CASES OF DIFFUSE CELLULAR INFLAMMATION FOLLOWING VACCINATION. BY DR. OSBREY.

The first was that of a female child, aged five years, who had been vaccinated by a respectable practitioner in this city. This child was brought to me about three weeks after it had been inoculated. The arm was then greatly swollen, the swelling extending to the hand ; the integuments of the upper arm were of a dusky leaden hue, and a large black slough occupied the situation of the usual crust of the vaccine vesicle. The child's pulse was weak and slow, not exceeding 64. The extremities were cold : tongue dry and coated. There was stupor almost amounting to coma. There was extensive sloughing and hæmorrhage from the musous membrane of the mouth. The integuments of the cheeks adjoining the commissure of the lips were of a livid hue. The respiration was very much hurried, but no physical sign of disease could be detected in the chest. These formidable symptoms, I was informed by the child's parents, first presented themselves between the ninth and twelfth day from that on which it had been vaccinated. The practitioner who inoculated the child assured me that up to that period the vaccine vesicle ran a healthy course, and that he had vaccinated other children with the same lymph in whom the course of the vesicle was perfectly regular.

This child was of a delicate constitution, having been at times under my care for attacks of scrofulous ophthalmia, pneumonia, and bronchitis. Its health I understood was good at the time it was inoculated.

Complete recovery, though very slowly, was effected in this case by the following means:—The child's strength was supported by the exhibition of mild tonics and of the diffusible and permanent stimulants. The arm was kept constantly poulticed and fomented, until the sloughs separated, and was then dressed with simple dressings. Muriatic acid, slightly diluted, was occasionally applied around the sloughs of the mucous membrane of the mouth, and at times small doses of opium were given.

The second case was that of a male child, aged eighteen months, who was also vaccinated by a physician of character in this city. About the twelfth day from the period on which it was vaccinated, the arm was attacked with severe inflammation of the erysipelatous character, the vaccine vesicle, as far as I could collect from the parents, having, up to that day, ran a regular course. I saw this child on the sixteenth day. A dark slough, as large as a shilling, then occupied the situation of the vesicle; the entire extremity was immensely swollen; the integuments of the upper arm were of erysipelatous redness, and such portions of them as were in the immediate neighbourhood of the slough were quite livid. The attending fever was of the inflammatory type, the skin being hot, tongue furred, pulse rapid and full, and the thirst great. Until the fever was subdued by cooling and alterative medicines, and the local inflammation relieved by the application of poultices and fomentations, the sloughing spread with the most alarming rapidity. After the sloughs had separated, the progress of the gangrene having been arrested by the foregoing treatment, a large and deep ulcer remained, with undermined

could be distinctly observed; so extensive was this ulcer, that it was not healed for three months, though the case progressed most favorably in every respect. The child, I was informed, was in good health at the time it was inoculated; and I saw other children who, I was told by their parents, were vaccinated by the same matter in whom the vaccine vesicle ran a regular course.

It is obvious, if the accounts which I received were correct, that the unhealthy inflammation in the foregoing cases could not have been produced by the inoculation of impure matter, as other children were vaccinated with the same lymph without any deleterious consequences; the period also at which the inflammation supervened militates against such a supposition. Dr. Dwyer and Dr. Battersby, who, as I have just mentioned, saw the last of these two cases. concurred with me in the opinion that the very severe inflammation which attacked the arm must have arisen from some peculiarity in the child's constitution, or from some local irritation. The fever and symptoms which existed in the first case appear to have been very similar to those symptoms which attend one of the malignant forms of scarlatina described in Dr. Graves' work, styled secondary fever in my paper published in it, and aptly termed complicated malignant by Dr. Henry Kennedy. There could have been no complication in this case with scarlatina, as the child had been affected with that disease at a remote period from that in which it was vaccinated.

I have recorded these cases not with the slightest idea of creating any prejudice against vaccination, which has proved so eminently useful, but for the purpose of showing its analogy to the other exanthemata, and with a view of rendering practitioners cautious in the management of children whom they have vaccinated, until all inflammation has ceased.— Dublin Journ. Med. Sci.

OBITUARY.

On the 14th ultimo, at his residence, Cheetham-hill, William Goodlad, Esq., fellow of the Royal College of Surgeons, and one of the surgeons to the Union Hospital, Manchester.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Members admitted Friday, February 23, 1844.

J. M. S. Fogo, W. D. Key, G. Fitzhenry, G. Simpson, J. Coulter, J. W. Collingwood, W. H. Pope, A. W. Rowlands, J. Heeley, J. M. Goodinge, T. O. Connor.

TO CORRESPONDENTS.

- *** It is requested that letters and communications may be addressed to Dr. Hennis Green, 58, Margaret-street, Cavendish-square. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.
- Obstetricus.—We are not disposed to carry the controversy any further.
- Will the *Medical Officer* in Dorsetshire, whose letter appears in the Journal for February 17, send us his address, as we have a communication for him ?

large and deep ulcer remained, with undermined ERRATUM.—In last Number, page 422, col. 2, line edges, at the bottom of which the muscles of the arm 17, for "Dr. Fournier," read Dr. Fournet.