C.'s arm. On M.'s arm a small vesicle formed, an areola formed round it on the third or fourth day, an inch or more in diameter, and by the eighth day all inflammation had subsided and a pretty good scab was formed. On the arms of the other three the disease progressed very regularly. The only variation, which I perceived, was, that it was about twenty-four hours earlier than usual. The scabs were good, and have left pretty good scars, though not quite so deep as those of the first inoculation. The scar of the second inoculation on L.'s arm is more perfect than the scar on C.'s arm, who resisted re-vaccination. In 1809, I vaccinated two children, a brother and sister. The sister was re-vaccinated this winter, and the disease produced as perfectly as on L.—her arm now exhibiting four pretty good scars, two from the first inoculation, and two from the last. The brother was exposed with impunity several weeks to one of the fatal cases of smallpox, which occurred at Brookline, last winter.”

Dr. B. WATERHOUSE has recently communicated one or two similar cases, as will appear by the following extract of a letter to me, dated June 23d, 1828.

“A few days since I had a visit from honest Fancher, whom I had not seen for several years. He gave me one or two instances of a second infection after decided smallpox and kinpock. The latter was a strong marked case, under his own eye and clear recollection.”

Dr. N. BARRETT, of Northampton, after informing me that he has recently re-vaccinated to a great extent, says,

“Occasionally perfect cow-

pock has been produced. In one family, after re-vaccination ceased to have any effect, I endeavored to propagate the varioloid disease, by inoculation from a vesicle of the seventh day, and not an individual contracted the disease. This family consisted of fourteen members: all were re-vaccinated except one, which was vaccinated by myself. This one had the disease in a very aggravated form.”*

The facts contained in the above extracts are highly important, as they go to prove one of the positions on which is founded the hope that the varioloid disease may be prevented by re-vaccination.

To be continued.

II.

From the London Med. Gazette.

The Management of Children from the Birth, in England and particularly in London.

By Dr. WILLIAM HUNTER.

Continued from p. 365.

DISEASES OF CHILDREN.

1. *Imperfections with which Children are sometimes born.*

MARKS, as they are called, are parts of the skin, small in some, in others very extensive; of an unnatural color, viz. red, brown, or almost black; generally in time covered with a good deal of long soft hair, but often not; and the skin very often uneven. The cause of them is not known; but it is demonstrable that they do not

* I wish it to be distinctly understood that the facts I have here given are unconnected with any theory, as I am not apprized of the motives or opinions which led either of the gentlemen to re-vaccinate.

in any sense arise from sights, frights, longings, or imagination in the mother ; and nothing has any effect in removing them but surgical operations. The red spots which we see in many newly-born children upon the lower parts of the forehead, eye-brows, and eye-lids, disappear gradually of themselves, and require nothing to be done for them ; but marks which push out beyond the surface of the body, and are very red, spongy, and vascular,—viz. of the mulberry appearance—especially if on the face or neck, should be completely cut out while the child is young, because the operation at that age is not so formidable ; and such marks are apt to increase amazingly in bulk, and to require the operation at last, when it has become much more difficult.

The Hare-lip, as to its cause, is like a mark; that is, unaccountable. If it be such as admits of the operation, the sooner it is done the better. We know, from experience, that it will succeed as well as when done at any later period : the infant has not reflection to furnish it with images of terror : and the parents in a few days have the pleasure of seeing their child without horror, and showing it to their friends without shocking them.

Cloven Palate.—Whether this be accompanied with a *hare-lip* or not, nothing has as yet been found out that is of any service. Such children, though they suck, can hardly ever draw milk from the breast ; and therefore they are brought up by the spoon or boat. Their food partly returns through the nose. In time, they learn to swallow without discharging any thing by the nose, when they are not hurried. When they grow up

to speak, their voice is always affected in proportion to the largeness of the fissure in the palate. Then, indeed, an artificial palate may be fixed so as to be very useful, provided the fissure be continued through the bony part ; but, if only in the posterior and fleshy part, no method has yet been devised of fixing the artificial palate.

Tongue-tied.—Nurses have an opinion that a child's tongue is very frequently so tied down near the point that it cannot well suck, and that it will be hurt in its speech when grown up ; and that therefore the bridle, in all such cases, ought to be cut. But it is a vulgar error. The operation is done, in most cases, either through ignorance or in compliance with prejudice. I never saw above two cases where it seemed really advisable, or could be of any use.

Imperforated Intestine.—This case happens frequently ; and, therefore, when a child has no stool for many hours after its birth, we should examine the part, to see that there is a passage. When there is such a defect, in most cases it is very apparent outwardly ; but sometimes the outward appearance is natural, and yet the bowel is grown together a little within the body. In either case the operation is successful when the part of the gut which is obliterated is thin ; but, in most cases of imperforation, there is a deficiency of a considerable portion of the intestine ; and, therefore, in fact, the greater number of such children are lost.

Intestines in the beginning of the Navel-string.—When a child is born with a great quantity of the bowels protruded at the navel,

nothing can be done for its relief : even when a few convolutions of the intestines only are lodged in the beginning of the navel-string, as well as we can judge from one instance, it will be impossible to reduce them, upon account of their adhering firmly all round to the orifice.

Club Foot.—A child is sometimes born with the foot flattened, and lying so that the upper surface of the foot is close to the fore part of the leg—the toes pointing upwards, and the heel downwards. Sometimes both the feet are in that condition, but more commonly one only. In some children, a hand has taken the same sort of unnatural position. Though ignorant people are shocked with the appearance, it in reality arises from the foot having been pressed and kept in that particular situation for a considerable time before birth ; and thence, by taking a little pains to keep the foot more and more in the common situation, by means of a thick soft cushion bound upon the fore-part between the ankles, such deformities are certainly cured.

But whether from the same cause, which is presumed to be the case more commonly, or from some more criminal cause, as in other cases of monstrous productions, a child's foot (and sometimes both feet) is exceedingly distorted, the heel drawn a little too much upwards, the toes and adjacent parts of the foot too much bended, and turned too much inwards, and the sole of the foot, instead of being downwards, is turned directly inwards ; so that were the child supposed to use its foot, in standing or walking, in that state, it would be supported

principally on the outer edge of the *metatarsus*, the heel not coming to the ground ; and the weight of the body would increase the evil, till the outer ankle came down to the ground. Accordingly, when this misfortune happens in a considerable degree among very poor people, the patient becomes a cripple for life, with what we call a club-foot : but, by a careful management with bandages, and proper shoes, or machines, used from the birth, the child is almost entirely restored to nearly the natural use and form of the part. The longer the use of the proper means is delayed, the more difficult, or the more incomplete, the cure will be ; because all the ligaments, and especially the bones, grow harder, and adapt themselves to the deformity. The process is well understood in London ; but without very good drawings, to illustrate the doctrine, a description would be unintelligible.

Tumor on the Head.—In many children, a few hours after birth, a large soft tumor appears on the head, commonly a little to one side of the very top of the head. It is formed by blood, from the rupture of a vessel in the scalp at birth. Frequently there seems an edge of the skull all around, as if there were a large perforation, or want of the bone, at that place. But this is a deception. Some very good surgeons make it a rule to open it : but it is cruelty, for there is never occasion. The child's health is never hurt by it ; and it always goes away of itself, generally within the month, sometimes later ; and, for the most part, it continues without diminishing to very near the last ; then it begins to be sensibly a little

softer, like a bag of fluid that is a little emptied; after which it disappears very fast. I have never seen one case that did not do well of itself; not even among above 12,000 children that have been born at the British hospital, which I have attended since its institution. At first, I tried many discutient applications; but I soon found that they were both useless and unnecessary.

Jaundice.—In two or three days after birth, or later, most children take a yellowish cast of complexion; many take on a bright, or even a dark yellow color, which goes off in a few days, when slight, seldom continuing in any degree longer than a fortnight. It has been common to give them rhubarb, or other purging medicines. But if the child be well in other respects, there is not the least occasion to consider it as a complaint: it always goes off gradually, and is not in any sense unfavorable. When the jaundice is very dark, approaching to black, the case is serious; but it is so because the child is then ill in some other respect, and will require only the treatment which the other symptoms indicate.

Swelled Breasts.—In about a week after birth, the breasts of boys, as well as of girls, are apt to swell round the nipple, and to grow red and painful; and, upon pressing or milking them, a thick white fluid is often discharged at the nipple, which nurses call milk. The swelling always goes away of itself, is no mark of a bad constitution, and requires no medicine. I recommend rubbing them very lightly with warm olive oil; and when there is much inflammation, which happens sometimes, to apply an emollient poultice,

such as bread and milk. I never saw any of them produce a sore, or any other mischief.

Red Gum.—The common eruption on the skin of infants we call *red gum*, because the little heats are generally of that complexion; and sometimes we call them only the *gum*; whence we sometimes give them the name of *white gum*, viz. when the little cutaneous elevations are clear or whitish. Some infants have nothing of the *gum* kind, and continue very healthy; but in most, something of that sort generally comes out in the course of a week or two after birth. In some the eruption is in very small grains; in others the pimples are large, almost like the smallpox, suppurate, and in drying make scabs, in which case we say that the *gum* is very *rank*. The red *gum* appears to be a healthful symptom, for it is no mark of a bad constitution; and we frequently see a child who appeared to be, some way or other, not well, growing presently more lively and easy, after a plentiful eruption of the red *gum*; and sometimes we likewise think that, when the red *gum* disappears suddenly, the child seems evidently to suffer in its health, and as evidently to grow better again when the red *gum* comes out. A *very rank* red *gum*, indeed, rather gives an alarm, because in such cases the child is, in fact, or soon becomes, unhealthy.

When we wish the *red gum* to keep out, or to come out, we keep the child a little warmer, and give, night and morning, five or six grains of Gascoigne's powder.

Sore Ears.—In some children, little heats come out behind the ears; the skin chafes there, and

discharges a good deal. We look upon this as being healthful in most instances, therefore treat it as the red gum, by doing no more for it than washing it two or three times a day with warm water, or milk and water, and put a greased rag behind the ear, to keep the parts from forming a scab, and from sticking together. We often order the nurse to rub the skin behind the ear with a coarse dry rag, to bring a discharge there when there is none.

Sore Navel.—The same sort of humor, peculiar to the first stage of infancy, often shows itself at the navel. The string drops off commonly at any time from the fourth to the fourteenth day, and sometimes even considerably later. In many children it gives no sensible discharge, and therefore requires no dressing. The common application, in that case, is the singed rag for a week or so after the string drops; but in many children, before the separation of the string, and for some time after, the navel grows fiery and sore, and discharges plentifully.

It appears to me to be the same kind of humor which, in other cases, falls upon the ears, eyes, &c.; and, as in the case of sore eyes, sometimes there is a discharge of blood. The common application, in this case, is a large raisin, split and deprived of the stony seeds, and the pulpy surface laid to the sore. This does not check the discharge, and it keeps the rag and roller with which it is bound from sticking or scabbing. If the inflammation and swelling be considerable, we apply a poultice of bread and milk.

(To be continued.)

BOSTON, TUESDAY, JULY 29, 1828.

STATE OF THE PROFESSION.

THERE are many circumstances in the present state of the medical world in the great metropolis of the British Empire, which are well worthy of being known to the members of the profession every where; since they may afford salutary lessons with regard to their conduct, whether as individuals or as members of a community of professional brethren. In London, as must be obvious, is collected together a very large number of practitioners in the different departments of the art, not only interested as a body in the consideration and discussion of scientific subjects and the acquisition of knowledge and experience, but as individuals in obtaining reputation and practice. A body like this, equalling probably in number the whole of the practitioners in the state of New-York, for instance, is, from the very circumstance of its different component parts being brought more into contact and competition, more easily interested in and excited by the agitation of matters relating to the police as well as the science of the profession, than a similar number of individuals differently situated. There is the same difference as between the population of a city and of a thinly inhabited county. The medical men of the metropolis form a community by themselves, having their own interests and feelings, their own institutions, prejudices, &c.

Such a community can never be without its dissensions, contests, and