

Diet for a Day Third Class :

At the beginning I order half to one goblet of milk every two or three hours, alternating with beef peptonoids in soup form. These peptonoids I generally give stirred into soup or broth, or even in the milk, sometimes a little pepsin or lactopeptine is given. I do not find that peptonised milk is agreeable to patients.

Later, after digestion is better established, I put patients on a diet somewhat as follows :

7 a.m.—One cup of strong coffee with sugar, but no milk.

8 a.m.—Chopped meat, steak or chops, one glass of milk, bread and butter, thoroughly baked potatoes, vegetables in season.

10 a.m.—One goblet of milk.

11 a.m.—Massage.

1 p.m.—Dinner of meat, potatoes, vegetables, light farinaceous pudding.

5 p.m.—Goblet of milk.

7 p.m. Light supper, with stewed fruit, not very sweet, bread and butter.

9 p.m.—Goblet of milk, sometimes a small steak.

If this treatment is carefully and thoroughly carried out one will be greatly pleased and surprised to see these listless, feeble, thin, pale creatures gradually transferred into rosy, well-formed, cheerful, renovated and able beings, ready again to combat the vicissitudes of life and care, with an elastic skin, bright eyes, rosy hue, digestion good, blood red and increased in quality and quantity, minds clear, buoyant, cheerful and happy.—*Journal of Reconstructives.*

A FEW PRACTICAL OBSERVATIONS ON VACCINATION, THE PRESERVA- TION OF LYMPH, AND OTHER POINTS.*

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MR. PRESIDENT AND GENTLEMEN,—I propose in this paper to consider not only the manner which experience has shown me is the most appropriate method in which vaccination should be performed but to treat of the preservation of lymph, some of the objections that may be urged against vaccination, and, lastly, to refer to the question of vaccino-syphilis.

In the first place, let us consider the operation of vaccination and the preservation of lymph which my own experience as a public vaccinator has taught me to be of practical importance.

Use a plain bleeding lancet for vaccinating, it being the most readily cleaned. A sewing needle is a convenient substitute, it is always at command, is found in every house, and, being only used once, cleanliness is insured.

Make the punctures or scratches on the child's arm as far apart as possible, having regard to the

appearance of the arm from the position of the cicatrices in after life; by attention to this the vesicles are less likely to coalesce. Without adopting this precaution much trouble may follow, especially in scrofulous children.

In summer the formation of the vesicle is more rapid than in winter.

Three months is stated to be the best age for performing the operation, but I decidedly think above this age to be preferable, between the fourth and fifth month.

The risks of vaccination are undoubtedly increased by opening the vesicles, and unless lymph be required, such a proceeding is most unjustifiable. Never under any circumstances postpone a vaccination without certifying such postponement, as, if the child be taken to another for the performance of the operation, and information withheld, the vaccinator will obviously be placed at a disadvantage. Be very careful not to take too much lymph from a single vesicle, as by so doing irritation is produced and erysipelas and other complications may follow; and never under any circumstances countenance the use of vaccination shields.

I will read an extract from a letter which appeared from me in the *British Medical Journal* last year which expresses my views in respect to these potent agents in the spread of erysipelas, &c.

"As regards vaccine shields, I look upon them as a source of harm, and sometimes of actual danger to the children upon whose arms they are used, and, personally speaking, I do not know a single good point in their favor. The shield, to hold it in its position, has to be tightly tied round the arm, which obstructs the circulation and produces more or less congestion in the immediate neighborhood of the vesicles, and this, I need hardly say, it is most necessary to avoid. On the other hand, if the shield be not tightly fixed, it moves about on the arm, and its hard and dirty edges coming in contact with the vesicles, rub them into open sores, and probably inoculate them with impure discharge from another child's arm, as, and I make a strong point of this, in poor localities the mothers are in the habit of lending them to one another."

I was called to see, not long since, a child I had vaccinated in this town, and was let in for a fair share of wrathful indignation. It was suffering from erysipelas, which soon assumed a serious character. I was at a loss to account for this disorder, knowing the origin of the lymph, and having used it also for three other children, all of whom had done well. I discovered one of these objectionable shields in the room, which I found on inquiry had been sent in to the mother by her next-door neighbor, with full instructions as to its use and with an earnest entreaty that she would use it for her child, as she had done for hers a few weeks before.

Just a word in respect to the treatment of vaccine vesicles.

I always urge upon the mothers who bring their

*Read before Nottingham Medical Society.