

more or less lassitude and anorexia. In those most susceptible we may have chills, headache, backache, a more marked rise in temperature and very occasionally in children we have common eruptions, e.g. erythema, roseola, or urticaria.

The discussion of the technique of the operation should require but little attention here as the procedure is familiar to all. The selection of a point of inoculation sometimes gives rise to discussion. In the adult the outer surface of the lesser used arm, at the point of insertion of the deltoid muscle is chosen as being the part most easily put at rest. In infants that portion of the abdominal surface between the anterior superior spine and the rib is said to be a very acceptable spot, inasmuch as there the clothing will give the least trouble and the parts are comparatively at rest.

In preparing the site for inoculation one word of warning in this age of antiseptics should be spoken and that is against the too free use of these same antiseptics; asepsis should be sought, plain soap and water with a sterilized scarifier to my personal knowledge has improved the results of many physicians who were in the habit of using germicidal soap and carbolic, etc. Remember that we are dealing with an attenuated virus whose sensitive virility we are striving to retain.

The multiplication of the number of points of inoculation is advised by many, and Marson of London, has argued strongly in favor of this but later Welsh of Philadelphia has collected statistics to show that quality and not quantity is the essential feature and after all, gentlemen if we wish to popularize the practise of vaccination we must show some consideration for the feelings of our patients, and it is a lamentable fact that the day has not yet arrived when our young lady friends are proud of the foveated cicatrices following vaccination: moreover I do not recognize the *rationale* of demanding a number of local manifestations for the essential constitutional condition which is just as thoroughly obtained by one as by a hundred inoculations.

In bringing the virus in contact with the absorbents it is only necessary to abrade the horny layer of the cuticle too great oozing of blood being undesirable. The lymph is quickly applied, rubbed in and allowed to dry for a few moments, when the site of inoculation should be protected by some such means as absorbent cotton and adhesive. After a few hours this should be removed and until the appearance of a vesicle the part requires no attention; then some soft aseptic material should be applied to the eruption to save it from the clothing. If the parts become painful and swollen, the application of a thoroughly boiled poultice, followed by a liberal smearing of oxide of zinc ointment has given splendid results. During the progress of the symptoms a light diet, aperients and moderate exercise should be advised.

Briefly this is what constitutes a normal vaccination in the vast majority of cases but it should be clearly understood that no hard and fast lines can be drawn between the normal and abnormal vaccination; the repelling power of the tissues inoculated to extraneous influences and the apparent impossibility of standardizing the virility of the lymph must of necessity lead to some variations in the character of the sequela.