country. That the one is the result of the other is for the most part called in question only by those who lack the requisite knowledge and training to form a just opinion on the subject. If, however, we conclude that the relation between vaccination and the practical elimination of small-pox is a causal relation, vaccination should be thorough; and if it is still to be enforced, stringent rules ought to be laid down to ensure this. Single vaccination is now held by most authorities to be insufficient as a variolous prophylactic. Medical practitioners are far too apt to yield to the feelings of an anxious mother who is most importunate that he will make only one "pock," or, if two are required, that he should make them very small; for unless the practitioner humours the maternal feelings in the matter, he runs a risk of losing his position as family physician. Every practitioner should, in my opinion, be legally required to make three punctures, and forbidden under a penalty to sign any vaccination paper unless three good vaccine vesicles or cicatrices can be shown over the part vaccinated. Until such a standard is made compulsory, we cannot hope to prevent small-pox from stealing into our midst from time to time. The chances of communicating disease by means of the operation have, however, to be considered. This grave circumstance, I regret to say, has unquestionably happened to my certain knowledge even within my own brief experience. Now with so many first-class establishments for the preparation of lymph, there is not much difficulty in procuring pure calf lymph, and if all medical men were to vaccinate direct from the calf or from child to child only when there is undoubted proof of clear family history, disastrous sequences from vaccination would seldom occur. I think if this point were more carefully attended to such diseases as scrofula and syphilis, the diseases most commonly transmitted in this way, would much less frequently be seen as the apparent result of heredity. The following short clinical report and history of three cases of accidental vaccination, which recently came under my notice in the south of England, may be interesting to the profession.

CASE 1.—Mrs. J—, a young married woman about twenty-five years of age, with an infant, which had been vaccinated only ten days previously, sent to consult me regarding a very painful and rapidly swelling condition of the face. On examining the patient I found her suffering from an erysipelatous inflammation of the left cheek, but on inquiring into the case I suspected that it was not a case of true erysipelas. At the left ala of the nose I observed a small red papule, becoming vesicular as it developed, and on the ninth day it was distinctly pustular in appearance. After this the inflammation rapidly subsided, and a scab formed which fell off about the eighteenth day, leaving a very typical vaccination cicatrix.

CASE 2.—Mrs. B—, a married woman aged thirty-five, was believed to be suffering from the "rose" in the face. On examination I found the very same condition as in the former case. The erysipelatous inflammation had commenced on the right cheek and was much more marked. The right eye was already closed and the inflammatory condition had passed over the bridge of the nose and also affected the left side of the face. In this case also there was a distinct red papule at the side of the nose. Having considered the condition in the light of the experience gained from my former case, and from the fact that I had vaccinated her infant only ten days before she complained, I diagnosed the affection as erysipelatous inflammation due to the irritation of vaccine matter accidentally got direct from the child's arm. In both these cases, there was distinct history of a scratch at the side of the nose, and of the mother having fallen asleep with her nose on the vaccinated arm of the child.

CASE 3.—J. W—, aged thirty-nine, a cowman, consulted me. It was a similar malady to the preceding cases, but as he was an unmarried man I had to look for something else than a vaccinated child for the explanation of the condition. On inquiring into the patient's history I found that his daily occupation was to attend the cows at a farm, and that he helped to milk them morning and evening. Having some difficulty in milking some of the cows he observed they were suffering from bladder-like vesicles on their teats, which, after a few days, became pustular, and then formed scabs, which shortly afterwards fell off. At the time he observed the vesicles on the cows' teats, he says he had a small sore at the side of his nose, and as it slightly itched he sometimes rubbed it during

the process of milking the cows. A condition very similar to the two previous cases soon appeared on his face. I firmly believe that the cows were suffering at the time from cow-pox, and that this man's case was one of true vaccination directly from the cow-pox. All these patients had previously been unvaccinated, and now I believe they have accidentally got the full protection of vaccination, and thereby most unlikely to ever have an attack of variola. If, however, they should contract the disease, it will be in a highly modified form. The treatment in each case was alike, a saline aperient being given occasionally, and small doses of quinine and iron being given four times daily, and the parts protected from cold.

I hope that the record of these observations will stimulate more eminent men to endeavour that so important a national institution as vaccination shall be put upon a proper basis, to secure protection at least for the innocent and for those who possess too little knowledge to enable them to form a reasonable opinion for themselves on this important subject.

Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ATTEMPTED SUICIDE BY MEANS OF OXALIC ACID.

BY R. REGINALD SLEMAN, B.A. CANTAB., L.S.A. LOND.

I WAS recently called to see H. L—, aged sixty, caretaker. On arrival at his house I found him in severe pain and much collapsed; pulse 50, small, and easily compressible; face pallid and anxious; extremities cold. The friends suspected that poison had been swallowed for the purpose of committing suicide, and on taxing him with this he admitted having taken three teaspoonfuls of oxalic acid half an hour previously. I was luckily able to get, within a few minutes, a pint of lime-water, the whole of which the patient was induced to swallow, with the result that there ensued copious vomiting of blood, mucus, and a little food, &c. A further dose of lime-water was administered after the lapse of two hours, and the patient was then put on fluid diet, and opium given internally, as there was constant gastric pain. In the second week after the attempt an attack of vomiting with hæmatemesis set in, which, however, yielded to ice and other astringents. A month later the patient was convalescent.

This case is interesting on account of oxalic acid being rarely used for poisoning purposes, and more rarely still with suicidal intent. When first summoned to the case, the extreme depression of the man's pulse at once showed me the gravity of his condition, and I am of opinion that the prompt action of the lime-water saved his life. An important point in the prognosis was the fact that the poison was not taken on an empty stomach, the patient having breakfasted about an hour previously. The motive for the act could not be discovered. He was in poor health previously to the attempt; but, on the other hand, was in a good position and well to do.

St. Benet's-place, E.C.

DOUBLE PRIMARY AMPUTATION ABOVE MIDDLE OF THIGH.

BY W. A. MACKAY, M.D., F.R.C.S. EDIN.

I DESIRE to place on record the following case as an instance of recovery from a very grave injury.

W. R—, an English sailor, aged twenty-six, was run over by four waggons of a mineral train. The wheels passed obliquely over both legs well above the knees. At 8 P.M. on Oct. 4th, 1889, in the English Hospital, the right leg was amputated just below the trochanter, and the left a little above the middle of the thigh. The circular operation was performed in both instances. I was assisted by my friend and colleague, Dr. Garcia Lopez. The patient was wildly delirious through the night. On