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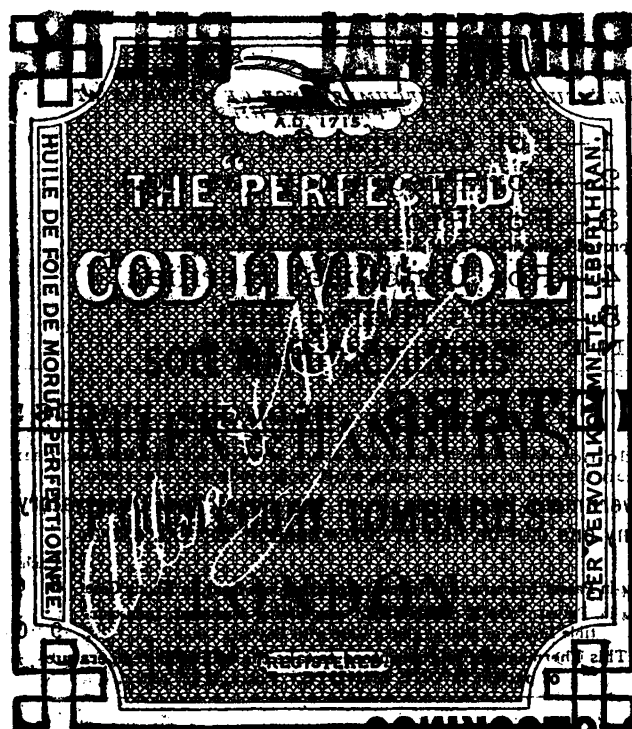
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the approved method, according to his dictum, being three insertions on one arm, preferably the left. I need not say that after this I never received a grant.

With regard to private vaccination, I frequently find some difficulty in getting the parents of the infants to consent to more than two insertions on the arm—a plan adopted, I regret to say, by some practitioners, who care more to please their *clients* than the efficient protection against small-pox. I get over the difficulty by laying it down as a *sine quâ non* that unless the operation is properly done I could not certify that the child had been successfully vaccinated. I disagree with "Vaccinator" that the operation is one any old dame, however clever she may be, can in a week acquire the tact necessary for the proper performance of, to say nothing about the vagaries and irregular course on many occasions assumed by the vaccine, consequently necessitating close and studied observation. Here I may mention a case bearing on the latter point.

On October 20th I vaccinated two children with calf lymph. Both took well. On the eighth day nothing unusual was observable, but on the thirteenth day one was brought to me with a condition of arm I had never before witnessed. There was considerable induration, a large dark-purple areola surrounded the site of the vaccine vesicles, which were discharging freely an ichorous fluid. On the surface of the areola were about thirty vesicles, varying from the size of a hempseed to that of a split pea, containing clear fluid which in appearance like a crop of shingles, subsequently suppurating. The healing process has been very slow; and, added to this, a large abscess formed on the under surface of the arm exactly opposite the condition above described. Fortunately, calf lymph was used, otherwise the consequences to the vaccinator would have been anything but pleasant. Nothing untoward happened to the other child.

ARTHUR writes: I entirely agree with the letter of "Vaccinator" in the JOURNAL for November 12th as to the utter impossibility of pleasing Mr. Inspector. The vaccination officers also complain most bitterly of the want of courtesy shown even when no fault is found. I have long ago resolved to disregard his unpractical orders, and to do my work conscientiously in the manner most convenient to myself and patients. The small amount of the grant is entirely disproportionate to the annoyance that has to be borne from men who have not the slightest idea of the difficulties and exigencies of country practice in thinly populated and scattered districts.

DR. H. M. BARKER (Staincliff, Sandown) writes: Will you allow me to endorse your remarks on the subject of vaccination inspectors? I have been a public vaccinator for several years, and have regularly received the Government grant, and in all the inspections of the gentleman sent down by the Local Government Board I have received the kindest and most considerate treatment. My books were thoroughly searched, and every kind of inquiry was made (as I think should be the case), and I asked the parents of several children already vaccinated to be good enough to bring them to my house for inspection, which they did, and the remarks of the inspector were always courteous and gentlemanly. The results of some of the vaccination of the present day are very deplorable, and it is to be little wondered at that small-pox, when it makes its appearance, should so easily gain a footing in certain districts. There are rules laid down for our guidance, and the better way is to carry them out rigidly, and I feel sure that if this is done there will be no cause for complaint.

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I think the profession ought to show more self-respect than it has hitherto done in this matter. One thing is certain, that the general public will not respect it more than it appears to respect itself. There is more in names and phrases than many dull persons are inclined to admit.

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