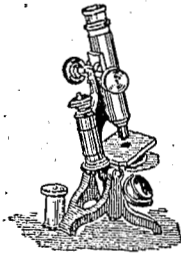


Medical Matters.**THE CARE OF VACCINATION.**

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At a time when adults are being vaccinated and re-vaccinated in enormous numbers it is only natural that a certain number of patients presenting more or less serious complications come under the observation of dermatologists. The worst cases with which I have come in contact are the subjects of what we may still call struma; and those suffering from pustular acne. One patient was under my treatment for the latter affection, and without my knowledge had herself vaccinated and presented herself to me a week later complaining of a severely swollen and painful arm, and feeling very unwell from the effects of the vaccination. I found her upper arm a good deal swollen, and there was an erythema with some oedema reaching as far as the wrist; the glands in the axilla were swollen and tender. What had been previously vesicles were pouring out pus which was running down the arm and being smeared about the skin by an ill-adapted and, as I consider, clumsy wire shield. Before the shield was removed I noticed that its rim was rubbing the surface of one of the pustules, so that it was acting the part of an enemy rather than of a shield. The treatment of such a case was of course obvious and simple. The cow-pox had run its course and become complicated with and converted into impetigo. The pus organisms had already taken full possession, and their toxins were being absorbed over a large area by soakage so to speak. It is probable that the spread of the erythema rapidly down the arm is to be explained by this soakage plus gravitation. That the germs were acting at a distance was easily shown by the effect of treatment. The arm was merely cleansed with spirit, and a boric acid compress applied to the pustules, the patient had a good night and by next morning the inflammation and swelling were greatly reduced. The occurrence of such a case as this shows the great importance of special care, not only in the preparation of the arm for vaccination and in the performance of the little

operation itself, but in the after treatment. For the immediate protection of the sites operated upon I know of no better plan than the one I have advocated for many years, namely, the fixing over the parts a pad of cotton wadding by means of Unna's zinc-gelatine. Whenever possible, the patient should show his arm to his medical attendant a week after the operation, or sooner if it becomes seriously inflamed. When this cannot possibly be done, it would be wise to advise the patient to place a piece of dry boric lint or wool upon the vesicles at the end of the week in any case, and to wet it and replace it daily by a clean piece if the arm became inflamed severely or the places discharged.

I feel sure that it is not generally known how quickly excessive inflammation due to vaccination pure and simple, or suppuration due to injury and secondary infection can be cut short and cured. Several years ago I reported a case of a child who nearly died from what would have been termed hospital gangrene thirty years ago. There was no reason to suspect, but ample evidence to prove, the purity of the lymph used in that case. The child had a dirty inexperienced nurse. The condition of the child was alarming in the extreme, but fortunately I was able to persuade the parents to let me do what I considered best, though they thought it was too late, and strongly opposed any idea of operation in the first instance. Under an anæsthetic I applied fuming nitric acid to the whole of the sloughing surface. The wound was then dressed with bicarbonate of soda and a poultice applied later on. The child had a good night, and on the following morning the swelling which had been very great and extended from the hand to the axilla and partly across the chest was seen to be quickly subsiding, and the child was no longer in danger. This was no true erysipelas, but rather toxin-soakage cellulitis. By this I mean that the breeding of the germs was entirely limited to the sites of the vaccination vesicles, the toxins being filtrated from the germs themselves and passing along the epidermal lymph spaces like water in blotting paper, producing erythema, having a somewhat diffused outline. Had the streptococci of erysipelas been in the tissues my little operation would have done little or no good.

Next week we shall publish a paper by the same writer, on "The Parasitic Nature of Eczema."

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