

after vaccination, when the vesicles begin to form, the vaccinated spots should be protected from abrasion by stitching some cotton-wool on the inside of the sleeve. Vaccination shields are in my experience very hurtful. As vaccinia finishes its course troubles often arise through the vaccinated spots not healing rapidly. Various circumstances account for this, the most important being that the crust is rubbed off during sleep. If, then, the vaccinated spots are not protected, not only are they liable to receive surrounding impurities, but may lead to auto-inoculation. In the out-patient department of hospitals such cases are frequently met with, and the infant's mother wrongly ascribes it to the vaccine. Such impetiginous eruptions are really due to ill-health and uncleanness and may appear on any part of the body. A form of eczema often attacks infants' heads and likewise is ascribed to vaccinia without reason. After the vaccine has dried on the scarified spots the infant can have his usual bath, but on no account should moist applications be used over the vaccinated spots. It should be remembered, too, that the irritation of teething often accompanies vaccinia.

The principal causes of bad and unprotective vaccination are, however, ascribable to the operator—the use of lymph taken at too late a period in the course of the disease, vaccinating with lymph removed from vesicles themselves badly developed or imperfect in character, the employment of lymph too long preserved, the use of a rusty or dirty lancet, and the manner of operating so that no blood is drawn and the lymph does not reach the cutis vera. It should be borne in mind that lymph from an exhausted vesicle is imperfect in power. It is improper, too, to vaccinate with lymph removed from a vesicle after the areola has been fairly formed, and it is decidedly injurious to vaccinate with lymph which is undergoing suppurative deterioration. An occasional accident attending vaccination is erysipelas.

In order to vaccinate always successfully great attention should be paid to details, and it requires a very decided degree of technical skill, patience, and experience. This is the more important when heifer vaccine is coming into general use. Its action is stronger than that of humanised vaccine.

Trevenson, Aylesbury.

NOTES ON THE TREATMENT OF SEA-SICKNESS.

BY M. CHARTERIS, M.D. EDIN.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS AT THE UNIVERSITY OF GLASGOW.

IN my winter lectures it has been my practice to speak of the climatic treatment of disease, and notably of the magic effect produced by sea voyages. I had also to point out that in many cases the patient's liability to sea-sickness prevented the full use of this the best of nature's tonics, and in order to show my students how this disadvantage may be removed I have drawn their attention to the preparation called chlorobrom, which, as I know from personal experience, in many cases cures, and in all cases alleviates, sea-sickness. From time to time reports on its efficacy are sent to me by old students who have had experience at sea, and I have now some fresh cases to communicate.

Six ship surgeons previously prone to sea-sickness, who during the last six months have, by following my directions, sailed to Calcutta and back without suffering the least inconvenience, report as follows.

Examples of prophylactic treatment.—(a) Dr. Dunlop writes on Jan. 13th, 1897:—"I am an indifferent sailor, and the prospect of a voyage to India in the capacity of a surgeon was marred by the thought that I would suffer from *mal de mer*. By following the directions given me as to a cholagogue, dietary, and dosage of chlorobrom, I suffered no ill effects from the voyage." (b) Dr. McLure, on Jan. 23rd, 1897, reported as follows:—"Ordinarily a poor sailor, by acting on your directions I was enabled to reach Calcutta without the slightest feeling of nausea, and although on the homeward voyage we had a very rough passage across the Bay of Biscay, I was equally free from any feeling akin to nausea or sickness." (c) Dr. McNaught, on Sept. 25th, 1896, wrote *inter alia*: "In my own case I had an opportunity of trying chlorobrom as a prophylactic remedy, and I

feel sure it was the means on several occasions of warding off unpleasant attacks of sea-sickness." The others testify in a similar manner. (d) Dr. Allan gives the following account of a case of prophylactic treatment: "A lady who had always suffered from sickness when the surface of the waters was troubled, was treated as follows. Before sailing she took, according to my advice, a smart calomel purge; on retiring to her cabin in the evening she had one drachm of chlorobrom; next morning a light breakfast and then another drachm of chlorobrom. At noon—the steamer beginning to roll—she had three drachms, and I asked her to lie down for an hour or two; she did this. She at no time felt sick, and in the course of the afternoon she expressed her astonishment and gratitude at such unaccustomed immunity."

Examples of curative treatment. CASE 1.—A man was very sick one hour after putting to sea. He had just partaken of breakfast. After the stomach was cleared he had a glass of soda water. Five minutes afterwards he took twenty-five minims of spiritus chloroformi. The stomach being now soothed, he had two drachms of chlorobrom and one drachm every half hour for three doses. About noon he fell asleep and awoke at 4 P.M. He had one drachm of chlorobrom and also three grains of calomel. He felt thoroughly well, and at 6.30 P.M. he sat down to dinner and enjoyed a hearty meal. The same course was pursued later when he sickened in the monsoon, and a similar happy result was obtained.

CASE 2.—A man, who had been previously free from any symptom of sickness, complained of depression and what I called mental pain and nausea. After taking a dose of calomel he lay down, and half-an-hour afterwards he was given half an ounce of chlorobrom. Towards night he felt better. At 8 P.M. and at 9 P.M. he took one drachm, and at 10 P.M. two drachms of chlorobrom. Next morning he was up early and, as he expressed it, "as lively as a cricket." For the next three nights he had one drachm of chlorobrom. At no time had he any return of the symptoms.

These cases are almost picked at random and are illustrations of the efficacy of chlorobrom. I have no hesitation in saying that, if administered in a sensible and thorough manner, chlorobrom will effectively meet each and every symptom of the dreaded sickness. And I am glad to give my testimony of the success of a treatment which I learned within the walls of my University.

Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF FOREIGN BODY IN A BRONCHUS.

BY T. LAUNCELOT ARCHER, M.R.C.S. ENG.

IN November, 1895, I was sent for to see a boy, aged nine years, who had been ailing for a few days, gradually getting worse. The temperature was 103° F., there was a rapid, full pulse, the expression was anxious, and he had a short spasmodic cough without expectoration. The lower lobe of the left lung was congested, but all the remainder of the lungs was clear. I saw the child daily for more than a week, during which time his temperature varied but little, the congestion did not clear up, and the cough was, if anything, worse, added to which there were violent retching and some diarrhoea. He also complained of great pain about the level of the ensiform cartilage on the left side. Eleven days after my first visit I received an urgent message saying that the child was choking. When I arrived he was pale and exhausted, but quiet. His mother said that he had had a violent fit of coughing, lasting for twenty minutes, followed by some blood-stained expectoration. On examining the sputa I found a piece of a nut of the size of a large bean, surrounded by blood-stained purulent matter and mucus of very offensive smell. The child passed a quiet night, coughing only three or four times, but expectorating purulent matter, and in the morning he was decidedly better; from that time he steadily improved to complete recovery.