

or appropriated its victims. It is not my desire to censure our City Council with the imperfect manner in which the duty confided to it has been discharged; but I may observe, that, as the Council has taken upon itself the duty—not commanded but permitted—of enforcing the law, that duty should be performed fully and entirely, or not at all. The partial success obtained by the public vaccinators, (Doctors Leprohon, Campbell, and Ricard,) is due entirely to their own zeal. These gentlemen have, in most instances, sought out those who were not vaccinated, and carried the lymph to them. It cannot be expected, however, that for the miserably small fee of 25 cents, medical gentlemen should leave their other occupations to travel far in quest of those who should be forced to go to them. Greater publicity is wanted; and people should be made to understand that there is a law to compel vaccination; and that law should make examples of those who endanger the lives of their own children and those of others by a non-compliance with it.

Throughout the whole of Europe the practice of vaccination has long been general. In France, Prussia, Bavaria, Wirtemberg, Denmark, &c., where a longer or shorter residence permitted me to become familiar with the sanitary laws of these countries, the practice is general among civilians, and compulsory among the military; and not only one, but repeated vaccinations. Nor has the British Government, though disreputing anything seemingly inquisitorial, been less rigid in the enforcement of so good a law: and in a number of the *Times* for October, we read of an inquest on the body of a child dead of small-pox, where the Jury rendered a verdict amounting to manslaughter against the parents, for neglecting to have the child vaccinated.

In the neighboring States the practice is general, and every precaution is taken that prudence can suggest to prevent the occurrence, or to limit the ravages of the disease. Some of these, however, seem to be rather the hurried promptings of fear, than of wisdom.

But well founded doubts are entertained by physicians and others, concerning the continuance of the protecting influence of vaccination. The scar upon the arm produced by the vaccine virus is not now regarded as a guarantee *pour toujours* against the occurrence of the more unsightly small-pox scars upon the cheek. How much soever we may be disposed to laud the discovery of Jenner (and certainly no other of the present, or the past centuries can be compared with it in importance,) cases of small-pox occurring after successful vaccination are too frequent, to permit us to doubt there is a limit to the duration of that protecting influence. On the continent of Europe, this limitation was recognized and acted upon upwards of twenty years ago. Fifteen years afterwards, the subject was forced upon the attention of the British Army Medical department, when in 1858, a number of cases of small-pox having occurred in the army, particularly in India, among persons who had been previously vaccinated, a departmental order was issued "that in future, every recruit should, on joining his regiment be vaccinated, even if he should be found to have marks of small-pox or of previous vaccination." A number of soldiers "in whom the marks of vaccination were not deemed satisfactory, were vaccinated, and the results were kept separate from those of the recruits"; and the following table

shows "the degree of success which attended the operation in 1000 cases in each of four different categories, together with the general result upon all the men vaccinated."

Results of Revaccination in a portion of the British Army

Army exclusive of Militia	Total number vaccinated.	Results.	In those who bore marks of previous small-pox.	In those who bore good marks of previous vaccif.	In those who bore doubtful marks of prev. vaccination.	In those who bore no marks in prev. vac. or small-pox.	Total per 1000.
Soldiers not	4483	A perfect vaccine pustule.	414.30	423.50	294.12	489.96	412.7
		A modified vaccine pustule.	200.74	179.69	368.44	167.19	301.5
		A failure in vaccine do.	34.78	236.81	842.44	843.85	395.8
		Total.	1000	1000	1000	1000	1000
Recruits	21656	A perfect vaccine pustule.	850.96	388.71	427.61	593.64	398.2
		A modified vaccine do.	147.09	121.16	257.83	246.06	217.8
		A failure in vaccine do.	42.85	300.13	320.46	257.80	334.2
		Total.	1000	1000	1000	1000	1000

Result of Revaccination in the British Militia.

Embodied Militia.	Total number vaccinated.	Results.	In those who bore marks of previous small-pox.	In those who bore good marks of prev. vaccination.	In those who bore doubtful marks of prev. vaccination.	In those who bore no marks of prev. vac. or small-pox.	Total per 1000.
Soldiers not	1609	A perfect vaccine pustule.	327.07	234.57	612.12	451.55	366.9
		A modified vaccine pustule.	191.73	236.44	193.94	192.50	239.9
		A failure in vaccine do.	481.20	468.99	193.94	355.56	438.4
		Total.	1000	1000	1000	1000	1000
Recruits	4833	A perfect vaccine pustule.	261.14	226.00	415.18	586.06	336.5
		A modified vaccine do.	212.28	248.59	174.11	106.45	261.7
		A failure in vaccine do.	426.58	266.41	410.71	370.55	422.9
		Total.	1000	1000	1000	1000	1000

What is remarkable in the foregoing table is the fact that previous vaccination, or even previous small-pox, seems to have had but little influence in determining the general results; and I beg to direct attention specially to that fact to correct a very general but a very erroneous belief shared in by many physicians—that the failure