

strated by a Commission appointed by the Emperor Napoleon. An investigation made in some of the chief schools in France showed that, as a rule, the boys who smoked were, in the majority of cases, far inferior in ability to the non-smokers. The result was that the Emperor issued an order that no boy under the age of 16 years should be allowed to smoke. A similar investigation was made in the naval and military academies in the United States; it was distinctly proved in each case that the students who smoked held an inferior position in the examinations to the non-smokers. The Commissioners in this instance also recommended the authorities to prohibit smoking amongst the students, and an order was issued accordingly.

I think that the following positions are almost, if not altogether, beyond dispute.

1. No healthy boy can be benefited, physically, mentally, or morally, by smoking.
2. No boy, however healthy, can indulge in the habit of smoking, without injury in one way or another.
3. Scarcely a case can be found where a boy who has inherited a sound gustatory apparatus, has acquired the habit of smoking, without having had to outrage his nature by breaking down the safeguard provided to secure him from harm in the choice of food.

#### THE SUCCESSFUL VACCINATION AND REVACCINATION EXPERIMENT IN PRUSSIA.

DR. P. M. DAVIDSON (Congleton) writes: Without entering into any discussion as to the advantages derived by Prussia or other places from vaccination and revaccination, I should like to say that it is extremely doubtful that the vaccination cause is promoted by attempts to place to its credit every little incident connected with temporary diminution in small-pox mortality, when, on at least equally good grounds, such diminution can be shown to be due to causes wholly independent of it. Dr. Drysdale tells us that there was a great epidemic in Prussia in 1872-73, when the mortality was 243 and 262 per 100,000 of the population.

Immediately after this, when, presumably from the number of deaths that had already taken place, all the susceptible material had been used up, vaccination and revaccination were made compulsory, with the instant result of reducing the mortality to an average of 3.6 per 100,000. In the first year of the new law, before there had been time to set it in motion, the death-rate fell to 3.6; in the third year to 0.3; but in the sixth year, when the system might reasonably have been expected to be carried out very perfectly, the rate rose to 2.6, and in each of the subsequent years there was a strong rise. It seems to me that a rise in mortality, coincident with and in proportion to the perfection of any system adopted to lessen it, does not speak well for the system. Dr. Drysdale cannot be ignorant of the fact that after a great epidemic of small-pox the place where it takes place is almost free from the disease for many years. I believe the average interval between one epidemic and another is not less than twelve years; and it might be well to suspend our judgment with regard to Prussia for a few years more, and avoid in the meantime inflaming the public mind with hopes that may never be realised. The coincidence of increasing mortality with increasing perfection of the "experiment" points as strongly to a gradual increase of susceptible material, and to the slow approach of another great epidemic, as to anything else.

A comparison is made between the mortality in Prussia and in Austria in the years from 1875 to 1882, which appears to be very much to the disadvantage of the latter, but in making this comparison it ought to have been kept in view that, unlike Prussia, Austria had not had a great epidemic in the two previous years to protect her population. If we include the Prussian two epidemic years, and then sum up the deaths for each country, the mortality is found to be the same. Perhaps Germany had a little advantage in getting her deaths in a lump sum, instead of by equal annual instalments.

It has not been my object to argue whether vaccination is or is not capable of doing what is claimed for it, but that, from his facts, Dr. Drysdale is not warranted in saying it is.

**ERRATA.**—In the translation of Dr. Koch's article which appeared in the *BRITISH MEDICAL JOURNAL* of November 22nd, p. 1195, left hand column, ninth line from top, 0.02 cubic centimetre should read 0.002 cubic centimetre. In the Programme of the *BRITISH MEDICAL JOURNAL* for 1891 published on December 13th, Mr. Skene Keith was by a clerical error described as Surgeon to Out-patients of the Samaritan Free Hospital. In the Programme, p. iii, line 5, for "Hospital for Women, Marylebone Road," read "New Hospital for Women, Euston Road."

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#### BOOKS, ETC., RECEIVED.

*Rudiments of Sanitation for Indian Schools.* By Patrick Hehir, M.D., Bombay. Printed at the Education Society's Steam Press, Byculla. 1890.  
*The Care of the Sick at Home and in the Hospital.* By Dr. Th. Billroth. Translated by J. Bentall Erdean. London: Sampson Low and Co. 1890.

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