

Medical Matters.

AN OBJECT LESSON.



FOR some years past, there has been an active party working in this country to prevent the compulsory vaccination of the people; and their efforts have been so far successful that the action of the law has been, to a considerable extent, paralysed. Their chief arguments are that vaccination does not prevent small-pox, and that medical men support vaccination for their own selfish and pecuniary interests. Persons who condescend to employ such arguments, as the latter, can only be treated with contemptuous silence. It is interesting to test the former assertion from time to time by existing facts. The nation is now suffering from various epidemics, and large cities and districts are being scourged by small-pox. Immense sums of money are being lost by the working classes in consequence; and as a medical man caustically points out, the only persons who are really benefited by this outcome of the work of the anti-vaccinators are the members of the medical profession—who thus have their practices very considerably increased. In fact, the gentleman in question argues that medical men have to thank the anti-vaccinators for a considerable accession to their incomes, and that therefore the contention of these persons, that medical men desire vaccination for their pecuniary gain, is obviously ridiculous. It is manifestly more profitable to attend a whole family for small-pox for a month than to vaccinate them all at one sitting at sixpence a head! Gloucester is, at present, being devastated by an epidemic of small-pox. For ten years past, the Guardians of the Poor have permitted the provisions of the Vaccination Acts to be disregarded, and the town is now paying the penalty in a terrible death-rate, and in scenes which furnish the most startling object lesson as to the criminal foolishness of faddists. Whole houses are said to be filled with persons suffering from small-pox in a virulent form; the medical men and Nurses are unable to properly cope with the large number of patients under their care; the Infectious Hospital is over-crowded; and it appears to be impossible to efficiently isolate those who are struck down by the disease. The death-rate is said to be appalling. Out

of the first 495 cases 93 died, and only 100 recovered, leaving 300 more amongst whom a considerable proportion of deaths are certain in due course to result. The fact that one-half, of the first batch attacked, died, is sufficient proof of the excessive virulence of the epidemic, and of the penalty that Gloucester will have to pay in life and money for its neglect of vaccination. The Board of Guardians, appalled by the terrible consequences of the outbreak, and by the panic which seems now to have set in—and which, by scattering infected persons over the country, will inevitably tend to spread the epidemic far and wide—have tardily determined to stringently enforce the provisions of the Vaccination Acts; and it is most earnestly to be hoped that this measure of precaution may even now avail to check the plague.

DIPHTHERIA AND SCARLET FEVER.

SEVERAL correspondents have asked us for information concerning the connection between Diphtheria and Scarlet Fever; and one of our readers in Russia has questioned whether it is possible that, in that country, the diseases can be identical, because she rarely hears the former described except as scarlatina and diphtheria. As a matter of fact, there is no doubt that the two diseases are completely distinct, and that each is due to a definite cause; but on the other hand, it is equally certain that there is considerable similarity between these two affections, and not only does true diphtheria in many cases follow upon, and after, an attack of true scarlet fever, but the reverse occurrence may also take place, and diphtheria may seem to be merely the precursor of an attack of scarlet fever. It must, moreover, be remembered that in many cases of scarlet fever the throat affection which is so characteristic a part of the disease, may be unusually severe, and, while not altogether approaching the "malignant" form, the tonsils may yet show patches of exudation strongly resembling the false membrane which is typical of diphtheria. To careless or inexperienced observers such patches may appear to be diphtheritic—a fact which may account for the popular belief in Russia of the concurrence of diphtheria with scarlet fever. It is, however, a well-established fact and rule, that independent diseases do not, except in the rarest instances, occur in the human subject at the same time; and it, therefore, follows that the appearance of two infectious fevers running a concurrent course in one individual is only a clinical curiosity.

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