

Address of the Royal Jennerian Society, for the Extermination of the Small-pox, with the plan, regulations, and instructions for vaccine inoculation : to which is added, a list of the subscribers : instituted in 1803.

Contributors

Royal Jennerian Society.
Royal College of Surgeons of England

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ADDRESS
OF THE
Royal Jennerian Society,
FOR THE
EXTERMINATION OF THE SMALL-POX,
WITH THE
PLAN, REGULATIONS,
AND
INSTRUCTIONS FOR VACCINE INOCULATION.
TO WHICH IS ADDED,
A LIST OF THE SUBSCRIBERS.

INSTITUTED IN 1803.

*"Thou shalt not be afraid for the Pestilence that walketh in darkness;
"nor for the destruction that wasteth at noonday."
Psalm xci. verses 5 & 6.*

LONDON:

PRINTED BY W. PHILLIPS, GEORGE YARD,
LOMBARD STREET.

1803.

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OF THE

Royal Jennerian Society

FOR THE

EXTENSION OF THE SMALL-POX

WITH THE

PLAN, REGULATIONS,

AND

INSTRUCTIONS FOR VACCINE INOCULATION.

BY

A LIST OF THE SUBSCRIBERS.

INSTITUTED IN 1807.

LONDON:

PRINTED BY W. CLARKE, ST. JOHN'S LANE.

1811

CONTENTS.

	Page
Patronage - - - - -	5
Trustees - - - - -	8
Board of Directors - - - - -	9
Medical Council - - - - -	10
Address - - - - -	12
Plan and Regulations - - - - -	28
Regulations for the Central House - - - - -	33
----- Stations - - - - -	34
----- Attendance of Stations - - - - -	35
List of Stations - - - - -	36
Instructions for Vaccine Inoculation - - - - -	38
Register of Inoculation - - - - -	52
Comparative View of Natural Small-Pox, Inoculated Small Pox, and Inoculated Cow-Pox - - - - -	} ib.
Address to be presented at the Baptism of Children - - - - -	53
List of Subscribers - - - - -	56
Form for Legacy - - - - -	69
----- Receivers of Subscriptions - - - - -	ib.

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ADDRESS.

THE subject for which we now claim the public attention is a discovery of no common importance, which greatly involves the safety and happiness of mankind, and comes home to the feelings of every family, and of every bosom : a discovery which in its consequences will not be of partial or local operation, but is equally interesting to every rank, class and station in society : nor are its benefits confined to a single country, or a single age; they extend to the whole world, and to the remotest posterity.

Our familiarity with any disease is too apt to render us indifferent to its effects, when not immediately connected with our personal feelings, and to lead us to consider its ravages as resulting from the established course and order of nature. It is the province of reason to correct these prejudices; to rouse us from this supineness; and when a discovery is made, unequalled in the history of the healing art, which af

fords an antidote to one of the most fatal and distressing of all diseases, it would be the highest ingratitude to the Author of our being to reject the boon so providentially offered, so that it becomes the duty, as well as interest, of every individual to use his best exertions in promoting its adoption and ensuring its success.

We therefore exhort every man who has any just regard for himself, for his family, for his friends, or for his country, to examine and to decide.

Many centuries have now elapsed since the Small-Pox began its destructive career, and so widely has this calamity been extended, that scarcely a spot on the habitable globe has escaped its ravages. In some parts of the world it has appeared only at uncertain intervals, spreading its desolating contagion with such rapidity as to exterminate whole tribes of people: in other countries it has taken permanent root, and by becoming as it were domesticated, has pursued a more moderate course of destruction; but still, even in this island, and in the other civilized parts of Europe, it is actually fatal to at least one twelfth part of the human species.

Small-pox, when received by contagious effluvia, (or in the *natural way* as it is termed) is, in a large proportion of cases, a severe and deplorable malady, shocking and loathsome to the senses, and to the sufferer

peculiarly painful and distressing. It is almost equally destructive to all ranks and classes of society; nor is the risk to life the only cause for dreading its attack; since, even when not fatal, it often leaves indelible scars, often produces weakness of sight, and even incurable blindness,* and tends, in a peculiar degree, to excite scrophula and other diseases.

To mitigate the severity of Small-pox, the practice of inoculation was introduced into England about eighty years ago, and has spread at different periods, (though slowly and partially) into the most civilized parts of Europe. Many were the difficulties it had to encounter from prejudice, ignorance, and timidity, and from the unskilfulness of its earliest promoters; but experience has so fully established its character, that the eminent superiority of the inoculated over the natural Small-pox has long ceased to be called in question.

However, the friends of Small-pox inoculation have had to lament imperfections which no art could obviate, and to deplore an evil of no inconsiderable magnitude, which has attended its partial adoption. Though its mildness, compared with the natural dif-

* It is worthy of remark, that in *the School for the Indigent Blind, in St. George's Fields*, the loss of sight in more than *one half of the children*, has been occasioned by the small-pox.

case, has been such as to reduce the number of fatal cases from one out of six infected persons (the average proportion of death by the natural Small-pox) to about one in three hundred, still this degree of risk must give some alarm to the anxious parent, when the life of a beloved child is at stake; nor has inoculation been able in all cases to prevent the unsightly scars and deformities, and the subsequent injury to general health, which are the lamentable consequences of a severe form of this disease. But the positive evil produced by the partial adoption of Small-pox inoculation has been a more extensive propagation of the disorder in the natural way; for though this contagion might perhaps have been exterminated by a vigorous system of universal inoculation carried on at the same time in every part of the kingdom, yet as this plan was never pursued, the necessary consequence has been, that whilst individuals have been receiving the infection by the mild method of inoculation, they have been uniformly spreading it abroad under the terrible form of general contagion. Before inoculation was introduced, many remote and little frequented situations might be found, where the inhabitants had escaped the Small-pox during the course of a long life: but since this practice has been ex-

tended widely, and without precaution (the intercourse between distant parts of the kingdom having at the same time become more frequent), scarcely a village or hamlet in the most retired corner of the island can be pointed out, which has not been repeatedly visited by this contagion. Inoculation, therefore, has been saving with one hand, and destroying with the other; and authentic documents prove an actual *increase* of late years in the mortality of Small-pox of about seventeen in every thousand. On a fair unexaggerated statement, three thousand lives in London and its immediate vicinity, and forty thousand in the United Kingdom are annually the direct victims of the Small-pox, besides a great mortality occasioned by disorders consequent upon this disease. Other countries suffer still more from this calamity than our own; and it is important to remark, that this sacrifice of life occurs for the most part at an early period, to those who might otherwise have become useful and valuable members of society.

All the disadvantages under which the inoculation of Small-pox has hitherto laboured, all the risk to life and general health which has attended its use, and all the hazard of spreading a most dangerous contagion, are now however completely removed by the invaluable

able discovery of our countryman Dr. JENNER. A disease has, from time immemorial, been known in certain parts of the kingdom to exist in the Cow, to be communicated from this animal to the hands of milkers, and to secure persons, thus infected, from ever after receiving the contagion of Small-pox. This disease Dr. JENNER has most happily applied to the purpose of inoculation; and the inestimable advantages, which it is found to possess, are so fully established by many thousand experiments, as to enable us to assert, without fear of contradiction, that by this easy, safe, and effectual process, the Small-pox may be speedily exterminated from this kingdom, and ultimately from the whole earth.

The following are the peculiar advantages of the new inoculation: It is never contagious by effluvia, or by any other known mode of infection, except by actual contact or insertion of matter; and this single circumstance gives it the most decided superiority over the common inoculation, since it obviates the most important objection urged against this practice on the ground of its spreading a dangerous and highly contagious disease. Even in other respects it is preferable to Small-pox inoculation, for while it gives as perfect a security from all future contagion, it affords

this invaluable benefit on much easier terms. The inoculated Small-pox, though mild in most instances, is sometimes severe, and occasionally fatal: the inoculated Cow-pox, on the contrary, is almost invariably mild, requires no confinement, and seldom any medical treatment, produces no eruption beyond the part inoculated, leaves no injury to the general health, and, if we may form any conclusion from the extensive experience of Dr. JENNER and other medical practitioners, will, when properly conducted, never endanger life.

The interest excited by this discovery has been, in some degree, though not entirely, proportionate to its high importance. The new inoculation has been extensively patronised in this its parent country by a large body of enlightened and liberal men, and by numerous public institutions, whilst many foreign nations, with a deference to this country, highly flattering to its exalted reputation for good sense and liberal enquiry, have already adopted, and are rapidly extending it to every quarter of the globe. Above all, the British Parliament, after a long and accurate investigation of its merits, has given it the sanction of public approbation, by bestowing a reward on the discoverer of this invaluable blessing.

It must be admitted that the new inoculation has met with some opposition, and objections have been urged, which it would be uncandid to pass over in silence. Some of these objections, and certainly the most weighty, relate to matter of fact and actual observation; others have a more vague and uncertain basis. It is unquestioned, that some cases have occurred, in which a supposed inoculation of Cow-pox has failed to produce the promised security: other cases have been met with, in which the symptoms of the disease induced by inoculation are stated to have been so severe, and even fatal, as to perplex and astonish those who had been accustomed to view in the new practice nothing but an uniformly mild, safe and effectual preventive of a most formidable contagion. In answer to those objections, it might be urged, that were all the alleged instances of ill success acknowledged to be true in their fullest extent, and the mildness of Cow-pox allowed to be only proportional, still this proportion, compared with the most favourable inoculation of Small-pox, would give the new practice a most decided claim to the preference of individuals, whilst its uncontagious nature (which is not disputed) would equally recommend it to public approbation. But it would be highly unjust to the merits of Cow-

pox inoculation to make this concession. The action of Cow-pox does not prevent the constitution from being at the same time attacked by infantile and other prevalent diseases, so that the few cases of fatal termination imputed to this source may fairly be ascribed to the concurrent operation of some mortal disorder wholly unconnected with the new inoculation. It is the more candid to allow of this explanation, since by far the greater number of the supposed failures have been *actually* traced to some palpable misrepresentation of facts,* or have been most satisfactorily accounted for, from the want of experience in the infancy of the practice, to ascertain the characteristic marks of the true disease. To conduct with safety and propriety this inoculation, simple as it is, an accurate knowledge of its genuine appearances, and of the spurious varieties which sometimes intrude, is indispensably necessary; its simplicity has introduced some degree of carelessness in attending to its real character; some precautions, not at first noticed, are now found to be requisite;

* Two cases of death by the Cow-pox having been published in the London bills of mortality, a committee of the Jennerian Society was appointed to investigate their particulars.—The committee have reported, on the most authentic and satisfactory documents, that there was not the slightest foundation for attributing these instances of fatality either immediately or remotely to the Cow-pox. One of the children died of scarlet fever twelve months after it had passed through the vaccine disease.—The other, of convulsions from teething fourteen weeks afterwards.—In both, the inoculation was attended by none but the most favourable circumstances. The errors arose with the Searchers.

for, as the success of all medical practice has experience for its basis, it would have been wonderful indeed, and next to miraculous, if every circumstance relating to the new inoculation had been at once suggested to the minds of its earliest promoters by intuitive perception.

Certain opponents of the new practice have spread an alarm of some terrible calamity, some mysterious change in the very nature and propensities of the human race, to be apprehended from the introduction of a disease originating in a brute animal. To such an objection as this, which has never been fairly brought forward, and is even now almost entirely abandoned, what more need we say in reply, than that it is a mere creature of the imagination, not only unsupported by a single fact, or probable analogy, but actually destroyed by the experience of time immemorial, in the countries in which Cow-pox was first discovered? Since then the infection derived immediately from the animal is found entirely free from these objections, and since successive inoculations from one human subject to another have hitherto produced no other effect, than to mitigate all the symptoms that attend the original disease, what is there of presumption or rashness in endeavouring to root out from the human race a present evil of gigantic magnitude, by the sub-

stitution of a mild and benign disorder, derived from an animal so long devoted to the service of mankind?

Still, however, there are some who without openly controverting the superiority of this new discovery, reject it in practice, simply because the Small-pox inoculation has succeeded with themselves and their families to the utmost of their wishes. But will not the feeling and conscientious parent experience some uneasiness in reflecting, that whilst his own child is receiving the *antidote*, it is at the same time spreading the *poison*, and bringing into imminent danger the children and families of those, who have not thought proper, or found it convenient to resort to the security afforded by inoculation. On this very account, Small-pox inoculation, in several well regulated countries, has been prohibited under heavy penalties, or practised under severe restrictions.

So rapidly is the new inoculation spreading throughout the kingdom, and so ardently is it now patronised by private and public favour, that we cannot but entertain the hope, that the inhabitants of this country will now eagerly unite in the great undertaking of extending it over every part of the British empire. The time is arrived when all that was requisite for experiment has been more than amply fulfilled, and a farther delay in the general adoption of this beneficial

practice, is only to allow needlessly of the loss of those thousands of lives that yearly fall a sacrifice to the contagion of Small-pox. So completely is the extermination of this destructive disease within our controul, that could inoculation begin at the same time over every part of the kingdom, a single year, a single month, almost a single week, would annihilate a pestilence which twelve centuries have been establishing.

To promote this laudable work by the high example of exalted patronage, by the advice and assistance of public bodies long accustomed to lead and direct general opinion, by the active exertions of men habitually employed in carrying into execution the noblest and most extensive undertakings, by the united skill and advice of the medical profession in every part of the kingdom, and by every other method of encouragement and persuasion, is the object of our Society; nor have we any fear of being accused of presumption in undertaking more than we can hope to accomplish, when His Majesty has been pleased to give the Society his express sanction, by condescending to become its patron; and when we can boast of the highest additional support and assistance which the empire can bestow.

With such exalted claims to public encouragement, with such pure and unbiassed motives of general good, with an object of such magnitude to be accomplished

by means so simple, so secure, so effectual, and so entirely within our command, we look with full confidence to the British public for the most cordial assistance, and zealous co-operation, and for the cheering influence of personal example to remove prejudice and dispel doubts: we expect that the enlightened, the benevolent, and the opulent will condescend with patience and firmness to reason with the uninformed, and will assist this Society with contributions, with advice, with example, and with persuasion. It is not in the course of human probability that centuries will again present such an opportunity of doing good; the means are not given to every age to disarm the dreadful energy of a pestilence, which regularly destroys one twelfth part of the human race; and as this our native island has been the noble source of this benefit to mankind, let us be the first to carry to its utmost extent the blessing which Providence has put into our hands; so that the contagion of Small-pox may be known to our posterity only in history, and recorded as the desolating calamity of twelve centuries, at last successfully resisted by medical skill, and subdued by a noble effort of public spirit and perseverance.

PLAN AND REGULATIONS

OF THE

SOCIETY.

I. THAT this Society, having been honoured with the gracious patronage of their Majesties, be denominated “The Royal Jennerian Society for the Extinction of the Small Pox.”

II. That this Society do consist of a Patron, a Patroness, Vice-Patrons, Vice-Patronesses, Sub-Patronesses, a President, Vice-Presidents, Governors, Trustees, Directors, a Medical Council, and such other officers as may be necessary for conducting the business of the Society.

III. That Subscribers of One Guinea annually, or of Five Guineas and upwards at one payment, shall be considered as Governors of the Society.

IV. Any person, upon the payment of a legacy of Twenty Guineas and upwards to the Society, shall become a Governor.

V. There shall be four General Courts held in every year, viz. on the first Wednesday in March

June, September and December. These meetings shall be called by advertisements inserted in fix of the morning papers, at least one week previous to the meeting. At these meetings twenty-four shall form a quorum.

VI. A Vice-Patron, or the President, or one of the Vice-Presidents, or, in their absence, a Member of the Board of Directors, shall take the Chair at all meetings of the Society, and shall regulate all debates.

VII. At any General Court, the business shall commence by reading the Minutes of the last General Court, and the Minutes of the intervening meetings of the Board of Directors, and of the Medical Council, since the preceding General Court.

VIII. The progress of the Institution shall be laid before each of the General Courts, by the Board of Directors and the Medical Council.

IX. At the General Court in March, a Report of the state of the Society shall be laid before the Governors: the Board of Directors and Medical Council shall be appointed, when of each body one fourth shall go out of office by rotation. (The rota in the first instance to be determined by numbers and lots.)

X. The Board of Directors shall be empowered to call a Special General Court, whenever they deem it expedient.

XI. Any twelve Governors may call a Special General Court by a requisition, specifying the business in writing, to the Secretary of the Board of Directors, who shall give notice in six Morning Papers, and send summonses to each Governor (resident in or near the metropolis,) four days at least before such meeting shall be convened.

XII. No new Law, nor abrogation, nor alteration of any existing law shall be valid, unless confirmed at a subsequent General Court.

XIII. All Questions brought before a General Court shall be determined by a majority of the Governors then present.

XIV. In cases of equality of Votes at any Court, Board, or Committee, the Chairman shall be entitled to a casting Vote.

XV. Ladies, Peers, Members of Parliament, and Vice-Presidents may, on all Questions to be decided by Ballot, vote by Proxy, given to any Governor.

XVI. No Governor, who shall be more than one Year in Arrear, shall have any power or privilege as a Governor, until such Arrear be paid.

XVII. After the present Year (1803) no Person shall be entitled to vote on any Election at a General Court, who has not been a Governor six Calendar Months.

XVIII. No Person shall vote on, or be present during the decision of any question, in which he is personally interested.

XIX. Every Governor may recommend any number of Patients for the benefit of inoculation.

XX. There shall be an Annual Festival on the 17th of May, that being the Birth-day of Dr. JENNER.— This Festival shall be under the direction of twelve Stewards, annually appointed by the Governors.

At each Anniversary the Stewards shall be requested to prepare twelve new Stewards for conducting the succeeding Festivals. No Steward shall be liable to a greater expence at the Anniversary Festival than Five Guineas.

XXI. The number of Vice-Presidents and of Sub-Patroneſſes shall not be less than fifty each.

XXII. The Board of Directors, in addition to the Patrons, Patroneſſes, President, and Vice-Presidents, shall consist of forty-eight Governors who are not of

the medical profession ; Five of whom shall be a quorum. This Board shall manage the general affairs of the Society, and shall meet on the first Wednesday in every month, or oftener if they deem it necessary.

XXIII. The Medical Council shall consist of a President, Vice-President, and forty-eight other Governors of the medical profession, who shall meet every Thursday, or as often as they shall judge it necessary ; Five of whom shall be a quorum.

XXIV. The Medical Council shall assign districts in the Metropolis and its environs, appoint medical practitioners to inoculate in the respective places, give instructions, superintend the medical concerns of the Society, and make report to the Board of Directors of the progress of inoculation in the respective stations.

XXV. The Board of Directors and the Medical Council shall reciprocally communicate their proceedings.

XXVI. The Metropolis shall be divided into twelve districts, or more if necessary, each of which shall have an inoculator or inoculators : and for the present, the following districts shall constitute the said division.

- 1.—Mile End and Lime-house.
- 2.—Ratcliffe.
- 3.—Spitalfields and Bishopsgate.

4.—Hoxton and Bethnal-Green.

5.—Cripplegate and St. Luke's.

6.—City.

7.—Clerkenwell.

8.—St. Giles's.

9.—Mary-le-bone

10.—Westminster.

11.—St. George's Fields and Lambeth.

12.—Southwark and Suburbs.*

XXVII. There shall be three Trustees who shall be annually elected at the General Court in March.—They shall receive all money due to, and by order of the Board of Directors shall pay all money due from the Society, and keep an account of all such receipts and payments.

XXVIII. The accounts of the Trustees shall be audited by three Auditors appointed at the General Court in December, and their report shall be laid before the Society at the General Court in March.

XXIX. All Sums of Money, for which the Directors shall judge there shall be no present occasion, shall be by their order to the Trustees vested by them, in their own names, in the public funds.

XXX. The appointment of a Secretary and Officers

* A thirteenth District has since been appointed in Rotherhithe.
See the list of stations.

of the Board of Directors, and of the Medical Council, shall be vested in those respective Boards, subject to the approbation of a General Court.

The Secretary of the Board of Directors shall officiate at all General Courts.

XXXI. All other Officers, whose Election is not otherwise provided for, shall be elected by the Governors at large.

XXXII. In a central part of the Metropolis, a House shall be prepared, which shall be called, The House of the Royal Jennerian Society, for the Extirpation of the Small-pox.

XXXIII. In this House, Accommodations shall be provided for conducting inoculation, and for the Meetings of the Board of Directors, and the Medical Council.

XXXIV. To this House all correspondences shall be addressed, and applications made for the matter of inoculation, which shall be furnished free of expence to such medical practitioners as may apply for it, and to others whom the Medical Council may approve, the names of whom shall be registered.

REGULATIONS FOR THE CENTRAL HOUSE.

THE Central House of the Institution, Salisbury Square, Fleet Street, will be open for Inoculation—for advice on cases and subjects connected with the vaccine practice—for distributing vaccine matter and instructions; and for all other public business of the Society, from the hours of Ten in the forenoon till Three in the afternoon every day, except Sundays: during which hours persons of all ages may attend for inoculation, free of expence, and applications may be made to the Resident Inoculator and Secretary for the above purposes.

Two Physicians and one Surgeon of the Medical Council, are officially attached to the Central House for every month in rotation; to visit during the hours of public business as often as they may deem necessary; and to be resorted to for advice on particular cases by the Resident Inoculator, whenever he may see occasion for it.

Persons having been inoculated at the Central House are required to attend there every fourth day, till they are informed that such attendance is no longer necessary.

REGULATIONS FOR THE STATIONS.

PERSONS of all ages may attend for Inoculation free of expence, and applications as at the Central House may be made at any of the Inoculating Stations of the Society, on Mondays, Tuesdays, Thursdays, and Fridays, from the hours of half past Nine till Eleven in the forenoon.

Two Consulting Physicians are attached to each of the Inoculating Stations, to attend as often as they shall think proper; and to give their advice whenever it is requested by either of the Inoculators of the stations to which they belong.

Two Surgeons appointed to each of the inoculating stations attend at the prescribed hours in rotation. Their office is, to inoculate patients, to give advice when called upon in matters relating to vaccine inoculation, to distribute vaccine matter and instructions to such as may apply for them, and to register the inoculating practice, with the cases on which they are consulted, and the names and places of abode of the persons to whom the matter and instructions are given.

REGULATIONS FOR THE ATTENDANCE OF THE PATIENTS.

PERSONS having been inoculated are required to attend at the same inoculating station, three or four times, or oftener if desired, in the course of the next ensuing fortnight, viz. on every other inoculating day;—in order that the progress of the inoculation may be carefully observed, so as to satisfy them of being secured from the Small-pox for ever afterwards: and also that every case may be duly registered.

Particular care must be taken to avoid injuring the inoculated arm by squeezing, rubbing, or scratching the part;—by the pressure of tight sleeves, or otherwise.

Persons inoculated are not required to take any medicine, nor to observe any particular regimen respecting diet or exercise; or other care than such as is at all times necessary for the preservation of health.

*List of the Stations for Inoculation, and the Physicians and
Inoculators who attend.*

Dr. JENNER, Superintending Physician.

1.
Central House,
No. 14, Salisbury Square,
Fleet Street.

Dr. Walker, resident Inoculator.
The Members of the Medical Council attend in rotation, as Consulting Physicians and Surgeons.

<i>Stations.</i>	<i>Physicians.</i>	<i>Inoculators.</i>
2. Drury Lane, Sunday School House, George Yard.	Dr. Denman Dr. M'Cartan	Mr. Dimfsdale Mr. Uppom
3. Great Castle Street, Oxford Market, Mary-le-bone.	Dr. Vaughan Dr. Hooper	Mr. Ring Mr. Edw. Leese.
4. Westminster. 6, Whitehart Court, Castle Street, King's Mews.	Dr. Crichton Dr. Bradley	Mr. Cullurne Mr. Combs.
5. John Street, America Square, Minorities.	Dr. J. H. Myers Dr. Elliott	Mr. C. Johnson Mr. G. Johnson.
6. Clerkenwell, Turnmill Street.	Dr. Yelloly Dr. Dimfsdale	Mr. Chamberlaine Mr. White.

<i>Stations.</i>	<i>Physicians.</i>	<i>Inoculators.</i>
7. No. 119, Bishopsgate Street Without.	Dr. Hawes Dr. Pett	Mr. Addington Mr. Aikin
8. No. 8, Hoxton Town, Sunday School House.	Dr. Saunders Dr. J. Hamilton	Mr. Parkinso Mr. Weston.
9. No. 74, Golden Lane, Sunday School House.	Dr. Babington Dr. Marcet	Mr. Upton. Mr. Leese
10. Ratcliffe.	Dr. James Sims Dr. Blane	Mr. Horsford Mr. Wilso.
11. Mile-end,	Dr. W. Hamilton Dr. Skey	Mr. Curtis Mr. Dowers.
12. Southwark, Fair Street, Horshydown.	Dr. Willan Dr. Buxton	Mr. Key Mr. Norwood.
13. School Room, Surry Chapel.	Dr. Powell Dr. Lettsom	Mr. Hurlock Mr. Williams.
14. Rotherhithe.— Vestry Room, Mr. Townsend's Meeting-house.	Dr. Woodville Dr. Turner	Mr. Gaitskell Mr. Brown.

INSTRUCTIONS FOR VACCINE INOCULATION.

AN ACCURATE KNOWLEDGE OF THE SIGNS OF INFECTION, AND OF THE CHARACTER AND PROGRESS OF THE VACCINE VESICLE, IS ESSENTIAL TO THE SUCCESS OF THIS INOCULATION.

The Signs of Infection, and Description of the Vaccine Vesicle.

WHEN Vaccine Inoculation proves successful, a small red spot, with a degree of elevation which may be felt, commonly commences on the third day. When examined with a magnifying glass, it seems to consist of a small tumour, surrounded by a slight efflorescence.

Between the third and sixth day, a vesicle appears; the shape and magnitude of which depend much on the mode in which the inoculation has been performed: when it is performed by a slight puncture, the vesicle will be small and circular.

The edge of the Vaccine Vesicle is elevated and well defined; the centre is depressed, and a speck is there visible, of a darker colour than the rest of the surface. This vesicle is distinguished from other vesicles by the peculiarity of its structure, which is cellular, and somewhat hard and firm. At first it is of a light pink colour, sometimes blended with a bluish tint, gradually changing in its progress into a pearl colour. Its contents are limpid, and almost colourless. It commonly increases in size till about the tenth day.

In its early stages it has usually a small inflamed ring round its base, which about the ninth day begins to spread rapidly; and about the tenth forms an Areola, more or less circular, an inch and half or more in diameter. This areola is of a pink, scarlet, or crimson hue; and is attended with some degree of hardness and tumefaction. It continues nearly stationary a day or two, and then begins to fade; sometimes forming on its decline, two or three concentric circles.

When the areola is perfectly formed, the vesicle begins to decline: first it turns brown in the centre; then it is gradually converted into a hard, smooth, shining scab, of a dark mahogany brown colour, approaching to black; and, in its general appearance, has not unaptly been compared to the section of a tamarind stone. This scab commonly falls off about the end of the third week; and leaves a circumscribed

cicatrix, clearly denoting, that the true skin has been affected.

In the computation of time the day of inoculation is to be considered as the first day.

*Occasional Deviations of the Vaccine Vesicle,
from its ordinary appearances and character.*

DEVIATIONS are occasionally met with, even in the genuine vaccine vesicle; chiefly with regard to its rise, duration, and contents.

It seldom or never appears earlier, but often later than the period already mentioned; sometimes not till after the expiration of a fortnight or three weeks; but if it then makes a regular progress, it renders the patient equally secure, as if it had appeared at the usual time.

Sometimes the vesicle is ruptured by external violence. In that case, the scab will in general be less firm, and of a lighter colour. Occasionally also, instead of the regular progress to desiccation, as above described, it passes into a state of ulceration, with a much more extended inflammation.

The contained fluid instead of being limpid as usual, is now and then found opaque.

*Spurious Pustules,**which afford no security against the Small-Pox.*

THE success of the operation is doubtful, when there is any considerable deviation from the usual course of the disease; whether premature inflammation, irritation, itching, or vesication occurs; or the progress of the vesicle is too rapid, its contents yellow or opake, its texture soft, its centre elevated, or its form not well defined; or whether a premature efflorescence takes place, and a distinct, vivid, circumscribed areola is wanting.

This anomalous vesicle, or spurious pustule, as it is called, is more liable to be broken than the regular genuine vesicle, from its centre being more elevated, and its texture less firm. When broken, it is frequently succeeded by ulceration; or by a light brown, or amber-coloured creeping scab.

Probable Causes of Spurious Pustules.

SPURIOUS pustules may be occasioned not only by matter taken from a spurious pustule, but also by matter taken from a genuine vesicle at too late a period; or by that which has been injured by keeping, exposure to heat, or any other cause. They may also be occasioned by using rusty lancets in inoculating;—by rude and unskilful methods of performing the inoculation; or by the genuine vesicle having been destroyed at an early stage; and the regular progress of the disease thus interrupted.

*The Methods of taking Vaccine Matter for
Inoculation, and of preserving and conveying it.*

MATTER may be taken from a genuine vesicle at any time, from its commencement till the areola begins to spread; commonly till the eighth or ninth day, sometimes later, but never after the areola is fully formed.

It is to be taken by small superficial punctures, made in several parts of the vesicle with the point of a lancet introduced horizontally. Time should be allowed for the fluid to exude, which will appear on

the vesicle in the form of small pellucid drops. If necessary, very slight pressure may be applied with the flat surface of the lancet, to quicken the discharge.

Great caution must be observed in this process; or violent inflammation, and extensive ulceration may sometimes ensue.

The matter may be received on the points of common lancets, when it is designed for use immediately, or within a very few days; otherwise these instruments cannot with propriety be employed either for the preservation or conveyance of vaccine matter, as when charged with that fluid they soon rust. An ivory lancet is not liable to this objection. It may be fixed in a handle, and screwed into a case, in order to exclude air.

A common method is, to take two small square pieces of glass, on the centre of one of which the matter may be received, by applying the glass to the vesicle, punctured in several places in the manner before described, and covered with the fluid: it may then be suffered to dry, and applied to the vesicle repeatedly. When fully charged, and dry, it is to be covered with the corresponding piece of glass, and wrapped up in writing paper, or goldbeater's skin.

Matter may also be taken on thread, which, being imbued with it, must be suffered to dry, and then

charged again : this process may be repeated till it is well saturated : it may be kept in a phial, or in a quill, or a piece of a tobacco-pipe, stopped with white wax:—the heat necessary to melt sealing-wax might injure the matter.

Another way of preserving matter is to take it on the end of a quill, which, when dry, may be inserted into the barrel of another quill : or if slender portions of a quill be pointed like tooth-picks, a number of them, when charged, may be inclosed in the barrel of one quill. These, as well as the thread, afford convenient modes of conveying the matter in a letter to any distant place.

A small instrument made of ivory, shaped like the tooth of a comb, and pointed like a lancet, which may be called a Vaccinator, is in every respect as well adapted to the same purpose ; and not being liable to bend, it is introduced into the puncture with more ease and certainty than the tooth-pick. These instruments require much less matter to charge them than thread or glass; but when they are not intended to be used soon, they ought to be repeatedly charged.—When they are to be used in a short time, it is sufficient to wrap them in paper.

Matter must always be allowed to dry without heat in the shade, and be kept in a dry and cool place.

Every practitioner who has not a constant succession of patients, ought to take matter when he has an opportunity, and to preserve it for any future occasion.

The Modes of Inoculation.

THE constitutional, as well as the local symptoms of the Vaccine Affection, depend in a great degree on the mode in which the virus is inserted. The smaller the wound of the skin is, the lighter in general is the disease.

Fluid matter is better than dry, when it can be procured, because it is more likely to produce infection; and the operation is more lightly and quickly performed. Hence it is evident, that in every instance where it is practicable, the patient from whom the matter is to be taken should be present, and the matter should be transferred immediately from arm to arm.

Inoculation is generally performed in the upper arm, near the insertion of the deltoid muscle; but in some adults, who are likely to use the arm much, it is more adviseable to inoculate on the inside of the leg, a little below the knee.

The point of a lancet being charged, the skin should be stretched, that the cuticle may be penetrated with

more ease. A small superficial puncture is then to be made with the point of the lancet, which will be more likely to leave the matter in contact with the skin, and to produce the desired effect, if it be held nearly in a horizontal direction. It is also worthy of remark, that when held in this direction, the lancet meets with greater obstruction when it has penetrated to a sufficient depth. On the contrary, when it is inserted in a more oblique or a perpendicular direction, it often penetrates suddenly to such a depth as to cause an effusion of blood, which washes away the matter, and prevents the operation from succeeding. In order to render infection more certain, the point of the lancet may be charged with matter a second time, and wiped on the puncture.

When several successive inoculations are to be performed, the lancet should be dipped in cold water, and wiped after every puncture.

Dry matter has been sometimes known to succeed after the expiration of several months, but that which is recent is always preferable.

Dry matter on glass may be moistened with a little cold or tepid water on the point of a lancet, allowing it some time to dissolve, and blending it by a little friction with the lancet. It must not be much diluted,

but of a thick consistence. It is to be inserted in the same manner as the recent fluid.

Dry matter on the barrel of a quill may be applied without dilution, to a very small abrasion or incision of the skin; and, being held in contact for some time, and then repeatedly drawn over the part, it will dissolve and be lodged in the wound.

When ivory lancets, toothpicks, and vaccinators, charged with dry matter, are used, the matter should not be first diluted, but a puncture having been first made with a common lancet, the point of the instrument is to be inserted, and held in the puncture half a minute or more; when the matter will gradually dissolve, and remain in the part. If the part of the instrument which is charged, be afterwards wiped repeatedly upon the edges of the puncture, it will tend to ensure success.

Thread, charged with dry matter, may be used either dry or just moistened with cold or tepid water. A slight incision or abrasion is then to be made, not more than an eighth part of an inch in length, on which a small portion of the thread is to be placed. This is to be covered with a small bit of paper, and to be retained two or three days by a mild adhesive plaister: what is called court plaister is liable to produce irritation.

Inoculated patients must be cautioned not to wear tight sleeves, and not to injure the arm by pressure, friction, or any other violence, lest extensive inflammation or ulceration should ensue.

One vaccine vesicle secures the patient from all danger of the small-pox ; but in many instances it is better to inoculate in both arms, especially when the small-pox is epidemic, or the matter is dry, or the place of the patient's residence distant.

Lancets used for inoculation should be kept clean and bright.

Constitutional Symptoms.

THE constitutional symptoms sometimes occur at a very early period ; but more commonly from the seventh to the eleventh day.

In some cases the patient is drowsy ; in others restless. Sometimes there is a chilliness, succeeded by heat, thirst, head-ach, and other marks of febrile affection. Now and then a sickness or vomiting takes place, especially in infants.

The constitutional symptoms, of whatever kind, are in general slight and transient, and such as require no remedy.

In a great proportion of cases there is no perceptible indisposition; nevertheless, the person vaccinated is not the less secure from the future infection of the Small-pox, provided the progress of the vesicle has been regular and complete.

Care must be taken not to confound the symptoms of infantile or other diseases with those of vaccine inoculation.

Medical Treatment.

IN general no medicine is required in this mild affection; but if the symptoms happen to run a little more high than usual, the same remedies are to be applied, as if they proceeded from any other cause.

No preparation is necessary; and no cathartics need be given either before or after vaccination.

Should inflammation of the arm exceed the usual bounds, which rarely happens but from tight sleeves, pressure, or friction, it may soon be checked by the very frequent application of compresses of linen dipped in water, aqua lithargyri acetati composita, or a solution of one drachm of cerussa acetata in a pint of water. These are to be applied cold.

If the scab be rubbed off prematurely, and ulceration take place, cooling and astringent applications

may be used, such as a drop of aqua lithargyri acetati, which should be allowed to dry on the part, and then be covered with compresses, dipped in water, or any of the saturnine applications above mentioned, and frequently renewed.

When the ulceration is deep or extensive, a poultice, either of bread and milk, or of bread with any of the saturnine preparations may be applied, as the case seems to require. They must never be applied till they are nearly, or quite cold.

In such foul and obstinate sores, as resist the foregoing applications, the unguentum hydrargyri nitrati; the argentum nitratum, or other similar applications, are sometimes resorted to with advantage. A single dressing with these substances is usually sufficient; after which the sore heals under the mildest applications.

Spurious pustules are frequently followed by ulceration at an early period. This ulceration is to be treated in the same manner as if it proceeded from the genuine species.

An assurance of perfect security from vaccine inoculation can only be obtained by carefully observing the whole progress of the disease. If any doubt remain, the operation ought to be repeated.

When the patient has been previously exposed to the infection of the Small-pox, that disease will be superseded more or less, according to the time which is suffered to elapse before the inoculation of the Cow-pock.

The advantages of vaccine inoculation being now fully ascertained, it is the duty of every member of society, and particularly of every member of the medical profession, to discourage the inoculation of the Small-pox.

As it is deemed highly proper and advantageous, that particular and exact Registers of the vaccine practice should be kept by every inoculator, the forms of the Registers, employed by the Royal Jennerian Society in their central house, and the several inoculating stations, are annexed.—A separate book is also kept for detailed accounts of any remarkable cases, which may require to be more fully recorded than the plan of an ordinary register may admit of.

Copies likewise are here given of such papers as have hitherto been printed, both for the use of the patients, and for more general distribution, for promoting the views of the Society amongst all classes of the community.

✎ It is presumed, by the Society, that the Community would derive considerable advantage by their receiving from other Vaccine Societies, an Annual Return of the Number of Patients inoculated; which should be sent to the Central House, No. 14, Salisbury Square, before the 1st Wednesday in March, in each Year.

✎ Communications of real importance, relating to the Vaccine Practice, will meet with ready attention by the Medical Council of the Royal Jennerian Society.—It is requested that they be drawn up concisely, and well authenticated.

Register of Inoculations.

Inoculator.	Subject and Circumstances of Inoculation.										Date	Appearance and progress of local affection.								Constitutional Disease.	Vaccine Matter.	Miscellaneous Remarks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	Right arm.					Left arm.						Day of inoculation.	First observation, 4th day.		Second observation, 8th day.		Third observation, 12th day.		Fourth observation, 16th day.				Symptoms as related by the Patients or their Friends.	Taken on the 8th day.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	No.	Name	Abode.	Age. Yr. Mo.	Mode of inoculation.	Matter whence.	State of Matter.	Mode of inoculation.	Matter whence.	State of Matter.			Right arm.	Left arm.	Right arm.	Left arm.	Right arm.	Left arm.	Right arm.							Left arm.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

Register of Consultations respecting Vaccination.

Date.	Name of Patient.	Abode.	Age Years Months.		Cafe.	Prescription.	Remarks

Register of the Distribution of Vaccine Matter.

Date.	Name of Applicant.	Abode.	State of the Matter.	Source.	Distributor.	Remarks.

A comparative View of the Natural Small-Pox, Inoculated Small-Pox, and Inoculated Cow-Pox, in their Effects on Individuals and Society.—By John Addington.

HISTORY.

For twelve centuries this disease has been known to continue its ravages, destroying in every year an immense proportion of the whole population of the world!

Circumstances attendant and consequent on the diseases respectively, independent of contagion and mortality.

NATURAL SMALL-POX.

General Character.	Mortality
A contagious disease: in some instances mild, but for the most part violent, painful, loathsome, and dangerous to life.	One in six who have the disease, dies; at least half of mankind have it; consequently one in twelve of the human race perish by one disease!! In London 3000 annually; in the united kingdom, 40,000!

Danger.	Eruptions.	Confinement.	Loss of time.	Expense.	Requisite Precautions.	Medical Treatment.	Deformity.	Subsequent Diseases.
One in three has the disease in a dangerous form.	Eruptions numerous, painful, and disgusting.	Confinement, loss of time, and expense, more or less considerable. The latter affecting individuals, families, parishes, &c.			Precautions for the most part unavailing.	Medical treatment necessary both during the disease and afterwards.	Pits, scars, seams, &c. disfiguring the skin, and especially the face.	Scrofula in every form, disease of the skin, glands, joints, &c. blindness, deafness, &c. &c.

INOCULATED SMALL-POX.

A contagious disease, for the most part mild, but in some instances violent, painful, loathsome, and dangerous to life.	One in three hundred inoculated dies. In London, probably one in one hundred.
The inoculation of the small-pox having been but partially adopted, has become the means of spreading the infection, and thus increased its general mortality. In London (by the bills) this increase has been in the ratio of seventeen in every thousand.	

One in thirty or forty has the disease in a dangerous form.	Eruptions of constant occurrence in greater or less numbers.	Confinement, loss of time, and expense, sometimes considerable.			Necessary preparation by diet and medicine, care to avoid certain seasons, as extremes of heat and cold; certain periods of life, as early infancy and old age; and certain states of constitution, as general ill-health, teething, pregnancy, &c.	Medical treatment usually necessary.	Deformities liable to take place whenever the disease proves severe.	Subsequent diseases of the same kind as above enumerated, though of less frequent occurrence.
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INOCULATED COW-POX.

Not contagious; and when properly conducted, uniformly mild, inoffensive, seldom painful, free from danger, and an infallible preventive of the small pox.	Never fatal.
During a long series of years, the cow-pox, accidentally received, has been considered as a preservative against any future attack of the small-pox. Many persons in the dairy countries, who have had the former in their youth, have remained to old age unsuceptible of the latter.	

No danger.	A pustule on the inoculated part only.	Neither confinement, loss of time, nor expense incurred.			No other precautions requisite, than such as regard the conduct of the inoculation.	No medicine required.	No consequent deformity nor disfigurement.	No subsequent disease excited.
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With a knowledge of the facts contained in the above statement, it is presumed that no person can conscientiously refuse or hesitate to embrace the opportunity now providentially offered of preserving his own family from so dreadful and destructive a pestilence as the Small-pox; and of contributing his part towards its total extirpation. The new inoculation recommends itself to all classes: the rich are adopting it universally: their example may now be followed without expense by the poor, for whose immediate benefit the Royal Jennerian Society is established.

AN ADDRESS
TO BE PRESENTED BY
CLERGYMEN at the BAPTISM of CHILDREN.

TO FATHERS and MOTHERS,

You who are parents must feel yourselves not less bound by religion, than prompted by affection, to guard your child from every impending evil; and especially from infectious diseases endangering its life. No human malady can give more serious cause of alarm than the SMALL-POX. When taken in the natural way, it is, as you well know, violent, painful, and often fatal. Even in those who recover from it, the countenance is permanently disfigured, or the constitution receives some irretrievable injury, by loss of sight, deafness, tedious ulcers, white-swellings, consumption, &c.—In the Small-pox, communicated by Inoculation, there is certainly less danger; but to ensure success, the most anxious attention and nicest management are requisite for a length of time.—Notwithstanding every precaution, the inoculated

Small-pox has, in many cases, proved fatal: and it is further highly objectionable, since, by spreading infection, it endangers the lives of all persons in the neighbourhood, who have not previously had the disease. A mild and certain preventative of the Small-pox, was a few years ago providentially discovered by the JENNERIAN INOCULATION of the Cow-pock. This, after the strictest inquiry, has been approved and recommended by the British Parliament; and is now extensively practised, under the patronage of their Majesties, and the whole Royal Family. The new Inoculation may be safely performed at every season of the year, and at every period of life, since it occasions no material disorder, nor is attended with any danger whatever. At the same time no infection is communicable from the persons inoculated to others with whom they have intercourse. Thus this simple and easy process, without endangering the community, preserves all those who undergo it, from a most loathsome disease; and never excites in the constitution the dreadful maladies above-mentioned, which so frequently succeed both the natural and inoculated Small-pox.

That you might not remain ignorant of so inestimable a blessing, this short statement is presented to you; and as you value the life of your infant, and

the safety of your neighbourhood, you will immediately avail yourselves of the advantage offered to you ; for doubly poignant must be your sorrow, if, by neglecting so to do, your child should perish, or be materially injured by the Small-pox.

(Signed)

Minister of

☞ Papers of this kind have been under written by Medical Practitioners of the respective places in which they are distributed, offering to inoculate the poor gratuitously.

LIST OF SUBSCRIBERS.

A	Benefactions		Annual	
	£	s.	£	s.
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New Palace Yard	10	10		
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Benjamin Aislaby, Esq. Minories	10	10		
Rawson Aislaby, Esq. Stoke Newington	10	10		
Rev. Wm. James Aislaby ditto	3	3		
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	£	s.	£	s.
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Edwd. Baber, Esq. Park-street, Grosvenor-square	5	0		
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