THE TAXIS IN HERNIA.

By F. LE GROS CLARK, F.R.C.S.,
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IN the BRITISH MEDICAL JOURNAL of February 10th, 1872, there is a short article from the pen of Mr. Fifield of Boston, U.S.A., entitled, "A Plan for Facilitating the Reduction of Strangulated Hernia by Taxis." This paper contains a long quotation from Baron Seutin on the same subject; and the practice of the Baron is approved by Mr. Fifield.

The proceeding recommended and adopted, I presume, when the ordinary taxis has failed, and therefore when the strangulation is firm, consists in forcing the finger into the hernial ring, whether inguinal or crural, in order to rupture, "by continuous forced dilatation, some of the (strangling) fibres", whereby a cracking is produced, "very sensible to the finger, and sometimes to the ear". It is added, that "considerable strength has sometimes to be exerted, and the index finger becomes fatigued". In this event "the finger is not to be withdrawn; but it is to be supported by the fingers of an intelligent assistant, who seconds the action it is desirable to produce."

I have never tried this experiment. I should be sorry to do so; and venture to protest against it as a proceeding fraught with danger, and altogether opposed to sound practice, based on an acquaintance with the pathology of hernia. A long hospital experience has taught me how much mischief may be inflicted by persistent violence in attempts to reduce strangulated rupture; and I apprehend that I am not singular in entertaining the opinion that the fatality of our cases is chiefly due to delay, and the repetition of unsuccessful efforts at reduction by taxis.

It is difficult to conceive of any method by which a perilous condition of strangulated intestine could be more effectually aggravated, even if reduction succeed the protracted violence, than by the proceeding here described; for it is idle to suppose that the intestine can be protected whilst this splitting pressure is practised. As compared with a carefully conducted operation, I think there should be no hesitation in giving a preference to the latter.

As an advocate for early operation, and of opening the sac in all but exceptional cases, I strongly condemn the (as I think) fallacious principle of *reduction at all hazards*. I am satisfied that the risks attending an operation for strangulated rupture are very much exaggerated; indeed, as I have pointed out elsewhere, experience has satisfied me that the fatality in these cases is not due to the operation, but to the hopeless condition of the contents of the sac, too often the consequence of delay, or to the prostration of the patient, prior to the relief which an operation is designed to afford.

If gentleness and forbearance were more generally adopted in applying the preliminary measures undertaken to afford relief, and purgatives and prostration—often self-inflicted—were eliminated from the treatment, I believe that the statistics of the operation for strangulated hernia would present a far more favourable aspect than is at present the case.

A CASE OF SECOND SMALL-POX RESULTING FROM ACCIDENTAL INOCULATION.

By ROBERT GRIEVE, M.D., Medical Superintendent of the Hampstead Hospital.

IN these days, in which inoculation with the small-pox virus is severely punishable by law, cases of the disease communicated in this way are not often seen. The following instance of involuntary inoculation may therefore possess some interest. It is in another way peculiar, from the fact that the patient had previously suffered from a severe attack of natural small-pox; and the protection so afforded was efficient to a certain extent, as shown by the course of the disease for which she was treated. The primary pustules of inoculation, although well developed, dried up and passed off without being followed by the constitutional effects and general eruption usual after inoculation in an unprotected individual.

J. W., aged 19, married, was admitted into the Hampstead Hospital on the 10th December, 1871, with the following history. She had not been vaccinated; but fourteen years ago she had a severe attack of small-pox, the scarring and pitting from which are both extensive and unmistakable. The day previous to her admission, her child had died of small-pox; she had suckled it to the last. Her nipples were cracked and sore, and the child had scratched her breasts and face. Some days previously to her admission (unfortunately, she could not give the exact date), without suffering from any premonitory symptoms, pimples ap-

peared on the parts scratched by the child and round the nipples. On admission, there were about nine pustules on each mamma; of these, two-thirds were on the areola, and eighteen on the face, which were arranged in lines. Between the pustules, indistinct traces of scratches were still discernible. She had also a few small pustules on the eyelids, and slight conjunctivitis—caused, as she thought, by a habit she had of laying her face close to that of the child in its illness. The pustules on the face and breasts were large; some of them of the size of a sixpenny-piece, flattened, filled with a yellowish-white fluid, and having a good-sized dark-coloured depression in the centre. A narrow red areola surrounded them. Indeed, they presented much more the appearance of the vaccine than of the variolous pustule. Her temperature was normal; and the only thing complained of, besides the conjunctivitis, was the uneasiness, caused by losing the suckling of the child. The conjunctivitis soon passed off, and in the course of two or three days the pustules dried up; but neither then, nor at any time up till her discharge on the 30th December, did she suffer from any of the constitutional symptoms of small-pox, nor was there any further eruption visible.

In this case, the resemblance of the pustules in appearance and in the course they ran to those the result of vaccination, was noticed by all who saw them. Whether this was an exceptional and accidental occurrence in this instance, or whether it is to be expected invariably under similar circumstances, must, in consequence of the law, be a matter for speculation. That a form of small-pox, limited in its development and seemingly free from constitutional symptoms, results from the direct contact with the disease of protected subjects, was noticed so long ago as 1788. This is evident from the following extract from the *Elements of the Practice of Physic*, written by Dr. John Gregory, and published in that year. "It (small-pox) never seizes, or extremely rarely, any person but once in his life; but a particular part of the body may afterwards be susceptible of the small-pox in consequence of immediate contact with one having the disease." It need scarcely be said that this was written before the introduction of the practice of vaccination; and, consequently, a comparison of the local effects of the inoculation of the different poisons could not be made.

Do the facts of this case supply any additional proof of the identity of the variolous with the vaccine virus? Here, again, the answer is rendered doubtful from the impossibility of applying a practical test; and it can only be asked, What would inoculation from the pustules on this woman's breast have produced—vaccinia or variola? Circumstances might arise under which a knowledge of what is the fact would be of practical advantage. Small-pox sometimes breaks out in an epidemic form in places where vaccine lymph is unattainable, but where some one who had once suffered from small-pox and who would be willing to be inoculated might be found. From the pustules so produced, any who were unprotected might then have the disease communicated to them; with what result is, so far, only matter for supposition.

If any readers of the JOURNAL have an opportunity of removing this from the region of conjecture to that of certainty, it is to be hoped that they will take advantage of it; and the facts, when published, cannot but prove interesting.

CONCURRENCE OF MEASLES WITH VARIOLA, AND OF SCARLATINA WITH VARIOLA.

By F. A. FREER, L.F.P.S.Glasg., Murton Colliery, Durham.

ON November 8th, 1871, I was called to see J. G. J., aged two years, in a convulsive fit. The gums, being hot and swollen, were freely lanced. The child had a hot mustard-bath, which gave immediate relief. Next day, there was sneezing; the eyes were suffused and watery; the face was covered with the characteristic rash of measles, which soon became general over the whole body. On November 12th, four days after the child had the convulsion-fit, there appeared numerous papule on the face, neck, arms, and trunk, and more especially on the legs latterly. Those papule soon ripened into pustules, which in many places were almost semi-confluent. The child died on November 16th, from sheer exhaustion.

On January 1st, 1872, Jane N., aged 15, was affected with well marked scarlatina anginosa, which ran a favourable course. The rash disappeared, and desquamation began in about six days. She made a good recovery.

On January 12th, Elizabeth N., aged 13, sister of the fore-mentioned, was affected with well marked scarlatina anginosa. On January 15th, the fourth day of the rash, the face, arms, trunk, and legs were numerously studded with the characteristic vesicles of variola discreta.