

2. Clause 10 is very obstructive. Success of vaccination may be ascertained, and a certificate issued at any convenient time subsequent to the operation. If this clause were altered, clause 14 should also be made to meet it.

3. I think the Public Vaccinators should be paid by fee, and not by salary, as provided by this Act; but whether it be salary or fee, it should be fixed and paid by the General Government, and then charged against the Province.

4. Every certificate of vaccination charged by the Public Vaccinator, in his official capacity, should be endorsed to the effect that the vaccinifer had been vaccinated, at the request of his or her parent or guardian, by the Public Vaccinator. This I think would be a sufficient line to draw between the children vaccinated at the public expense, and children vaccinated as private patients.

5. The Surgeon of every public Hospital should be appointed a Public Vaccinator, and should also be required to keep a constant supply of vaccine lymph, to be forwarded by him to legally qualified medical practitioners on application personally, or by letter, at the Hospital.

Hoping I have not trespassed too much upon your time,

I have, &c.,

To the Chairman Vaccination Committee
of the General Assembly, New Zealand.

ALEXANDER JOHNSTON, M.D.

No. 2.

Mr. C. FRANCE to the CHAIRMAN, VACCINATION COMMITTEE.

SIR,—

Wellington, 18th July, 1870.

Having carefully read the proposed Vaccination Act, I am of opinion that the period of one week (clause 10), for the purpose of inspection, might be extended, especially in country districts. The principal objection being the probable failure of the supply of lymph, the parent should be required to give a sufficient reason, such as badness of weather or illness of the child. The success of the operation could be as easily determined the day-month as the day-week. I have found by experience that wet and cold weather are the greatest obstacles in keeping up weekly arm-to-arm vaccination.

The difficulty of remunerating country Public Vaccinators, I think, would be best met by giving a similar fee for inspection as for operating, with the understanding that it should be either a success, or repeated, if necessary, without further charge.

I have, &c.,

CHARLES FRANCE,
Surgeon.

To the Chairman of the Committee on Vaccination.

No. 3.

Mr. W. G. KEMP to the CHAIRMAN, VACCINATION COMMITTEE.

SIR,—

Wellington, 18th July, 1870.

I would suggest, as simplifying in some measure the working of the proposed Bill, that instead of a Vaccination Inspector being appointed, the Registrar in each district should keep a list of all children born within his district, and should send to the Police Inspector of the same district the names and addresses of all children whose certificates of successful vaccination, or exemption, as the case might be, had not been furnished to him (the Registrar) within six calendar months after the birth of each child. This would relieve medical men from all responsibility in the matter, who would simply furnish the Registrar of their district with a list of all children successfully vaccinated by them, as well as of those who were exempt from sickness or other cause.

In towns and centres of population I would suggest the appointment of one medical practitioner as Public Vaccinator, whose duty it should be to vaccinate all pauper cases within his district, and that he should be paid by the General Government after a fixed scale, viz., five shillings for every case vaccinated at his (the Vaccinator's) house, and seven and sixpence for every case done at the patient's house, as in the latter case more trouble and time are spent, for which some further remuneration should be made.

In sparsely populated districts I would suggest that each medical practitioner be appointed Public Vaccinator for his own district, and that he be paid after the above scale for cases within a radius of three miles from his (the Vaccinator's) house, beyond which distance he should be allowed mileage, after the rate of one shilling per mile, allowance being made for one way only.

I am of opinion that the establishment of stations, even in towns and centres of population, would be found in the working unsatisfactory, and for this reason, that the Public Vaccinators will be, in small country towns in New Zealand, men in actual practice (not, as in England, men who give up their time, in a great measure, to vaccination), to whom it might often cause very serious loss and inconvenience to be obliged to attend so many hours in the week at any given place, more especially as the number of patients would, I apprehend, be small.