

pain from the very first day of the treatment and not been required to lay up in bed even for a day.

The third case was that of a mechanic, 30 years of age, also not diabetic, with a carbuncle about a rupee in size on the back. This healed up in a week's time.

These three cases, I know, are too few to give any definite opinion in favour of this method of treatment, but my only excuse for publishing them is to draw the attention of other medical men, and to know through the medium of your paper if others also have had a similar experience, or if not if they do try it, to know the results they meet with.

#### THE INJECTION OF LYMPH AS A PROTECTOR AGAINST SMALL-POX.

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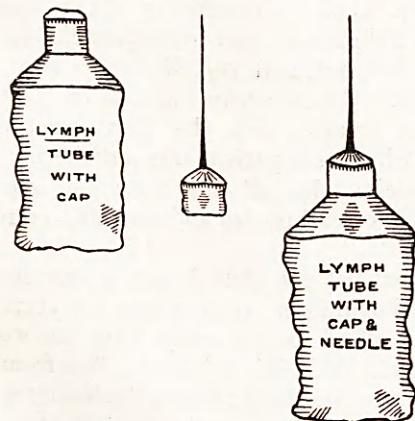
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AND

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THE vaccination results in Coimbatore district during many years past have been unsatisfactory, and many explanations have been put forward to explain it away. One of the chief causes we consider to be the disinclination at all times of the women to have their children vaccinated and immediately after it has been done they remove the lymph from the scarified area on the arm. Opposite the out-patient department in the Municipal Hospital, Coimbatore, is the vaccination



room where an experienced vaccinator carries on his work. We have seen ourselves women removing the lymph from the infants' arms even before

they had reached the hospital gate. Needless to say, the results were negative. The same thing happens amongst the prisoners in the jail, where every prisoner has to be vaccinated on admission. It was therefore of importance to put this out of their power, and the following means was adopted with very gratifying results.

The lymph is delivered by post from the Vaccine Depôt at the King's Institute, Guindy, in small leaden tubes with a cap having a standardised thread.

To a spare cap we soldered an ordinary hypodermic needle, and after sterilising the cap and needle it was screwed on to the tube containing the lymph after removal of the protecting cap. The lymph can then be squeezed through the needle.

The arm of the recipient is next pinched up after touching the skin with iodine and the needle inserted under the skin as in an ordinary hypodermic injection. Four insertions are made, a little lymph being squeezed each time and the opening touched with tincture iodine.

Below is a comparative statement of the two methods of vaccination, which certainly favours the injection process.

RESULTS OF SCARIFICATION.		RESULTS OF INJECTION.			
Years.	Average percentage of success.	Period.	No. vaccinated.	No. successful.	Success per cent.
1914-15	53.80				
1915-16	63.82				
1916-17	67.11	{ September to December 1917.	{ 808	{ 663	{ 82.05

There is the usual focal reaction lasting the usual time, but no superficial vesiculation except where the needle has scratched the surface of the skin.

To prove that the method is successful, we vaccinated 12 persons who had been inoculated with the vaccine by injection ; by the ordinary method of scarification all were negative, which proves that this method is quite protective.

Its main advantage is that the lymph cannot be rubbed off. In leaving no marks it is impossible to tell whether a person has been vaccinated or not—a boon to ladies who abhor the vaccination marks on their arms ; and it is a cleaner and more rapid method of manipulation.

Interested persons might give this method a trial. It has been so successful that the injection of lymph is being continued.