One fact of importance may be noticed in this place: I refer to Table II. It there appears in a note that three cases—No. 11, vaccinated four months ago; No. 132, vaccinated two and a half years ago; and No. 214, vaccinated six years and four months ago—did not again become sensible to vaccine at this short interval.

The inferences to be deduced from a consideration of these experiments are the following:—

I. That three cases re-vaccinated within seven years were not again susceptible to vaccine.

II. That vaccine, after the interval of from eight to seventeen years, does not prevent the reception of vaccine again, except in 22-174 per cent.

III. That the distinctness or imperfection of the vaccine cicatrix does not materially alter these results.

IV. That variola does not prevent the formation of the vaccine vesicle, except in about 23-53 per cent.

V. That the occurrence of small-pox subsequently to vaccination does not destroy the susceptibility of the human system to again receive the vaccine poison, except in about 10 per cent.

VI. That in all the previous cases, whenever the secondary vaccine vesicle assumed its perfect form, its subsequent history was the same as if the system had not previously laboured under vaccine variola or varioloid.

VII. It is probable that the protective influence of vaccination has diminished in consequence of repeated transmission of the vaccine matter through the human body.

VIII. It is desirable that re-vaccination should be extensively followed, as one means of giving additional protection to the masses.

IX. That when possible, the stock of vaccine should be renewed by going back to the original source.

32, Old Market Street, Bristol, March 1853.

CONGENITAL OCCLUSION OF DUODENUM: EXCRETION RESEMBLING MECONIUM PASSED FOR EIGHTEEN DAYS.

By FREDERICK MASON, Esq.

(Read before the Quarterly Meeting of the Bath and Bristol Branch, March 24th, 1853.)

CASE. M. O., born on December 31st, 1852. She was said to have appeared weakly, and to have cried but feebly, and vomited soon after birth. Her mother was attended during labour by a woman. I first saw her on the evening of January 7th, 1853. She appeared to be a small and delicate infant, and was said to have frequently vomited (from the day of birth) a dark brown matter. Besides suckling, she had been fed on gruel, etc. The bowels were not much acted on, but that which passed was said to be quite black. I directed her to be fed only from the breast, and to have a small quantity of hydrargyrum cum cretâ and rhubarb.

January 8th. By daylight she appeared jaundiced, the skin and conjunctiva being very yellow. She winced and showed signs of pain when pressed gently over the right hypochondriac region: the mother had noticed the same when washing her. She had not rejected either medicine or milk; yet there was still frequent vomiting of a dark chocolate-coloured matter, resembling coffee-grounds. The bowels had acted; the evacuations being black, or very dark green, of the colour and appearance of meconium, but somewhat stiffer in consistence. The tongue was clean and red, and constantly thrust out between the lips, rolled round, and drawn in again. She did not appear to have any inclination or sufficient strength for suckling. I prescribed two grains of hydrargyrum cum cretâ three times daily. This treatment, with the addition of a dose of castor oil, was continued for about three days, when the yellowness of the skin disappeared, and it acquired a natural colour; still the coffee-ground vomiting and the dark-coloured motions continued, and she became more and

more emaciated. There was no abatement of these symptoms before her death, which occurred on January 17th.

POST MORTEM EXAMINATION, fifteen hours after death. The body was very much emaciated. On laying open the abdomen, the first things which attracted notice were the stomach and duodenum; they were enormously distended, contrasting strongly with the very empty and shrunken condition of the remaining portion of the intestines. On raising the liver, the rudiments of a gall-bladder were seen lying flat, and like a small membrane, on the liver. On carefully dissecting the bile-ducts, the cystic was found to be impervious and threadlike. The hepatic and common ducts were pervious, and entered into the distended portion of the duodenum. The stomach and duodenum were filled with a dark greyish fluid; and when removed from the body, the duodenum at first appeared to be only a *cul-de-sac*. When the remainder of the intestines was removed, and the duodenal end sought, it was found very transparent and thin, and had inadvertently been separated by the knife from the duodenum. The interior of the stomach and duodenum was now examined, and a complete septum was found stretching across the duodenum, which completely closed it, and prevented the passage of anything into the jejunum. The whole of the intestines below the septum was in a normal condition. The other organs were healthy.

REMARKS. One of the most remarkable symptoms in this case appears to be the fact, that, notwithstanding that all communication between the portion of intestines below the duodenum was cut off from the stomach and duodenum, and also from the liver, by means of the septum in the lower part of the duodenum, yet an excretion, resembling meconium in colour, but differing from it in being thicker and more pasty in consistence, continued to be discharged from the bowels frequently during each day, until the time of the infant's death. On the morning of this day (17th January), there was one evacuation; and this must have completely emptied the bowel, as after death nothing remained in any part below the duodenum.

On referring to the second edition of Müller's *Physiology*, page 165, I find it stated that "it is the excrementitious matter of the bile of the foetus, which collects together with intestinal mucus in the lower part of the canal, forming the meconium."

In this case it would appear that the bile could have had nothing to do with the formation of this excretion, all communication with the liver being cut off by the occlusion of the duodenum below the entrance of the bile-duct.

5, Cleveland Place East, Bath, March 1853.

CASE OF STOMATITIS MATERNA DURING PREGNANCY.

By WILLIAM HENRY CULLEN, M.D.

THE following case seems to bear on others contained in an article in the *Periscope Review* at p. 213 of the *ASSOCIATION JOURNAL* for 11th March, entitled "Stomatitis Materna". I send it for publication, as you therein express a wish to have an account of any similar cases which may have occurred in the experience of members.

CASE. In May 1849, I was called to see Mrs. J., who was suffering severely from salivation, in the sixth month of pregnancy with her sixth child. The discharge was so profuse as to compel her to have always a small basin at hand to receive the stream of saliva which would produce vomiting if she attempted to swallow it. No mercury had been taken, and, with the exception of slight heartburn, the general health was good. I prescribed antacids with some relief. In June, the symptoms all returned with increased severity. The tongue and lining membrane of mouth were unnaturally clean, of a deep red colour, and covered with small ulcers. The sides of the tongue were furrowed with deep cracks or fissures, so that talking produced great pain. Only gruel and arrowroot could be taken, (though the appetite was