THE TAXIS IN HERNIA.

By F. LE GROS CLARK, F.R.C.S.,
Surgeon to St. Thomas's Hospital, etc.

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 In this event "the finger is not to be withdrawn; but it is to be supported by the fingers of an intelligent assistant, who seconds the action it is desirable to produce."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.

Two days before the vesicular eruption had become pustular, desquamation had been established and became complete, when the scabs were falling off. She made a very good recovery. There were no complications. Her younger sister, Mary Ann N., aged 11, was seized with variola discreta on the same day (January 12th); and, from want of proper accommodation, lay on the same bed. She made a good recovery, without being infected with scarlatina by her elder sister.

The cases of J. G. J. and Elizabeth N. prove the possibility of two distinct specific fevers running their course in the same person and at the same time.

On January 1st, the day that Jane N. was seized with scarlatina, there was not another case of that fever within a mile and a half, to my knowledge; and, while she lay ill, her younger sister, Elizabeth, was running about playing with children living in a house where there were father, mother, and three children ill from variola, discreta and confluent. From those children she undoubtedly absorbed the poison of small-pox two or three days after imbibing the poison of scarlatina from her elder sister.

Dr. Broadbent of South Hetton has just related to me a case which occurred in his practice a few weeks ago, exactly similar to that of Jane N. The desquamation was perfectly established when the eruption had become pustular. There was not another case of scarlatina in the district at the time.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

UNIVERSITY COLLEGE HOSPITAL,

OPERATIONS ON WEDNESDAY, 4TH APRIL, 1872.

Necrosis of Lower Jaw on the Left Side.—Mr. Heath stated that this patient had been operated upon on Wednesday last, but had only obtained partial relief. The operation then had been at the angle of the jaw, where some necrosed bone was found and removed. On this occasion, six or seven partly decayed teeth were extracted, and the rest of the necrosed bone was quickly removed. This seemed to be more recently dead than what had been extracted before; and Mr. Heath believed that this operation would complete the cure. The whole cavity was stuffed with lint, and the patient removed to bed.

Fractured Tibia from a Crush by a Tram-Car.—This was the case of a boy whose right leg had been damaged by a tram-car, being much crushed. In consequence of the fracture, suppurating sinuses opened in front and on the inner side of the leg. These were laid open into each other, and a sequestrum about an inch long was taken out. This sequestrum was quite loose and near the surface, but deep enough to cause great pain and suppuration: it seemed to be the only cause of all the mischief about the leg, with the exception of the grazed skin and its granulating surface.

Strumous Knee, with Sinus.—This patient was brought into the theatre more for the purpose of examination than for a radical operation. A large opening below the knee was supposed to enter into the joint; and, if so, an operation would be the only remedy likely to do good. On examination, however, under chloroform, it was found to run upwards and round the outside of the joint, but apparently did not enter it. Mr. Heath then did what he could to straighten the limb, and fixed it on a straight back splint. If this be successful, the patient will have an useful limb; if unsuccessful, then further operative interference will be called for. Before the present examination, the knee was much bent, and, to give relief, was enclosed in a stiff felt splint; in spite of which it was growing more and more bent daily. Mr. Heath thinks that he can now safely make any injection into the sinus, if deemed necessary, without its entering the joint, and that in all probability the case will turn out well.

Ankylosis of the Hip.—A little boy had a stiff and firm ankylosis of the right hip-joint. Some of the muscles of the thigh had been before divided subcutaneously by Mr. Erichsen, but without great relief. Mr. Heath exerted great power to break up the adhesions in the joint, but quite unsuccessfully. "Judicious violence" had no effect whatever, and more would certainly have fractured either the pelvis or the femur; consequently, the little sufferer was ordered to be discharged unrelieved. The pulley had been tried in vain, and nothing could move the joint.

Mr. Heath then showed in the wards some very interesting cases; among them the following.

Irreducible Hernia.—This was a man with a hernia as large as a

child's head, but perfectly irreducible. He did not seem to suffer much in consequence. He is being starved a little, in the hope of a reduction being accomplished when the investing membranes are looser.

Injury to the Hand and Arm.—This injury was done with glass. Suppuration rapidly set in, and extended up the arm. Amputation at the lower arm was performed, chloride of zinc lotion (forty grains to one ounce) was freely used, and carbolic tow. Erysipelas seemed to be setting in about the shoulder-joint to-day, in spite of every effort to save his limb and his life; and Mr. Heath ordered it at once to be painted with nitrate of silver (forty grains to one ounce).

Epithelioma of Lip, extending to Cervical Glands and surrounding Tissues.—This patient had the disease first in the lip, and was operated upon. It rapidly returned in the cervical glands, and these Mr. Heath freely cut out, making a great cavity behind and below the jaw. The facial artery was cut and tied, and the wound poulticed. He now ordered the wound to be dressed with lint and lead-lotion.

Large Bag of Pus in Sheath of Rectus just below the Sternum, closely simulating a Hernia.—Mr. Heath was chary of operating upon this case, as its nature was very doubtful. The man himself thinks that it has diminished since he came into the hospital. The tumour is of the size of a large orange, perfectly round, and the fluctuation, on coughing, is quite distinct.

Poisoned Finger: Amputation of the Arm.—This man had poisoned his finger, as Mr. Erichsen believed, in skinning a hare. It was impossible to save the hand, and amputation was performed in the middle of the fore-arm. It is now very doubtful if the arm will be saved, as it is doughy, very much swollen, dark in colour, and sloughy in appearance. The last amputation was performed on February 28th.

ST. THOMAS'S HOSPITAL.

FUNCTIONAL PARAPLEGIA.

(Under the care of Dr. BRISTOWE.)

S. L., aged 10, a strong and healthy-looking lad, was admitted into the hospital November 7th, 1871, suffering from loss of power over the lower extremities. He enjoyed good health up to last March, when he began to notice some weakness about his knees, which prevented his walking without assistance. He could stand alone, but, in attempting to walk, fell immediately. With assistance, his mode of progression was uncertain, and chiefly upon his toes. This weakness increasing so that he could not stand or walk with assistance, he was admitted into the Evelina Hospital, where he remained for seven months without any alteration. During his sojourn there, he stated that he lost sensation in his legs for about a fortnight. His father and mother enjoyed good health, and his brother and sister were strong and healthy. He had not suffered from any of the diseases of childhood.

On admission, he was fat and well developed, derived enjoyment from his playthings, and amused himself to the best of his ability with the other little patients in the ward. His appetite was exceedingly good, and he slept well. He had apparently no power whatever over his legs; but the muscles were somewhat rigid, so that they offered some resistance to the effort made to stretch them; and they directly adapted themselves to the altered circumstances, so that, when the limbs were bent into any position, they had a tendency to remain fixed in that position until their actual weight caused them to drop. His legs might thus be fixed in the most extraordinary and uncomfortable attitudes. When he was supine in bed, and his legs had been flexed, after a time they returned to the extended position; and if, when seated in a chair, they were extended, they presently became semiflexed. He could move his toes slightly. There was no loss of sensation, and little or no muscular atrophy. Under the influence of galvanism, the affected muscles acted readily and well. If it were applied to any set of muscles, they immediately contracted powerfully; and by this means the limb might be made to assume any position. It was occasionally remarked that, when galvanism was being applied to any group of muscles, he seemed for a time to possess some degree of voluntary control over the other muscles of the limb. The erector muscles of the spine were similarly affected; and hence his back was bowed, and he was unable to straighten it. His arms were perfectly healthy. He passed his motions and urine naturally. The heart and lung sounds were healthy. The urine was of specific gravity 1015, free from albumen.

Since his admission, he has been taking a cold shower-bath daily, and had his lower extremities galvanised. The improvement is, however, but slight. He can manage, by the aid of a chair on wheels, to shuffle along the ward, principally on his toes, and without bending his knees.