher than that which would be required in the fundamental sciences on the one-portal system, be required to pass another lower examination? Repeated examinations are becoming an intolerable evil in all our educational systems, and are deteriorating real qualifications. He thought that every security should be taken on the one-portal system that no one can pass through it under its minimum, but that encouragement should be given for the acceptance of a maximum in the fundamental sciences. In the clinical and practical parts of the profession he would make no exception, as that forms the State security that a medical man was fit to exercise his profession. He strongly counselled those who were interested in medical reforms of such importance as the reform of the Medical Council, and the establishment of a one-portal system, to come to some understanding with the Government on these subjects, as it was entirely hopeless to bring them to a successful issue through the agency of any private member, however great might be his personal influence.

The PRESIDENT next gave "Prosperity to our old University." The toast was drunk with three times three.

To the toast of "Literature," Mr. Hepworth Dixon responded.

The remaining toasts included the President and the President for the ensuing year (Dr. Day), the Council and Vice-President, and the Press.

A selection of vocal music was given by Mr. Brady (conductor), Mr. Rogan, Mr. Cooper, and Mr. E. Osborne, who presided at the pianoforte.

Correspondence.

"Audi alteram partem."

PROPAGATION OF SCARLET FEVER BY MILK.

To the Editor of THE LANCET.

SIR,—The question of the multiform ways by which the spread of scarlatina is effected is now engaging much attention. Having been the first who published the fact of the occasional propagation of infectious diseases by means of a vitiated milk-supply, and as due prominence has been lately given to that particular source of danger, would you please allow me to refer to my experience on this subject.

The possibility of milk acting as the vehicle for the dissemination of infectious virus first occurred to me during the investigation of the origin of an epidemic of continued fever in the autumn of 1857. In a paper which was published in the *Edinburgh Monthly Medical Journal*, May, 1858, entitled "On the Communication of the Infection of Fever by Ingesta," I related the history of the early cases of this epidemic, and entered very fully into the reasons for the conclusion I came to, that the milk-supply was concerned in its propagation. The facts are shortly these:—A number of cases of fever showed themselves in the town of Penrith in rapid succession in several houses in separate localities, at a time previous to which the town had been very clear of fever. The first case was clearly an imported one. A young girl was brought home about the beginning of September from Liverpool, ill with fever. She was taken

direct to her father's cottage, small, ill-lighted, ill-ventilated, containing two rooms only. She passed through the fever there. In the same family and house, two children subsequently took fever and recovered. The mother waited on the sick. A byre adjoined the premises; the father kept two or three cows and retailed the milk to about fourteen different families in the town. The mother milked the cows; the milk was brought into the kitchen direct from the byre, and by-and-bye taken out in tin measures and pitchers for distribution to the customers. The sick children lay in the kitchen. The young girl first affected was, soon after her convalescence, employed in carrying out the milk into the town, although some of it was also delivered by the mother and one of the younger children. In tracing chronologically the spread of the epidemic, I found that cases of fever had appeared amongst children and young persons in seven houses in different parts of the town, which were all supplied with milk from this milkman's dairy, and that these houses, with one or two more, were the only houses in which fever existed at that period. The investigation of the circumstances preceding each particular seizure—the absence in all of direct exposure to or direct contact with the sick, and, in most, the absence of communication with the milk carried—the very transient nature of such intercourse in the exceptional cases in which it did occur,—led me to the inference that the milk itself had imbibed the poison, and induced the disease in those who drank it.

Snow had already determined, by a process supremely analytical, that cholera virus was carried into the system by drinking fluids; and Budd and others were engaged in exemplifying the causation of typhoid fever by the drinking of impure water. Ten years elapsed, and no other instance of a vitiated milk-supply producing evil consequences occurred to myself or others. But in the spring of 1867, in the same town in which I practise, by circumstances singularly fortuitous, I was impelled to note for a second time the propagation of the elements of contagion (I do not use the term "germs" until these have become a known quantity) by means of milk which had been exposed to poisonous emanations. This time it was scarlatina. It so happened that one of the first fatal cases of what afterwards proved to be a most extensive epidemic of scarlatina in Penrith, occurred in the house of a small dairyman who supplied about a dozen families with milk. In six of the households so supplied cases of scarlatina broke out in rapid succession amongst children and adolescents, consumers of milk, at a time before which the disease had not become rife in the town at large. The facts were observed with due care at the time, and noted, and were made the subject of a paper entitled "On the Transmission of the Virus of Fevers by Fluids," which I had the honour of reading at the Public Medicine section of the British Medical Association at Newcastle in August last. This paper will shortly be published.

It is specially gratifying to me that the recognition of these facts, important as they are in showing the transmission of contagium by ingesta, and curious in the history of the spread of epidemics, should have received corroboration by the set of observations so well worked out by Prof. Bell at St. Andrews, as related in a recent number of THE LANCET.

I am, Sir, your obedient servant,

Penrith, Nov. 17th, 1870.

MICHAEL W. TAYLOR, M.D.

THE MEDICAL PROFESSION IN GLASGOW.

To the Editor of THE LANCET.

SIR,—Referring to the letters of your three correspondents in last week's issue, commenting upon my communication in THE LANCET of the 26th ult., permit me to repeat that I correctly indicated the feelings of the great bulk of the members of the Medico-Chirurgical Society respecting Dr. Black's paper.

In corroboration of this, it appears to me only necessary to state that, at a crowded meeting of the Society, held on the 2nd December, the minutes of the Council of the Society unanimously approving of my action were cordially adopted by the Society, with only nine dissenting votes.

I deem it unnecessary to take further notice of the letters