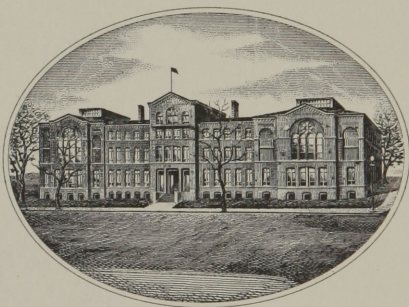
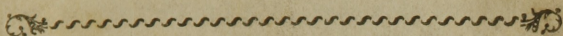


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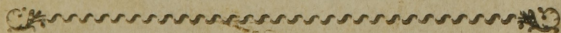


Instructions
FOR
Vaccine Inoculation,
COMMONLY CALLED
VACCINATION.



PHILADELPHIA,

1807.



THE UNIVERSITY OF CHICAGO PRESS

Instructions

for

Classical Instruction

OF THE

VACCINATION

THE PART A

1867

THE UNIVERSITY OF CHICAGO PRESS

Vaccine Inoculation,

EFFECTUALLY prevents the small pox, is never dangerous, requires no particular diet nor medicine, and may be practised at all ages and at every season of the year.

TO COLLECT THE VACCINE MATTER.

THE matter may be taken from a pustule that is making its progress regularly and which possesses the true vaccine character, by puncturing with a lancet in several points, and charging small square pieces of glass with it, by gently pressing them on the opened puncture, and putting two of them together, with the sides containing the matter in contact ; wrap them up in a piece of paper, and preserve them from heat and moisture.

The best time for taking the vaccine matter is from the seventh to the ninth day, before the efflorescence or red appearance takes place. An unnecessary irritation of the pustule is thereby avoided : and it is also adviseable not to take a great deal of fluid from one pustule.

Or, the internal, central part of the first scab that falls off, which is the true vaccine scab, may be used.

The scab of a vigorous pustule should be chosen, and may be kept in a cool dry place for a twelve month; so that vaccination may be performed from it at any time.

TO INTRODUCE THE MATTER.

THE proper place for introducing the matter is on the arm, about midway between the shoulder and the elbow. The mode of doing it is by impregnating the point of a clean sharp lancet with the matter, and inserting it by means of a very slight scratch or small puncture and wiping the point of the lancet on the part where the blood is drawn. Fluid matter taken from a pustule and immediately inserted is the most certain. But to use the matter on the glasses, we restore it to a fluid state by dissolving it in a small portion of cold water taken upon the point of a lancet; and to use the scab, we scrape off some of the dark, internal, central part, and mix it with a little cold water on a piece of glass.

SIGNS OF TRUE VACCINE INOCULATION.

A little red spot will appear on the punctured part on the third day, which, on the fourth or fifth

day, becomes a watery or vesicated pimple: It goes on increasing, with a depression in the middle of the pustule, until the ninth or tenth day, when it is generally surrounded by a rose-coloured circumscribed appearance or efflorescence, which remains nearly stationary for a day or two.

The efflorescence then fades away and the pustule gradually becomes, a hard glossy scab, of a dark mahogany colour. This efflorescence is also called the areola, and the vaccine ring, from its being circumscribed. It is most commonly in size rather larger than a dollar.

These progressive stages of the pustule are commonly completed in sixteen or seventeen days. One pustule only is produced. On the eighth or ninth day, when the efflorescence is forming, some fever often occurs in children, and lassitude in adults.

SIGNS OF UNSUCCESSFUL VACCINE INOCULATION.

The most frequent deviation from the perfect pustule is that which finishes its progress much within the time limited by the true.

Its commencement is marked by a troublesome itching; and it forms a premature efflorescence,

sometimes extensive, but seldom circumscribed or of so vivid a tint as that which surrounds the compleat pustule ; and it exhibits one peculiar characteristic mark of degeneracy, by appearing more like a common festering, produced by any small extraneous body sticking in the skin, than a pustule excited, as before described by the vaccine virus. The successful progress of the vaccine pustule is frequently rendered uncertain by being rubbed.

An attention to the progress of the true vaccine inoculation impresses on the mind of a practitioner the perfect character of the vaccine pustule. Therefore, when a deviation of any kind arises, common prudence points out the necessity of re-inoculation with vaccine virus of the most active kind, and, if possible, taken fresh from the pustule.

CAUTIONS RESPECTING THE VACCINATED PART.

To preserve the patient from suffering inconvenience in the vaccinated part it is necessary that it should not be rubbed ; that it should be entirely loose and exposed to the air, and during the time of the efflorescence should be constantly dusted with rye or buck-wheat meal. The arms

of adults are often inflamed from their wearing tight clothes or using too much exercise at the period of the inflammation's taking place—this might easily be prevented by avoiding the cause.

If the pustule is rubbed and becomes a sore, the part should be covered with Goulard's cerate or a salve composed of sweet oil and bees-wax melted together, spread on a piece of clean linen rag, and kept in its place by a piece of soft linen sewed round the arm; the same application should be made if any sore remains after the scab has dropped off.

Med. Hist.

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