

the laws which govern life, and act in accordance with them, they might alter the constitution of the blood, so that it would clot, and thus prevent fatal hemorrhages?
A. B.

VARICELLA.

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THE last of February, 1837, John B. Ingalls broke out with the chicken-pox. The precursory symptoms were lassitude and cephalalgia, which soon after were followed by an eruption in various parts of the body. Behind the ear there was discovered a pock, which filled and burst on the fourth day; the fluid it contained was limpid till the fourth day, when it became somewhat opaque; the fifth day the contents, pustule or vesicle had disappeared.

On the face there were several small vesicles, which, notwithstanding their diminutive size, left pits; on the breast, they were large, shallow, and of short duration; on the posterior region of the thorax, among others there were three of large size, upon which were formed scabs, two of which remained about four weeks, when they fell off, leaving pits which penetrated through the superficial tissues deep into the cutis vera. The pox [properly *pocks*] (I should prefer the word *pock*, and to make use of it as a noun of multitude), with the exception of the desquamation of the scabs on the posterior region of the thorax, passed through the several stages about the same time with the vesicle behind the ear. Anorexia, cephalalgia, propensity to lie a-bed, incited action of the vascular system, continued three days. So far as we know, John's disease was sporadic.

This case has been given in detail, as there are in Europe eminent practitioners, who contend the varicella and variola are identic, though the history of the disease in Boston furnishes irrefragable proof, however striking the resemblance, that chicken is never converted into smallpox.

To prevent the spreading of the variolous contagion, two measures were adopted: 1st, inoculation was prohibited; 2d, for the accommodation of families liable to suffer from the casual smallpox by strangers or infectious clothing, a hospital was provided at a distance from the town, to which, at the public expense, persons attacked with this loathsome malady might be removed, and where infectious articles might be cleansed; as either circumstance might become a cause of the general prevalence of the disease. Any member of a family might, and often did, avail himself of his constitutional right to remain in his own house. The confidence that was reposed in the judgment and fidelity of the attending physician, by the municipal authorities, and in return the deference paid to the authorities by the physician, produced a mutual courtesy and good understanding which were not disturbed for many years. Formerly nothing was more common, and nothing could be more proper, than that the attending physician should meet medical gentlemen in consultation, but then he met them on equal footing; he

was subjected to no dictation, nor was he put under the superintendence of any body of physicians.

When the state of the atmosphere was favorable to the propagation of the smallpox, and so many cases occurred as to cause a general alarm of the inhabitants, the majority of whom were not protected, the regulations were suspended, and permission given for a general inoculation. A late professor of anatomy and surgery said, notwithstanding all the means taken to prevent its introduction, it became indispensable to permit it to go through the town once in about fifteen years.

Restrictive measures were adopted, because, prior to vaccination, an alarm that the smallpox "is in Boston," deterred the people of the country from bringing in their produce, thus having the effect of raising the price of provisions and rendering them scarce; and likewise interrupting the trade between town and country, and directing it to some other market.

During the time the town was exempt from the influence of the variolous contagion, varicella frequently prevailed as an epidemic, and very few arrived at the age of puberty without having the disease; and in no instance did the varicella and variola prove to be either identic or convertible diseases. There were, however, cases where the commencement and progress of the disease so closely represented the symptoms of smallpox, as to require great acumen and sagacity to determine the nature of the exanthem. Hence it became incumbent on every physician to exercise his powers of discernment and discrimination, to discover the nature of the eruption under which a patient might have labored.

NATIONAL MEDICAL CONVENTION.

[As the proceedings of this convention are of such a nature as may render them desirable for reference during some years to come, we copy the record of them in full.]

The National Medical Convention for the revision of the Pharmacopœia of the United States, assembled in the City Hall, Washington, on the 1st day of January, 1840.

The following delegates represented their respective Medical Societies and Colleges in the Convention, viz.:

Rhode Island Medical Society—Theophilus C. Dunn, M.D.

New Jersey Medical Society—Lewis Condict, M.D.

The College of Physicians of Philadelphia—Franklin Bache, M.D., Henry Bond, M.D., Joseph Carson, M.D.

University of Pennsylvania—Geo. B. Wood, M.D.

Jefferson Medical College—Robley Dunglison, M.D.

Delaware Medical Society—William B. Morris, M.D., James Couper, M.D.

Washington University, Baltimore—John R. W. Dunbar, M.D., John C. S. Monkur, M.D., Edward Foreman, M.D.

Medical and Chirurgical Faculty of Maryland—Joshua J. Cohen, M.D.