

ted and undisputed, until within a very few years, when the varioloid, or modified small pox, made its appearance, and renewed the clamours of the prejudiced and the sceptic, against the Jennerian antidote. No sooner was it discovered that small pox, though in a modified form, could possibly occur after vaccination, than all the hitherto acknowledged virtues of this process in guarding the system against the ravages of small pox were brought into disrepute, and many were precipitately led to conclude that they had all been an idle dream—a tissue of misrepresentations, which could not withstand the touchstone of time and experience. But does the occurrence of the varioloid indeed lead to this inference, or to any inference that is decisively and conclusively contradictory of the benefits to be derived from vaccination? In order to reply to this question let us ask, what is the varioloid—what is this monster that is to destroy the fond hopes of deluded mankind, and overturn the glowing anticipations of one who has been almost canonized as the benefactor of the human race, whom we had all delighted to style the immortal Jenner? It is a mild form of pox, occurring occasionally in persons who have been previously vaccinated, and devastated by that process of all the fearful accompaniments of the original affection, neither carrying death nor deformity in its train, not being fatal in one case out of a thousand, and very seldom leaving the traces of its attack in a few slight impressions on the skin. If this alone were the effect of vaccination, it were surely one of the greatest blessings ever conferred on man by his provident Creator. This is not its only advantage: In supplanting inoculation for the small pox, it has removed one of the greatest evils formerly incident to man, and which has been very falsely deemed a sure safeguard against the inroads of that fell disease. Certain it is, that the varioloid has not attacked the vaccinated only, but likewise the inoculated, and even those who had laboured under the natural small pox. The difference in the effects produced in the two last, and in the first case, or in those vaccinated, has been great indeed, and is sufficient of itself to settle the dispute. The varioloid in the two first instances, that is, occurring in persons who have had the small pox, whether naturally or by inoculation, assumes the form of the regular small pox, and is equally terrific in its effects. One of the worst cases of this disease which the author of these notes recollects to have seen, occurred in a young man who was previously deeply pitted with the small pox, of which he had suffered an attack in early life. The records of the varioloid, in the public journals, also testify to the fact, that a previous attack is no security against a recurrence in the form spoken of, and does not, like vaccination, protect the constitution against deformity or more fatal consequences.

It should also be recollected, that inoculation of the small pox has frequently served to spread the disease in its natural form, and introduce it where otherwise it would have never appeared. As early as 1796, before vaccination was promulgated by Jenner, an eminent physician of London informed the public, that “a child was inoculated in April, whose parents kept a shop in a court consisting of about twenty houses. As the inhabitants repaired every day for necessary articles to the source of infection, the consequence was, that sixteen of them were affected with the small pox in the natural way, within a fortnight after the child's recovery, and four of them died of the disease.”—See *Monthly Magazine* for 1796, p. 326.

It should not be forgotten, likewise, that many cases adduced as failures of vaccination are of a very doubtful character. Vaccination, after it came very generally into vogue, and had succeeded in nearly extirpating its great antagonist, was often very carelessly performed, and without attention to the laws governing this process, and which alone can render it successful. The qualities of the vaccine lymph are not sufficiently attended to on all occasions, nor the circumstances of the individual to be vaccinated. In order to prevent as far as in our power lies, a recurrence of such negligence, it will be proper to lay down, explicitly, the rules to be observed in vaccinating. We borrow them from one of the highest sources in Great Britain, Dr. Gregory, who has probably paid more attention to this subject than any other physician in his own, or perhaps any other country. His situation in the Small Pox Hospital, gives him peculiar advantages.

Dr. Gregory thinks the most general cause of the failure of vaccination is the use of dry lymph on points or glasses. Another source of failure is an unfit lancet. This instrument should be clean and sharp, otherwise the virus is thrown back upon the shoulder of the instrument, and not a particle of it enters the wound. The skins of children differ much in the degree of toughness. Failures, Dr. Gregory has observed to be more common where the skin is tough. It is desirable that the lancet should