of the true vaccine vesicle was then considered one of the most delicate and difficult problems in medicine. Jenner's diagnostic signs of its appearance, progress, termination, and cicatrix was the first lesson which the apothecary of that day gave to his pupil, for him to commit to memory. But Jenner's descriptions soon began to be thought over nice: another test was introduced, more simple and more easy; revaccination was proposed, and the result supposed, I think erroneously, to prove the safety of the subject: and now, if twenty medical men were asked to define the genuine vaccine vesicle, twenty different descriptions would probably be given, and as many distinctions between the true and the spurious.

We proudly boast that our own day is one of discovery and improvement; but I strongly suspect that in the art and science of vaccination we have been retrograding ever since the days of Jenner. When the whole profession sat at the feet of that man, the small-pox fled at their bidding, and, if we would again rout the enemy, we must go back to our teacher, and sit at his feet again. We must study the works of Jenner, Willan, and Bateman, and follow the steps of Dr. Walker, who vaccinated with his own hands half a million of human beings, and pronounced them all secure for life, challenging the mothers to convict him of falsehood if his words did not prove to be true. And after being engaged in vaccinating for thirty years he saw but two cases of small-pox after vaccination, and these, he says, beyond doubt, were two lives saved: for they only out of two large families were vaccinated, and the rest all perished with the disease.

Now then, let us look at the facts.

1. As Jenner predicted so it happened; the small-pox, regarded as a pest and an epidemic, was once banished from our shores by vaccination.

2. At that time due regard was paid to the character of the vesicle.

3. A vesicle, described by Jenner and Willan as spurious, is now very commonly pronounced as genuine.

4. Many patients, having this spurious vesicle, have the small-pox after it.

5. This spurious form protects some persons and even originates in others a genuine vesicle.

6. In others it may be reproduced again and again from the genuine vesicle.

7. The vesicle may become spurious from various causes often overlooked.

They are as follows:—

1. Vaccination, from a spurious vesicle, commonly gives rise to a spurious vesicle.

2. If the matter be taken after the eighth day, the vesicle will be spurious.

3. If taken before the eighth day, but if turbid or purulent, the same effect will be produced.

4. If the lancet be dirty or rusty.

5. If the matter be kept too long.

6. If the dried matter be applied too much diluted.

7. If the patient be out of health, or especially if he be subject to chronic cutaneous disease.

8. If he be previously exposed to the contagion of

small-pox, or any other eruptive fever, so as to have taken the contagion previously.

9. An inaptitude to be affected may arise from constitutional causes.

10. Previous vaccination often prevents the patient receiving again the genuine disease, but does not always prevent a spurious form of it.

In conclusion, I repeat that my object in throwing these observations together is to elicit discussion and information; and if I succeed in provoking the expression of opinions differing from my own, and, at the same time, the relation of facts or reasons justifying those opinions, I shall feel myself not only corrected, but grateful for the correction. I presume not to dogmatise on a subject which I confess I do not understand; but I ask especially, whether the members present have not seen cases in which a genuine vesicle has produced a spurious vesicle, and *vice versa*, an apparently spurious vesicle has originated a genuine vesicle, which has run its course and protected the individual.

I much suspect that there is a spurious form of the disease which will protect one person and not another, and that there is a genuine cow-pox which will protect every subject; and that this theory will account for all the diversity of opinion existing in the profession.

CASE OF

OBLIQUE STRANGULATED HERNIA, WITH REMARKS. •

By ARTHUR MATTHEWS, Esq., ROBERTSBRIDGE.

ON the night of the 11th instant my assistant was called up in my absence to visit W. M., aged 41, of rather spare habit, and found him suffering from the usual symptoms of strangulated hernia, but was somewhat puzzled in the diagnosis, in consequence of the unusual symptoms present, and the mildness of those generally met with in these cases. Vomiting and eructations were slight, pulse about 50, pain in the diaphragm rather severe. The patient complained of a swelling in the groin, which upon examination was found to be very sensitive to the touch, oblong, and extending downwards and inwards, but instead of its being elastic, it had more the consistence of cartilage. My assistant had him placed in a warm bath immediately, and administered Tinct. Opii, m. xxx., with Vin. Ant. Pot. Tart. and Mist. Camph.; and whilst in the bath employed the taxis, which caused extreme pain, without producing any beneficial results. He was then bled to three pints, after which he vomited. Upon my arrival I found the tumour much the same, but more sensitive to the touch, which forbade the further use of the taxis. I gave him another draught of Tinctura Opii, which was repeated in an hour, and a cold lotion applied to the part. My assistant visited him at nine o'clock in the morning and

found that he had only retched once during the night, and then only slightly; had been quiet but had not slept; pulse 56; pain in the diaphragm continued, and the tumour very sensitive, still felt hard, but was not enlarged. I visited him in an hour or two afterwards, and found the taxis did not cause such exquisite pain. I was enabled to keep up an equable pressure at the neck of the tumour, when, after careful manipulation and patience the bowel was returned, much to the delight of myself and patient.

Remarks.—A large proportion of the labouring population in this neighbourhood have ruptures, which I have attributed to the exertions used in agricultural labour—hop-digging for instance, which is very laborious; but I have often been surprised that strangulated cases are not more frequent. Hernia has its predisposing and exciting causes, and my patient being a mason would frequently be so situated as to bring the exciting causes into play. I do not know that in the present case there are any predisposing causes, unless we admit the doctrine of hernia being sometimes hereditary. Certainly there are cases in this neighbourhood, in which members of the same family are troubled in the same way. The brother of my patient had a rupture, and another family just occurs to my mind in which a father and son are similarly affected, but these may be mere coincidences. There are several points worthy of notice in this case:—First, the cause; 2nd, the appearance of the tumour; and 3rd, the mildness of the symptoms. From the description of the patient, it appears he had felt rather unwell during the day, being troubled with flatulence, to which he is subject. His bowels had been opened during the day. A straining at stool is frequently the exciting cause of hernia, but it was not so in the present instance. In the evening he vomited, after which he felt a pain in the inguinal region, but took no particular notice of it until a swelling in the part attracted his attention, and the pain in the diaphragm, &c., soon succeeded. I do not know to what cause to attribute the hardness of the tumour, which felt more like cartilage, and certainly helped to puzzle in the diagnosis; it was, probably, owing to some unusual displacement from the suddenness of the attack. The tumour was obliquely situated, and the spermatic cord passed under it at an angle. It was extremely sensitive to the touch, but if not interfered with, was not so severe as the pain in the diaphragm. It may possibly be objected that the present is not a fair instance of the success of opium in the treatment of hernia, as not above three grains and a half were taken, but I attribute the favourable result almost entirely to that remedy, because after my assistant had bled and bathed him, and administered the first dose of Tinct. Opii, there was no difference in the sensitiveness of the part, and the taxis made no impression towards reduction. There is no doubt the bleeding helped to promote the absorption of the opium, and was of service in that respect. He vomited once after bleeding, which was about one A.M., and from then until ten A.M. had been quiet, and had only retched once, and then only slightly, and at my visit at ten A.M. I was

able to use the taxis without causing so much pain, and by a little patience ultimately to reduce the tumour. The time when the knife should be resorted to in hernia is still an unsettled point with surgeons, some contending it should be used as a *dernier resort*, and others that it should be almost a primary remedy—a fact sufficient of itself to show how unsatisfactory are the results of operation. It should therefore be our duty to inquire how far opium may be relied on as a substitute for operation—a point which, if settled, will be found, I think, to lessen the frightful mortality arising from operation, and make the practitioner's mind more easy as to the recovery of his patient; and it is only by the accumulation of cases, favourable and unfavourable, that such a knowledge is to be obtained.

Robertsbridge, Sussex, August 16, 1850.

CASES OF CALCULUS.

By HENRY EWEN, Esq., LONG SUTTON.

To the Editors of the Provincial Medical and Surgical Journal.

GENTLEMEN,—In the eleventh volume of the "Transactions of the Medico-Chirurgical Society of London," there is a paper by Mr. Richard Smith, of Bristol, on the relative frequency of calculous cases in the different counties and districts of this country. From the returns obtained by that gentlemen about thirty years ago, it would appear that calculous cases were at that period of comparative infrequent occurrence in this county. Nine cases having occurred in my practice during the past ten years, it may perhaps be useful in a statistical point of view, to publish a short account of the main facts of each case. Specimens of the calculi in each case, excepting cases 6 and 9, are in my possession. I may state for the information of those at a distance, that this district comprises part of the southern division of the county of Lincoln; it is flat, and the soil consists partly of clay, but chiefly of loam, being, geologically speaking, of comparatively recent origin. The climate is moist, and we are much exposed to north and east winds *when they prevail*. The area of the district comprises about 42,000 acres, and the population consists of about 9,000 persons.

I remain, Gentlemen, yours faithfully,

HENRY EWEN.

Long Sutton, Lincolnshire,
Aug. 20, 1850.

CASE I.—June 30, 1840.—I was requested to visit Wm. Eason, aged 11 years, residing at Tydd Gate, who had been suffering upwards of two years from the usual symptoms of stone in the bladder. Some months before I was consulted a surgeon had introduced a sound, but not feeling a stone, had unwisely given a rather positive opinion that no stone was present; subsequent to this another surgeon made caustic issues over the loins, supposing the sufferings of the patient to arise