MEDICAL MEN: THEIR PLACE AND INFLUENCE IN THE STATE.

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[The subjoined is a verbatim report of the part of Dr. Addison's speech delivered in response to the toast of his health, proposed by Mr. Lloyd George and Mr. C. B. Lockwood, at the banquet given to Dr. Addison on February 6th, which dealt with general matters as distinguished from those parts of his speech appropriate to the special occasion, which are reported in the description of the dinner.]

A new phase is coming over public opinion. The fact that the health of the people is a national concern would have been consented to around nearly every fireside these fifty years or more, and much has been done in consequence. Ill health has always meant a great loss both of energy and treasure; but now that sickness, on a national basis, can be expressed in terms of so many tens of thousands of pounds paid out weekly to the sick, now that it appeals, not through any roundabout channel of the Poor Law or otherwise, but directly to the Britisher's pocket, the problem has emerged from the general into the particular. It arrests the attention of every citizen, and stands before us as demanding well-considered scientific and practical effort, not only towards an earlier and more effective treatment of sickness, but towards an increased prevention of its occurrence.

This is a time when, if medicine can spare more men than she has hitherto done for the public service, there is surely need of their help. Their influence both on legislation and administration might be of the utmost value to the community. I say advisedly "to the community," for we shall all agree that the public interest must always come first; that it is a short-sighted and, in the end, a suicidal policy that seeks to promote the interest of any class at the expense of the general interest; that, in fact, the best interest of any class is most promoted by making it as far as possible an efficient and necessary minister to the common well-being.

I believe that the people welcome, just as they really need, any help and guidance that medicine can afford. They are glad of the light of any knowledge that we can bring into the common stock—not knowledge that is pedantic and apart, but common knowledge.

Of course, in public life you may have to meet the cheap and shallow cavilling at politicians generally which suggests that they are less sincere than the rest of people. It is a mixture of chaff and moonshine. Politicians are of divers sorts, of course, like other people, and they have their peculiar trials and difficulties. Sometimes they have to contend against all manner of unworthy suspicion. I am sure, however, that there is amongst them as high an average of men of real sincerity and unselfish devotion to duty as there is in any other class. I believe, Sir, that you would say that the road of political life is an uneven road, and sometimes a very hard one, but that it is worth while journeying upon; that there is a welcome and abundant room upon it for industrious and intelligent wayfarers of all shades of opinion. For medical men at any rate, at this time, political life affords unusual opportunities for useful service.

Simplification of Public Administration.

In the matter, for example, of the organization of our Public Health services. No one looking fairly into this question can fail to be struck by the confusion it now presents. It is a medley of authorities with all its inevitable waste of effort. There are, however, some respects in which even the existing system will automatically bring some improvements, and it may be interesting to mention two of these.

Two of the heavy items of cost in the Poor Law medical service are those connected with tuberculosis and the

sickness of old age. With respect to tuberculosis, the large grants which you have made to county and county borough councils to enable them to make provision for the treatment of *all* persons in their area suffering from tuberculosis will gradually, as the schemes which now have been approved for so many areas are got into operation, remove tuberculosis from the Poor Law. Similarly, in regard to aged persons under the provisions of the National Insurance Act whereby medical benefit does not cease at the age of 70, but continues throughout life, it will come to pass, as those who are now insured persons enter the ranks of the aged, that they will be entitled to medical attendance under the insurance service and will not need to apply to the guardians.

These are welcome changes, but we cannot survey the present position of affairs without being convinced that much could be gained by simplification and by the securing in an increased degree of a common aim and direction.

Think of all the different sets of inspectors that may be concerned, for instance, in the home of a London worker. If the vaccination of a child, or a medical order in the case of poverty is required, we look to the Poor Law guardians; if a child has contracted an infectious disease, then it passes into the charge of the Metropolitan Asylums Board, whilst the home from which the child has been removed is dealt with by the inspector and medical officer of the local council; if a child is found amiss at school then it may come under the school medical service, administered by the County Council under the Board of Education; should the condition of a factory in which one of the family works come into question, then we look to the staff appointed under the Home Office; if the worker is sick, then the Insurance Committee, responsible to the Insurance Commissioners, is concerned; should he prove to be tuberculous, the Borough Council, the County Council, and the Metropolitan Asylums Board, as well as the Insurance Committee, may also be called on to share the responsibility. Truly, we are a patient people.

There are, however, limits to what can be done by organization. The facts that have been brought to light through the inspection of school children and the revelations of ill health amongst workers now being made under the operation of the National Insurance Act show clearly that we must also aim at developing a service which will provide for an earlier and more accurate diagnosis, as well as for earlier and more effective treatment.

Possibilities of Medical Practice in the Future.

In this connexion, may I say, with great respect, that I think some medical men would be less fidgety than they are, when possible future developments are discussed, if they kept in mind certain elementary facts which no Government could possibly ignore? In the first place, any satisfactory service must be one that will attract and keep an adequate number of capable men; secondly, it must be one that in its operation contains incentives to, facilities for, and encouragement of, increased efficiency; and, thirdly, it must seek to make use, not only for the treatment but for the prevention of disease, of that intimate personal relation and trust which so commonly exists between medical men and their patients.

The separation of the medical service from the provision of drugs under the Insurance Act was made the subject of adverse criticism, but I think it is generally agreed now that it was a step in the right direction. We want drugs to occupy a proper perspective, and not to conceal the need that there is so often of better food, fresh air, a clean home, and temperate living.

Many suggestions that have been made as to possible future developments are worthy of careful thought. We can see, for example, that it might be of great value if arrangements could be made in suitable places for medical men to work in groups, where for certain purposes they could combine at a common centre for mutual help, and have access to better means for making or confirming diagnosis. Some such an arrangement would provide a valuable stimulus to efficiency, would help to keep men more up to date, and prevent the development of that

separateness and isolation which leads so many medical men to live in their own lonely furrow. What an advantage a nursing service would be if it could be combined with such a system! But there is a great scarcity of nurses. The supply is not equal to the demand, notwithstanding the great numbers of unselfish women who devote themselves to it. The scarcity, I believe, will remain so long as we pay probationers a smaller wage than a novice in the kitchen, and expect a sufficiency of women to undertake the complex duties and grave responsibilities of a trained nurse for such a salary as can be demanded by any moderately competent cook. I believe, indeed, that it would be easier to provide a service of consultants than of nurses.

At this point I would like to say that I think that the great hospital question, with goodwill and careful thought, is capable of a solution that will not only not injure, but will use and strengthen our great existing institutions.

I hope myself also to live to see the day when study leave is an essential part of our medical service.

You may say that these are dreams. But one may be pardoned sometimes the luxury of dreaming. They are such dreams as if we turn our thoughts to them, with care and without prejudice, we help to provide a base and substance for the fabric of our vision.

Increased Prevention of Disease.

We may, indeed, do very much by improved treatment, and every one who is sick, and all of us, when those near to us are affected, know that too high a value cannot be placed upon it. But there is, I think, something of a greater and more enduring value even than this to be done. It is to use all our organization, all the knowledge, all the art and science of medicine towards an increased prevention of disease.

The grant, made to enable local authorities to deal with all tuberculous persons, is a very notable advance as a preventive measure. As the dispensaries and the other machinery get into working, not only the health of those who are notified, but that of those living with them, will come under review—their food, their habits of life, and labour. The indirect and educative effects of these provisions will be very far-reaching.

In the same way that grant, which you made for the first time two years ago, and with a whole heart I know, to assist local authorities in the treatment of those ailments of school children which have been revealed by medical inspection, is operating, and will continue to operate, with great effect as a preventive measure. It has given an enormous stimulus to treatment, to the provision of open-air schools, to the cultivation of physical training, and the rest. The grant has grown. I hope it will continue to grow. Call it an extra torpedo boat, a destroyer or what you will, but do not take it off the estimates.

The State, however, has no right to ask any class of men to do the impossible. It confronts the medical profession with six hundred thousand ill-nourished children in our elementary schools, with three hundred thousand who have adenoids and so forth; it deplores the waste of infant life; it points to an army of factory girls and women workers with anaemia, chronic indigestion, etc., and it is beginning to say to the medical profession, "We want these things altered. We want these people to be healthier. Will you help us to treat them?" It would be invaluable if the medical profession after fair, complete, and organized consideration, but in a full and fearless manner, were to say to the State:

"Yes! we will turn to the task with all good-will and do the best we can; but we cannot undertake to make these children healthy by drugs. They need this and that—good food, fresh air, a clean and well ventilated home. So long as these things are absent, so long as many of these children, with too little sleep, pass half their hours in the stuffy, stagnant air of an overcrowded room, so long will they crowd into our clinics and out-patient departments, rank behind rank."

I hope also that it would be added: "We claim also that those whose duty it is to make reports upon the conditions of labour and home life of the people should be free to tell the truth, and the whole truth, without fear

or favour, and should be given a proper security of tenure of office." They would also, I believe, go on to say: "We will help as best we can to abate this waste of child life, but do you, by your elementary schools, by secondary schools, by schools for mothers, by any other means at your disposal, do what can be done by persuasion and instruction, to secure that the girls and young women of this decade, when they become mothers in the next, will know better than to give their infants sop, will know that it is milk they need, and, best of all, their own."

"These anaemic girls, these dyspeptic women, are not to be put right by medicines alone. The hours they work, the conditions they work under, are often also concerned, as well as their habits of life and diet. It is useless for us to tell people to take proper food who have not the means of obtaining it, who sometimes are ignorant of how to cook it when they have obtained it, and who often enough are paying what should be an economic rent for a decent home but are obtaining only a couple of tenement rooms which have no fireplace and other facilities for preparing and cooking a meal, be they ever so willing and able. Do you use your schools and other agencies to the full in giving to the people the knowledge of these matters, of an appreciation of the value and meaning of cleanliness and temperance, and of other things which are of so grave importance in their daily life."

The State, on its part, could rightly reply: "Tell us, then, in plain terms, in terms that the people can transform into daily practice, what we should teach them and what standards we should adopt."

There is no limit to the usefulness of a proper and enlightened co-operation between medicine and the State, and its influence would be felt in every department of national life.

The Research Penny.

The number of subjects, however, in which medicine could give clear and definite guidance are far too few, and for this reason I believe that the setting up of the medical research scheme may come to be regarded as one of the most important contributions in recent times to the advancement of public health. When you determined to set aside a penny for each insured person out of the State's contribution, which might be devoted to the purposes of research, it did not, I think, receive much attention. It occupies only half a dozen lines in a long and complicated Act, and was rather lost sight of at the time. But the fact that it provides the Medical Research Committee with an income of £57,000 a year will not be forgotten. At last the organization and assistance of this work in the country on comprehensive lines becomes a practical possibility. I know that you are right in that you have told us you will welcome a search for truth, a careful ascertainment of facts, an examination into causes to be pursued, not only in the laboratory, but in the mine and the factory, in the shop and the home, that you hope that in its operation this undertaking may stimulate the best work, and be of a helpful influence in the medical schools and universities, and provide, what we have hitherto lacked in this respect in this country, a proper opportunity for a real career to proved men of a suitable type.

There is abundance of work to do. "The fields are white unto the harvest." We know well enough that we cannot over-estimate the work that medical men do at the bedside of the patient. Let us make it as skilled as we can. Usually it means help and an added sense of security; sometimes it means the revelation of a truth that is hard to bear. Let us use this intimate relation and the influence that it brings, wisely and to the uttermost. But the community has a growing need for the services of medical men in the wider sphere to which I have referred. There is a place for them there in which their help and influence as citizens and as trained men should be felt, in the education and preservation of healthy and clean-living people, in the moulding of our laws, in the administration of them, and throughout the whole organism of society. This is a place they well may occupy; in doing so they become, in a public and collective, as well as in a private and individual capacity, the trusted counsellors and honoured servants of the commonwealth.

THE DINNER.

Mr. LLOYD GEORGE was in the chair. The dinner had been organized by a committee composed of the following gentlemen:

The Right Hon. Lord Sandhurst, P.C.	Dr. Lauriston Shaw
Sir Clifford Allbutt, K.C.B., F.R.S.	Dr. Mott, F.R.S.
Sir Arbuthnot Lane	Dr. Arthur Latham
Sir Almroth Wright, F.R.S.	Dr. Shore
Sir Victor Horsley, F.R.S.	Dr. Hugh Thursfield
Sir Shirley Murphy	Dr. Ewen Maclean (Cardiff)
Sir Robert Philip	Dr. Alexander Macphail
Colonel Sir William Leishman, F.R.S.	Dr. Grant Andrew (Glasgow)
The Right Hon. R. Farquharson, P.C., M.D.	Dr. W. Langdon Brown
Professor Sims Woodhead	Dr. H. Morley Fletcher
Professor Keith, F.R.S.	Dr. Adam Fulton (Nottingham)
Professor Arthur Thomson	Mr. D. F. Todd (Sunderland)
Professor William Wright	Dr. Buist (Dundee)
Professor Arthur Hall	Dr. C. A. Fleming (Bradford-on-Avon)
Professor A. M. Patterson	Dr. Norman Walker (Edinburgh)
Professor William Bulloch, F.R.S.	Dr. Leonard Hill, F.R.S.
Mr. G. Lenthal Cheate, C.B.	Dr. A. C. Farquharson (Durham)
Mr. C. B. Lockwood	Mr. J. Y. W. Macalister
Mr. C. J. Bond (Leicester)	Mr. Walter Jessop
	Mr. B. A. Richmond.

Those present numbered about 300, and among them were a large number of the members of the medical profession, teachers of anatomy, whose ranks Dr. Addison has only recently left, and other friends not members of the medical profession. After the Chairman had given the usual loyal toasts, Dr. MILLS, who with Sir John Collie acted as secretary of the dinner, read a letter from Lord Moulton of Bank, Chairman of the Medical Research Committee, many members of which were present, expressing his regret that, owing to the alteration in the date of the dinner, he was unable to be present, and speaking in the highest terms of the help which Dr. Addison had given during the labours of that committee.

Mr. LLOYD GEORGE, who was very warmly received, then proposed the health of Dr. Addison in a speech which has already been very fully reported in the daily newspapers. The gathering, he said, showed the esteem in which the guest was held in every sphere in which he had been associated, but for himself he would regard him primarily as a politician, and if he were as good a doctor as a politician, the profession which he had left for a political life had lost a very great deal. The reason why Dr. Addison had got on in the House of Commons was because he possessed quality, and because he had courage and was a first-rate fighter. Discussing his other characteristics, he laid stress on the soundness of his judgement, the unflinching nature of his loyalty, not only to his profession but also to the causes which he adopted, and his tenacity of purpose. He knew the anatomy of a fact, and this was a very important thing. Speaking of the Insurance Act, Mr. Lloyd George said that when the differences with the medical profession looked blackest, Dr. Addison never despaired; he remained absolutely loyal to his profession, but was convinced that matters could be so arranged that the medical profession would ultimately be satisfied. Speaking then of the working of National Insurance, Mr. Lloyd George said that it was estimated that there were 22,500 general practitioners in Great Britain, and that there were 20,000 on the panels, subject to the qualification that this number included the names of doctors who were on more than one panel. The sum of 4½ millions had been distributed among these doctors during the year. That meant an average of £230 for each doctor. In London the average was £330, in Birmingham £380, in Liverpool £370, and in Durham £230. These sums, he said, were in respect of barely one-third of the population. Assuming that the rate for the rest was the same—and he had once been told that it would be better—the general practitioner in London would get an average income of £1,000 a year, in Birmingham and Liverpool would get £1,100 a year, in Manchester £900, and in Durham £700 a year. Some doctors made considerably more, some considerably less, but he maintained that the rate of remuneration had undoubtedly been raised. Referring to the five towns dealt with in the Plender report, he compared the figures then obtained with the estimates for the first year under the Insurance Act. He claimed that they

showed an increase of from £150 to £200 a year on the average receipts. This increased pay meant, no doubt, more work, but he did not suppose the doctor objected to more work if he got more pay. It was a very good thing from the point of view of the community; it must mean that millions of people were now getting medical attendance who had previously not had any at all. After a reference to the articles published in the *Times* some time ago on "The Revolt of the Junior Medical Officer, an Effect of the Insurance Act," in which it was stated that the remuneration of assistants and locum-tenents had increased very greatly, Mr. Lloyd George said that he had received letters from doctors who stated that they had been ruined because they did not go on the panel in time. He was sorry for it, and could only advise them to go on the panel. That was the position at the present moment: that the remuneration of the medical profession generally was increased. He was frankly glad of it, and would infinitely rather that the profession had leaten him in the bargain than that they should feel that on the whole the State had treated them shabbily. "I do not say," he continued, "that there are not a good many things that could be improved, amended, and altered. All experience teaches things of that sort, and you can only do it gradually." Returning to the subject of his toast, the Chancellor said that a man of Dr. Addison's type was needed in politics, especially at the present time. The State was feeling a deeper sense of responsibility for the well-being of every individual. They were taking a great health survey of the nation. Dr. Addison was not a mere trade unionist; he was a man who took a broad view and a high view of the great functions of the profession to which he belonged. The survey of the nation that was being made under the Insurance Act was including families and persons who had never had a doctor to visit their households before. Gradually the doctors would be able to advise the committees as to what was really going on down below, where the hand of the State had never reached before, except in punishment. The hand of mercy, through the doctor, was going down to pick up those poor wretches. That was why he was delighted that the profession had Dr. Addison to represent it in Parliament, and why as a politician and a member of the Government he was there to propose the toast and to wish him long life, health, and strength. (Cheers.)

Mr. C. B. Lockwood, consulting surgeon to St. Bartholomew's Hospital, said that he spoke as a teacher and one of the oldest friends of Dr. Addison. Dr. Addison, he said, had been a most capable teacher of anatomy, and the loss to the profession when he gave up this calling to take up politics was great. The gain to the profession by the same act was, however, still greater. He spoke of his valuable work on the Departmental Committee on Tuberculosis and of the importance of the duties assigned to the Medical Research Committee. On such matters Dr. Addison's knowledge and trained intellect would be fruitful in service to the community. While difficulties had existed at the start of the Insurance Act, much of the trouble had passed away, and many of those who had opposed it remained to pray and, as Mr. Lloyd George had stated, to take part in the collection. He was not afraid of failure in regard to the quality of the men needed to work the Act. That must be good. The quantity, however, was a different matter. Better emoluments would tempt more and more men to take part, and he presumed that the number of those entries into the medical schools would grow proportionately with the demand. He hoped that entrance scholarships might be founded to tempt capable youths who could not otherwise afford to go through the course of study. Sooner or later the medical schools would be found to be too small to accommodate all the students, and he had long thought that the Poor Law infirmaries, or municipal hospitals, as he preferred to call them, should be utilized for this purpose.

Dr. ADDISON, who on rising to respond was very cordially received, said: Mr. Lloyd George, Mr. Lockwood, and Gentlemen,—It is difficult, very difficult, on an occasion like this to express in a full and proper measure the gratefulness which I feel to you who render me so great a kindness. Your understanding of this, however, makes you lenient and generous to your guest, and on it I can rely. — I thank you, Mr. Lloyd George, you, Mr. Lockwood,

and you, gentlemen and friends, with all my heart. It is very seldom that events of this kind occur in the lives of any of us, and the knowledge of this only makes me the more sensible of a singular good fortune and of your encouraging friendship. It is certain that, whatever may be the aims and efforts, the anxieties or the vicissitudes of the time to come, the recollection of this evening must remain a fresh and treasured memory and be a constant stimulus to work and hope. There are many here besides myself who were pupils of yours, Mr. Lockwood; I should think that, without exception, they would agree that we learnt from you something more important even than the facts of anatomy and the art of surgery, distinguished as you are for the accuracy and precision of your exposition of them. We learnt, to borrow a phrase of your own, that men's opinions after all are of little enduring moment, but that the reasons for them may be of much consequence; that a careful ascertainment of the facts, and honest and fearless dealing with them, are essential to real success in any enterprise. Sometimes the qualities which youthful discipleship attributes to a teacher are found with ripening experience not to be fully warranted; but I believe that the longer most of your pupils live, the more impressed they become with the wisdom and value of your precept and practice. For this reason, I cannot but take a real pride in the fact that you are associated with this toast. One sees around us, Sir, old friends and new. Those who in the city of Sheffield gave me a first opportunity for work and responsibility. Friends of twenty years or so in the field of anatomy. We have fought side by side, or against one another, many a time, fairly, but with a common purpose. He is a poor fellow who has no pride in his own craft. Making full allowance for this, however, I do not shrink from saying that you will go far, Sir, in the ranks of medicine to find a wider-minded and more capable set of men than British anatomists, taking them all together. We used to think sometimes that that great hierarchy who use consulting rooms looked down upon us, but that day is past. There are many here too, Sir, who have been staunch supporters in a combat—recent, but now happily past, and one which I believe will not be resumed. There are some, too, who equally sincerely were opponents. There are others, also, personal friends and more, to whose strong loyalty and unselfish labour I owe so much in my constituency. And now, may I say, Sir, how well I know all that your presence here this evening means, how great an honour you do to me and my friends, and that it is not possible to thank you as I would like. The fact that you have set aside an evening for this purpose out of a life that is full of work in great matters and with enormous responsibilities speaks for itself. All present here, Sir, do not agree with your political views or mine, but we shall all agree on this—that there is probably not a place in the land, not even the smallest village, where there cannot be found some who bless your name, and some who do the opposite. It is more needful for your guest than for yourself to bear in mind the exhortation: "Beware when all men speak well of you." For my part I make no cloak of it. I am proud that you are here, because I know, and it has been my privilege to have many opportunities of learning, that through your fortunes you have one fixed purpose—to use your powers to the utmost in the furtherance of enterprises that you believe to be for the betterment of the condition of the people. I have myself a good deal of confidence that in time to come the medical profession will recognize that these great plans which your genius conceived and power initiated have formed the starting point for improvements, not only in the public health, but in the science and character of the practice of medicine, which were both necessary and fundamental. Dr. Addison then proceeded to make the observations printed in full above.

Dr. LAURISTON SHAW proposed the health of the Chairman, and Mr. LLOYD GEORGE, in the course of a short reply, said that he could not have imagined a year ago that he would so soon have dined—he would not say with impunity—with a representative gathering of doctors such as were present that evening, but he well recognized that those who fought the hardest proved in the long run to be the best friends. He had learnt to understand the medical profession infinitely better than he did when he started. In a few words he spoke in terms of the highest admiration of the

statesmanlike address which Dr. Addison had delivered. He would like this address to be published as a separate document and circulated throughout the whole kingdom. It would enlighten public opinion. The medical profession should enlighten and guide public opinion as to what could be gained by co-operation between the public and the medical profession. He thanked the proposer of the toast and those present for the welcome they had extended to him.

THE VACCINATION QUESTION IN THE LIGHT OF MODERN EXPERIENCE.

DR. C. KILLICK MILLARD on February 4th concluded a course of three lectures on the vaccination question in the light of modern experience, arranged by the Chadwick Trustees.

In his first lecture Dr. Millard said that when he first went to Leicester his views on the subject were strictly orthodox, but in consequence of his experience of small-pox in Leicester, he had been obliged to modify those views considerably. He attributed the bitterness felt by the opponents of vaccination to the compulsory clauses of the Vaccination Acts. There was also the repulsion which many persons felt to the introduction of a disease into a healthy child for the sake of preventing another disease, the risk of contracting which was problematical. He set out the following propositions as those to which he had been brought by his own observations:

1. I believe absolutely in vaccination, though with certain important reservations, and I differ *in toto* from the antivaccinist when he asserts that vaccination is a "myth" and a "delusion." I agree entirely with the provaccinist that recent vaccination confers on the individual protection against small-pox, which, for practical purposes, is complete, though unfortunately only temporary.
2. Vaccination, repeated as often as necessary, is invaluable for protecting those who for any reason are specially exposed to the infection of small-pox—for example, doctors and nurses.
3. It is also of very great value for protecting persons after actual exposure to infection—that is, small-pox "contacts."
4. I agree entirely with the provaccinist that vaccination has a remarkable power of modifying and mitigating small-pox for many years after its power to protect against attack has worn out. Moreover, the protection conferred by vaccination can be renewed by revaccination.
5. On the other hand, I agree with the antivaccinist in doubting the value to the community at the present day of infantile vaccination as provided by law. I think that an altogether exaggerated view has been taken as to the effect of such vaccination in preventing the spread of small-pox, which is the real problem before us.
6. I agree with the antivaccinist that sanitation, notification, isolation, surveillance of contacts, and other modern measures which are becoming generally adopted, have played a more important part in the abolition of small-pox from this country during the past thirty or forty years than infantile vaccination.
7. I think the antivaccinist is right when he contends that the drawbacks to infantile vaccination and the injuries to health caused by it are not sufficiently recognized by the medical profession, who, in their sincere anxiety to defend vaccination, have been inclined to minimize these drawbacks.
8. On the other hand, I quite admit that the antivaccinist, in his hostility to vaccination, has frequently run into the opposite extreme and grossly exaggerated these drawbacks, whilst endeavouring to prejudice the question of vaccination by making wild assertions about the nature and origin of vaccine lymph, etc.
9. There is distinct evidence that small-pox is leaving this country in spite of the increasing neglect of vaccination, and it seems probable that such neglect of vaccination will continue to increase until the great majority of the population has become unvaccinated. I am inclined to believe that when this happens the problem of small-pox prevention will very possibly be simplified and made more easy rather than more difficult.
10. The great difficulty in controlling the spread of small-pox at the present day is the occurrence of very mild unrecognized cases of the disease which spread infection broadcast before any precautions can be taken. It is an important fact, the significance of which does not appear to be sufficiently appreciated, that these mild unrecognized cases which do so much mischief, and which go so far to thwart our efforts to control the spread of the disease, occur almost entirely amongst vaccinated persons and *because they were so vaccinated*. In other words, it would seem that infantile vaccination, by its very success in mitigating small-pox after its power to protect from attack has worn out, may have a distinct tendency to encourage the spread of the disease. It is possible that this tendency more than neutralizes any benefit which the community derives from the fact that vaccination largely protects the child population from small-pox.