

I believe if such lymph were examined under a microscope it would be found to contain *pus*. The lymph furnished by a vaccine vesicle of a scrofulous or strumous child is always yellow, because it always contains pus after the earliest stages, and such lymph will produce septicæmia.

Hence I would prefer not taking vaccine from children at all, except under the most favorable circumstances, and for the simple reason that communicable blood taints may lurk in the blood of persons, where no outward evidence is yet apparent, as, for example, in children of cancerous families. The sincerity of our faith in the non-communicability of blood taints by means of vaccine lymph may be easily discovered by asking the question, who is there among us who would be willing to allow himself to be vaccinated with lymph from the arm of a patient covered with a syphilitic eruption?

When the present system of district vaccination was first introduced the whole populace were in a state of excitement on the subject of vaccination, and the French portion of the community, led by the anti-vaccinationists were bitterly opposed to the practice, pointing to numerous cases of bad results following it. Under these circumstances, in order to conciliate and change the popular prejudice, it was necessary that the greatest care should be exercised in the whole mode of procedure:

1st. That the lymph used should be absolutely pure and perfectly reliable; and, 2nd. That no children unfit for the operation should be vaccinated.

The discovery of the Longue Pointe cases of spontaneous cow-pox afforded us the opportunity required to meet the first indication; and the instructions of the Board prohibiting the vaccination of any child having "an eruption behind the ears, or elsewhere on the body," and which was sedulously adhered to for some time, met the second.

However, during the season 1878-79, finding that a very large number of children having slight rashes were being passed over, and some of these in some cases, almost immediately afterward were attacked and died of small-pox, relying on the purity of the lymph, I determined to vaccinate all children with rashes not of a very severe character—omitting only the very worst, which I had not the temerity to undertake.

I soon found, to my great satisfaction, that this

class of children all did well, their arms giving no trouble, and the rashes in such as I was able to see afterwards, having disappeared altogether. Emboldened by my success in mild cases, I next began to extend the benefits of vaccination to cases of greater severity, as, for instance, general eczematous eruptions, scald head, children with scrofulous ophthalmia, &c., &c. And, although in some instances of slow recovery I doubted the prudence of incurring the risk, yet in the end all resulted satisfactorily, and the skin eruption was cured.

I have selected five cases as examples, which I will narrate to you as briefly as possible:

CASE I. Eczema Chronicum.—The child of a resident in St. Martin street, previously an anti-vaccinationist. The family consisted of seven children, six of whom I had, at the father's own request, vaccinated successfully—although he had refused over and over again, previous to this time, to have any of them vaccinated. This child, aged fifteen months, was at first passed over because of an eczematous eruption over the whole body, but chiefly on the head and upper extremities.

From an extreme opponent he became an extreme partisan by telling me that, if it would not make the child any worse, I might vaccinate it also. Feeling a little cornered, and as small-pox was across the street, I vaccinated the child, believing that there might be something after all in the theory of the "antagonism of poisons," and that, by setting up one disease, it might cure another. To my great satisfaction the vaccine did well, and the eruption began to decline as soon as the vesicles were developed, and soon disappeared entirely.

CASE II. Porrigo Capitis.—The infant child of a resident of St. Joseph street. At two months old an eruption on head appeared, which grew worse, and spread over face, arms, and chest. Every kind of treatment proved unsuccessful. When eighteen months old I vaccinated it, not for the purpose of curing it, but (as they were patients of my own) to determine whether vaccination in such a case would really aggravate the symptoms or not.

From the time that the vaccine disease had developed itself the eruption began to decline and, in about three weeks, had entirely disappeared.

CASE III. Secondary Syphilis.—During the winter of 1879 a young gentleman, calling himself a commercial traveller, called upon me to be vaccinated, stating that a gentleman had just been