of Caporetto, and says that, apart from some want of foresight of the leaders, the cause was enemy propaganda, working upon the special temperament and conditions of parts of the Italian forces. The war was decreed by the towns; the inhabitants of the rural districts did not understand its objects, and nobody seems to have taken any pains to enlighten them. The peasant soldiers were homesick and ready to listen to the agitators, who told them they were fools to fight for the townsmen and the capitalists. Mr. Trevelyan is not only sympathetic, but reserved; occasionally, however, he lets himself go. He writes:

Suddenly, as by a flash of lightning, men and women in Turin and Florence, and in the remotest villages of north and south, saw what they had done by their murmurings, their cryings for peace when there was no peace, their sympathy with deserters, their discouraging letters to the front. Even in clerical circles in Rome fashionable ladies admitted "the thing had gone too far." The over-practical pacifists of Caporetto, instead of being in favour with the nation whom they had striven to release from the obligations of further self-defence, were everywhere cursed as traitors.

One of the ways in which Italy was aroused was the propaganda of the mutilated. A few wounded officers in hospitals formed themselves into a committee, and were joined by many privates and officers who had lost eyes and limbs.

In one industrial village in the Milanese, the mayor and population refused the missionaries a hearing; but the paralysed Lieutenant Paolucci, held up on a table by his soldier friend, began to speak, and in an hour had converted them all, and drove off amid a frantic ovation. But the most effective speaker was said to be a blind private.

The ambulance unit in the retreat had to abandon stores and lost half its cars, but got away all its nurses and men, besides saving all the British sick and wounded from General Hamilton's batteries. Mr. Trevelyan is chary of praise, but he says:

Not a man or woman in the retreat, whether British army or British Red Cross, but rose to the height of the occasion. Ours was not a grumbling unit, as English people go, but it was the only week in the war when no one grumbled about anything.

On this note of praise and on the note of final victory in the epilogue we may take grateful leave of a book which once taken up will not easily be put down. A set of excellent sketch maps in the text makes it easy to follow the story of the military operations.

NOTES ON BOOKS.

WE have read with enjoyment Dr. BERKART'S well written and judicious essay on the *Treatment of Gout*.⁵ Without adding anything especially new to the discussion of an endless topic, he invests it with much common sense and clinical wisdom. In his view gout is not a specific form of disease primarily and essentially due to errors of diet, but a complex process brought about by a congenital and often inherited abnormality of development. Since all gouty persons are not addicted to dietetic excess, it is vain, he argues, to raise high hopes based on the assumption that a simple life and moderation in eating and drinking—useful as these are—will altogether prevent gout. He is caustic on the subject of dietetic prohibitions, while recognizing that a suitable diet here, as in all other chronic affections, is one of the most valuable elements in treatment. Each case, he says, presents its own problem, which must be solved in accordance with existing circumstances and upon rational principles. Two more quotations will serve to show the spirit of Dr. Berkart's teaching: "A diagnosis of gout should not invariably be the signal of interfering with the patient's habit of living unless it is clearly unsuitable." "The object of a rational diet for the gouty is best attained if the patients are not nervously apprehensive whether the necessary articles are digestible or not." He discusses medicinal agents from the same critical standpoint, and finds most of them wanting. Dr. Norman Moore has written of John Mirfield, the fourteenth century physician, that, "like a large part of the public of our day, he was satisfied as to the value of a remedy when patients could be found who said they were better after employing it." This attitude of mind is, we fear, not confined to the lay public. To those of our profession who are at all that way inclined Dr. Berkart's little treatise should prove a useful corrective.

⁵The *Treatment of Gout*. By J. B. Berkart, M.D. London: H. Milford. Oxford University Press. 1919. (Pp. 21, price 1s. 6d. net.)

SMALL-POX AND VACCINATION.

A REPLY TO DR. McVAIL.

BY

C. KILLICK MILLARD, M.D., D.Sc.,

MEDICAL OFFICER OF HEALTH FOR LEICESTER.

THERE has been so little small-pox in this country in recent years that many medical men take but little interest in it, especially those of the younger generation, of whom not a few have never even seen a case. This fact makes the Milroy Lectures on "Half a Century of Small-pox and Vaccination," by Dr. J. C. McVail, one of our greatest living authorities, all the more welcome. There are certain points, however, raised by Dr. McVail, more especially where he refers to Leicester's experience and the question whether infant vaccination is still necessary, which are of such great and far-reaching importance that I beg leave to be allowed to deal with them.

In his first lecture Dr. McVail gave some very striking figures showing the truly remarkable reduction which has taken place in the mortality from small-pox. Thus, in successive decades the deaths have been:

1867-76 ...	...	...	...	58,614
1877-86 ...	...	...	...	18,026
1887-96 ...	...	...	...	4,892
1897-1906 ...	...	...	...	4,763
1907-16 ...	...	...	...	139

Dr. McVail sums up as follows:

During the last half-century there has been . . . a great diminution in the fatality and in the infectivity and the prevalence of small-pox. This diminution has progressed at an increasing rate of speed. In the latter part of the half-century . . . the country has shown an unparalleled freedom from the disease. . . .

I rather gather that Dr. McVail is coming to think it probable that small-pox, following the precedent of certain other diseases, is dying out so far as this country is concerned, and with that view I entirely concur.

I note with interest that Dr. McVail does not suggest that this is due to the practice of infant vaccination, and, in view of the fact that infant vaccination is being more and more neglected, such a thesis would now be very difficult to sustain. Yet in Dr. McVail's classical work, *Vaccination Vindicated*, published in 1887, he made use of the following table, taken from the Registrar-General, showing the small-pox mortality per million in successive periods, the object being to show that with the progressive efficiency of infant vaccination, small-pox had progressively diminished:

	Small-pox Mortality, all Ages.
(1) Vaccination optional (1847-53) ...	305
(2) Vaccination obligatory but not efficiently enforced (1854-71) ...	223
(3) Vaccination obligatory and more efficiently enforced by vaccination officers (1872-80) ...	156

Dr. McVail quoted with approval the Registrar-General's commentary on this table:

The figures show conclusively that coincidently with the gradual extension of the practice of vaccination there has been . . . a gradual and notable decline in the mortality from small-pox at all ages.

And again:

The hypothesis that would explain the great fall in small-pox mortality by referring it, not to vaccination, but to general sanitary progress, must be rejected as utterly untenable.

If it could have been foreseen that at a later period a still more marked diminution in small-pox would have coincided with a greatly decreased efficiency of infant vaccination, the whole effectiveness of the table would have been completely destroyed. Yet at the time this table did seem most convincing; and I well remember in my early days making a lantern slide of it in order to illustrate an orthodox pro-vaccination lecture. From the propaganda point of view it was most "telling."

Dr. McVail has a good deal to say, favourable and unfavourable, about Leicester. He refers to the famous prophecy he made thirty-two years ago in *Vaccination Vindicated*, shortly after the town had decided to set the vaccination laws at defiance and to abandon infant vaccination. In that prophecy he not only foretold a repetition of seventeenth century experiences, when the time arrived, but called upon the Government to study and record the "catastrophe." How completely that prophecy was

mistaken Dr. McVail now, of course, admits. Small-pox has been repeatedly introduced into Leicester, sometimes in virulent form (in one outbreak there were 5 deaths out of 16 cases), and there have been three major epidemics; yet a reference to the figures given in Dr. McVail's first lecture will show how favourably Leicester compares with most other large towns, in spite of the fact that some 90 per cent. of the children born are not vaccinated. In one of the epidemics no less than 157 cases occurred in the short space of four weeks, scattered all over the town in 103 different streets. Dr. McVail says that we have never had a really infectious type of small-pox to deal with in Leicester. Surely that was a sufficiently severe test! Yet the outbreak was quickly got under control, and subsided almost as quickly as it arose. Again, in the peroration at the end of *Vaccination Vindicated* Dr. McVail wrote:

Among medical men there is, as has been well said, no vaccination question. They know the truth . . . so that it becomes the duty of those who know the value of vaccination, who understand the danger against which it protects . . . to teach their ignorant and misinformed neighbours what is in fact the truth about vaccination . . . the truth about a duty which cannot be neglected except at the price of infinite suffering and loss of life. Again I plead for instruction of the people in the matter of vaccination . . . but not . . . by leaving helpless children to die by thousands from small-pox, as assuredly they will die if a large unvaccinated community be permitted to grow up in our midst.

Dr. McVail observes that I have quoted from *Vaccination Vindicated* on more than one occasion, and it may be asked: Why rake up thirty-year-old prophecies which we all know now have not been fulfilled? The answer is: Certainly not in order to score off Dr. McVail, for whom I have the deepest personal respect, and who, after all, was only giving eloquent utterance to views which were held and expressed by almost the whole of the medical profession at that period. I frankly admit that at one time I myself was as firmly convinced of the danger of neglecting infant vaccination as any one. My real reason for recalling these mistaken prophecies is because, had it not been for prophecies such as these, confidently made and reiterated again and again by the highest medical authorities, the successive Vaccination Acts would never have been passed. It was because the magistrates of Leicester at one time firmly believed in such prophecies, whilst "ignorant and misinformed" people did not, that 1,154 prosecutions took place in Leicester in a single year, and that many people had their goods sold or went to prison. Altogether, in Leicester, until the town rose in revolt, over £2,300 was levied in fines, mostly from poor persons, for resisting the vaccination laws which were passed on the strength of these prophecies. I say unhesitatingly that if we had known then what we know to-day—if Dr. McVail's Milroy Lectures could have been published fifty years ago instead of yesterday—I do not believe that any of those people would ever have been prosecuted or penalized. And let us not forget that on the strength of those prophecies people are still being prosecuted to-day.

In his second lecture Dr. McVail deals with my contention that infant vaccination tends to spread small-pox by "masking" the disease. He does not deny this tendency or attempt to controvert it, but suggests that it would not be fair to allow children to be exposed to the risk of small-pox merely for the sake of possibly making it easier to control the spread of the disease. My answer to this is:

1. Laws passed by the State are for the sake of the community as a whole and not for the sake of the individual. If it should be true, as I suggest it is, that the balance of advantage so far as the community is concerned is against infantile vaccination, then although a private medical attendant might be justified—if the danger of small-pox were very real—in advising that an infant should be vaccinated (just as in the old days he might have advised inoculation, although against the interest of the community as a whole), yet certainly the State would not be justified in making infant vaccination obligatory under pains and penalties for default.

2. But I submit that the danger of an infant contracting small-pox is no longer real. It has become so remote (and this not because of infantile vaccination but because small-pox is leaving the country) that it is now a very debatable point whether the risk the infant runs from vaccination

is not definitely greater than the risk from small-pox. Moreover, one of the things we have learnt about small-pox is that where modern methods of prevention are carried out it is essentially a disease of adults rather than of children. It is spread in the factory, inn, lodging-house, etc., rather than in the home or school. (I am interested to learn that Dr. McVail, like me, has never had occasion to close a school on account of small-pox.)

Dr. McVail devotes a good deal of space to criticizing the so-called "Leicester Method," but I fear it would take too long to follow him in detail. Suffice it to say that "the proof of the pudding is in the eating." Personally I am quite content to speak only of "the modern method" of dealing with small-pox, and this, whether we admit it or not, places no reliance upon infant vaccination. The old talk about infant vaccination being our "sheet anchor" is now quite out of date.

As for the future, Dr. McVail is careful to make no more prophecies. He suggests the possibility of a serious recurrence of small-pox as a sequel to the war. He admits, however, that so far—except in much-vaccinated Germany, which has special difficulties to contend with from proximity to Russia—no recurrence has taken place. He emphasizes that in one respect we are better protected by vaccination than ever before, because of the vaccination of our troops during the war, but I would point out that the vaccination of our soldiers is recent adult vaccination, and constitutes no argument whatever for infant vaccination.

It is satisfactory to find that Dr. McVail is no longer seriously alarmed for the future, even if small-pox should recur. He writes:

If, however, small-pox were to invade this country, the measures at our disposal and our preventive equipment generally should enable us to deal with it, despite the fact that, on the whole, we are going back on, rather than developing, our position in regard to general protection obtained beforehand. [That is, in spite of the increasing neglect of infant vaccination.—C. K. M.]

This, of course, is a very satisfactory admission, and I trust it will be noted by all members of Parliament. He makes another significant admission which I trust will also be duly noted. At the end of his second lecture he says:

There is, however, one conceivable condition which would not only justify but demand the cessation of vaccination. If small-pox were to disappear, so also manifestly would the need for vaccination . . . if there were no need for vaccination it would have no value, and the marvellous decrease of small-pox . . . makes such a possibility, however remote still, yet apparently less remote than ever before.

I have said much the same thing in my book, *The Vaccination Question in the Light of Modern Experience*, only I go a little further, and say that as small-pox has already virtually disappeared so also has the need for infant vaccination. In this matter I am merely a few years ahead of Dr. McVail, that is all.

In conclusion, in order to prevent misunderstanding as to just where I stand, allow me to make my confession of faith. Vaccination, as a scientific operation for conferring complete though temporary immunity to small-pox upon the individual, will live for ever, and will always remain an outstanding achievement to the credit of British medical science. It will always be of the greatest service in combating outbreaks of small-pox whenever such may occur, and it robs such outbreaks of their chief terrors. But infantile vaccination as a State institution aiming at the universal vaccination of infants has been living on a reputation largely based on prophecies now proved to have been erroneous; it is already discredited by large masses of the population, and is rapidly becoming obsolete. I submit that the time is ripe for a reconsideration of the question whether it is any longer really necessary.

THE HOSPITAL DEADLOCK IN TASMANIA.

THE island of Tasmania, which lies to the south of Australia, is about three-quarters the size of Ireland, with rather more than 200,000 inhabitants. The executive authority is vested in a Governor appointed by the Crown, aided by a council of responsible ministers, at whose head is the Premier. The principal towns are Hobart, the capital, and Launceston; each has a general hospital with about 170 beds, the greater part of whose income is derived from a Government grant. The other hospitals of the island would appear to be comparatively small;