

sick in Leicester if all nurses had had the same experience as the nurses who refused revaccination? In an unprotected community, instead of smallpox being limited, it would spread in rapidly widening circles. Where a person protects himself by vaccination and revaccination he can defy smallpox. He carries his protection with him wherever he goes and a father can obtain protection both for himself and his family. Even if isolation in hospitals were made more stringently compulsory than vaccination has ever been in this country there could be no complete security. The protection of the individual might fail at any moment. It would depend not on himself but on other people. His cordon of protection would be a chain, the measure of whose strength would be its feeblest link, and over not one link would he have efficient control. Failure of parents to observe the symptoms of illness; failure to call in a doctor; failure of the doctor to recognize smallpox; failure in promptitude of removal; inadequacy of hospital accommodation; insufficiency of disinfection of persons and things—these would be among the risks to which even a law of compulsory isolation would leave him exposed. Obviously the risk of collapse of voluntary isolation would be much greater.

12. Vaccination is very safe.

Nothing done by human beings is entirely without risk, but the risks of vaccination have been grossly exaggerated. Some of the earliest anti-vaccinationists held that the countenance of a vaccinated child might be transformed so as to assume "the visage of a cow." Later on, in the 'fifties, vaccination was accused of making people bald-headed, short-sighted, lazy, and of causing degeneracy in music, painting, oratory, poetry, etc. Still later, the habit has been to get statistical returns of increasing and decreasing diseases from the Registrar-General, and to attribute the increasing diseases to vaccination, and to use the decreasing diseases to illustrate the view that smallpox also might decrease without vaccination. But a disease may be increasing at one time and decreasing at another. Thus at one time cholera and enteric fever and scarlet fever were blamed on vaccination, but when these diseases began to decrease, their decrease was, and still is, held to show the needlessness of vaccination.

One foul disease in particular has been blamed on vaccination. It happens that since Leicester gave up vaccination that disease has increased there much more rapidly among infants than in the rest of England. So also erysipelas, while it decreased in England by 16 per cent., increased in Leicester by 41 per cent. Similarly, diarrhoea, dysentery and bronchitis, all of which have been blamed to vaccination, increased much more in Leicester than in England. The periods under comparison are 1863-67 and 1883-87. It is not to be supposed that the increase in these diseases is due to want of vaccination, but if instead of increasing they had diminished in Leicester, it is undeniable that their diminution would have been attributed by antivaccinationists to diminution in vaccination, just as increase of many sorts of disease has been attributed by them to vaccination where vaccination is not neglected as in Leicester. The Royal Commission made most careful search for injuries resulting from vaccin-