THE VAPOUR BATH IN THE TREATMENT OF IDIOPATHIC TETANUS.

To the Editor of THE LANCET.

SIR,—In answer to inquiries of private correspondents as to the construction of the Vapour Bath mentioned in my letter on the "Treatment of Idiopathic Tetanus," which you did me the favour to publish on the 10th ultimo, p. 465, I take the liberty of sending you a sketch and description of the kind of bath which I have found to answer the purpose admirably. It differs from the ordinary vapour bath by including the head, so that the patient is respiring air of the same temperature as surrounds his body; and by the radiated heat from the cover of the reservoir, the upper part of the bath level with the head is from 10° to 20° cooler than it is at a level with the feet. It differs also from the hot-air or Turkish bath in having the atmosphere perfectly saturated with moisture without the bath being filled with visible vapour.

a, b, c, d. Steam reservoir of wood, lined with copper, tinned, with a top or lid perforated, so as to admit only steam enough to saturate the air in the bath with moisture.

e, f, g, h. Canopy, formed by four pillars, covered with twilled or swan's-down cotton, and drawn close at the bottom.

i. Steam service-tube, with two way cocks—one to heat the bath, the other to pass through the herb-pot (k) to medicate the bath.

l. The chair, cane-bottomed.

m. Foot-stool of wood, perforated.

Steam may be supplied from a common kitchen boiler, or by a suitable boiler for the purpose. As the bath is heated partly by radiation from the lid, and partly by steam admitted through the perforations, a considerable force of steam is required.

The advantages of this kind of bath are:

1. That free perspiration is elicited at a temperature not exceeding 100°.

2. That the canopy permits perfect ventilation, whilst it retains sufficient heat to produce the effect.

3. That it admits of agreeable medication with aromatic herbs, without which steam is sickening.

4. That there is no limit to the time during which the bath may be used; by drinking freely whilst in it, to supply the waste by perspiration, the bath may be continued for several hours, or until the spasms be overcome, without occasioning exhaustion—a point of great importance in the treatment of so formidable a disease as tetanus.

Lastly, that the reservoir receives the condensed steam and water—warm, tepid, or cold—poured over the patient to wash off the perspiration before leaving the bath.

I am, Sir, your obedient servant,

Montague-street, Bloomsbury, Dec. 1860. J. PIDDUCK, M.D. Edin.

VACCINATION.

To the Editor of THE LANCET.

SIR,—I observe in your impression of the 10th ult. a letter from Dr. Hogg, in which he mentions a case of vaccination, the pock of which was not fully developed till the *tenth* day after the insertion of the vaccine virus. Since that time I have had a case of vaccination in which the pock was not fully developed till the *twenty-ninth* day after the insertion of the vaccine virus. I have not, during twenty-four years' practice, met with another case where the action of the inserted virus has been retarded for so long a time.

Ipswich, Dec. 1860.

WEBSTER ADAMS, M.R.C.S.

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NEW METHOD OF REDUCING STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR,—The subject connected with the reduction of strangulated hernia is of such importance that I trust, as the originator of the present discussion, I may be permitted again to trespass upon your columns.

Apart from all question as to the novelty of the treatment alluded to, I would venture to express my surprise that, with the references lately pointed out to the notice of the profession by your various correspondents, the plan has not been more frequently and legitimately carried into *practice*, and the results made known to the profession.

In further illustration of the proceeding, my friend, Dr. Wilson, of this town, has drawn my attention to the following very curious extract from the lately published Life of Lord Dundonald (vol. i., p. 230):—"Another man was refused admission (to hospital) because everything possible had not been done to reduce a rupture, as he had not been hung up by the heels, in a rolling sea, which might have caused his death."

Dr. Evans, of Gloucester, informed me that many years ago, on entering a cottage, he found a young man with his heels high up against the wall, and with his hands firmly applied to his groin. Upon inquiry, he found that the young man was putting back a rupture, and that it was the only way in which he could effect his purpose with certainty and comfort. Common sense had served him well in his emergency.

On referring to one of our best standard text-books on Surgery, I find the following directions given previously to the application of the taxis:—"The bladder having been emptied, the patient should lie down, with his shoulders raised, and both his thighs should be bent towards the belly, and be placed close to each other, so that every muscle and ligament connected with the abdomen may be relaxed." Further on, I read:—"It sometimes happens that the taxis succeeds better when the abdominal parietes are not so much relaxed; at all events, this plan might be tried if the ordinary one fails."

What the muscles and ligaments of the abdomen, excepting those in immediate connexion with the seat of stricture, can have to do with the reduction of strangulated hernia, I cannot conceive; but I can well understand that the flexed condition of the thighs and the raised position of the shoulders, while relaxing the abdominal parietes, must necessarily tend to huddle and throw the weight and the pressure of the intestines towards the seat of mischief, complicating the difficulties already existing. The reduction of a strangulated hernia under such circumstances I believe to be more the result of a happy accident than of any hitherto well-explained rule or law of treatment. On the other hand, let the pelvis be sufficiently well raised, and the intestines thrown back upon the diaphragm, and I venture to say that, where no serious adhesion has taken place, the hernia may in a large majority of instances be readily reduced by a fair trial of the means referred to in this discussion.

I trust those gentlemen who take an interest in the subject, and who may have opportunities of testing the practice, will, through your columns, favour the profession with the results of their treatment. In this manner, we may be enabled to collate valuable data for future consideration.

I am, Sir, your obedient servant,

WALTER JESSOP, M.R.C.S. Eng.

Royal-crescent, Cheltenham, Dec. 1860.

TREATMENT OF STRANGULATED HERNIA BY GRAVITATION (?).

To the Editor of THE LANCET.

SIR,—Perhaps you will afford space in your standard serial for an additional remark or two on the above topic.

In a "System of Surgery," published upwards of seventy-two years ago by an accomplished practitioner of Edinburgh,* a case of the above nature is detailed, where, along with various usual items of treatment, the plan alluded to by your several correspondents is described as having been had recourse to, and this without intimation of any sort to indicate that such proceeding was a discovery or novelty even at that date.

It seems highly probable that the idea of reducing hernia by *inverting* the patient, and thus aiding the effect of gravitation on the abdominal viscera, has been of *popular* origin ages ago; just as we know that the same *force* was in former times sometimes (most absurdly) made available towards another purpose,

Practical System of Surgery. By Jas. Latta, Surgeon, Edinburgh.

with the opposite intention of *expelling* the uterine contents, by first elevating the pregnant female between two stout men, and then jolting or shaking her, &c. &c.

Mr. Jessop has candidly stated that neither he nor his professional friends had ever before read or heard of the method he lately described; therefore the following quotation from the authority referred to will be satisfactory, and possibly useful, from the somewhat more *seemly* arrangement which is therein described:—

“A third attempt was now made to reduce the intestines, but with as little effect as before. He was therefore taken out of bed, and placed in a great chair, with a pillow laid upon the back of it, from the bottom upwards, and another over the back of it. His head and shoulders were then placed on the bottom of the chair, and his body on the back of it, in such a manner that his legs hung over the pillow upon the back of it, and in this way, with the head downwards, every practical attempt was made to reduce the protruded parts, &c.”

The efforts employed in the foregoing case were unsuccessful, it appears; nor will adoption of similar valuable means insure certain remedy in every instance of the kind.

Your obedient servant,

December, 1860.

J. MAYNE, M.D.

P.S.—Since writing the foregoing, the communication of Dr. J. Arnott has appeared in your journal. In regard to the single point therein requiring observation,—to that, namely, where Dr. Arnott adverts to what he views as his own “new mode of carrying into effect” the gravitation principle for strangulated hernia, “by injecting and distending the whole portion of the gut below the stricture,”—it may be safely asserted that this practice has been employed, in suitable cases, by the majority of surgeons from a very early period. In the instance adduced, Mr. Latta states that he had *previously* injected four pounds of soap-and-water, and four ounces of mucilage.

UNWHOLESOME MEAT.

To the Editor of THE LANCET.

SIR,—Very constant and prolonged agitation is necessary in order to ensure the adoption of the most desirable measures calculated to benefit mankind and even to prolong human life. This is very forcibly illustrated by the repeated efforts to expose and to prevent the traffic in diseased animals and unwholesome food. I trust, however, that the subject has been now long enough discussed, and that the medical profession may wield its influence in some decisive manner.

Between ten and eleven years ago, when a student in London, I had occasion to observe the most disgusting practices in connexion with the disposal of diseased dairy cows, their slaughter and preparation for human food. Scores of cows were cleared out weekly from dairies I had opportunities of visiting. Fresh ones took their place, died alike, and were alike consigned to the butcher and sausage-maker.

The practice of my profession took me to Yorkshire, and there I learned of diseased cattle not being treated, but at once trucked to the nearest town where they might be best sold, and easiest transferred to the victual dealer.

My experience in Edinburgh and in other Scotch towns led me to take up the subject with as much earnestness as I could in 1857. I addressed a letter to the *Scotsman*, and, the police-men and meat inspectors being for a time on the alert, the accuracy of my remarks was proved by the Zoological Gardens and the tan-yards being supplied with a very large number of dead or dying cattle. A letter to the Lord Provost on the deficiencies of the existing system of inspection kept up the commotion, and the good people of Edinburgh were frightened into eating mutton and refusing beef. All, however, subsided; and we are now, perhaps, worse off than ever; so much so, that I was induced to touch on the subject at considerable length in my inaugural address at the opening of the present session. I then said that in considering the relations of veterinary to social science, “it is expedient that I should revert to the services which the public ought to expect from qualified men in checking a dishonest trade in diseased animals. This is worse than all other dishonest trades, inasmuch as its effect is to ruin the health of many, though it more directly robs the poor of their means of sustenance, by selling innutritious if not unwholesome food, and this at a price which, however small, must be exorbitant—the material being often worse than worthless.”

I venture to think that the Board of Health should be urged on by the medical profession to insist on the appointment of

scientific inspectors to the slaughter-houses over the United Kingdom. Not only is it impossible by a simple local inspection to discover the diseased meat entering London, but, even in a city like Edinburgh, large quantities are openly brought in with the express object of being sent to London. As on the Continent, qualified veterinary surgeons should be appointed to inspect the slaughter-houses and dead-meat markets. They should hold such appointments, so as to enable them to maintain a respectable position as professional men, and indeed so as to stimulate them to the study of pathological anatomy and comparative pathology, that they might be truly efficient and of service in the march of science. On the subject of meat inspection, I venture to hope you will find space for the subjoined extract from the introductory lecture I have before referred to:

“To show the occasional inconsistency and perversity of municipal authorities on these points, I have only to refer to the slaughter-house inspectors in Edinburgh. I repeat, what I have often said before, that I do not wish to interfere with the honest and industrious men who serve this city to the best of their ability; but £23,000 were spent not long ago in building suitable slaughter-houses, which are very perfect in all their arrangements, and would enable a professional man, with comparatively little labour, to judge of by far the largest quantity of the animal food consumed in this city. When the present very respectable, but non-professional, inspector was appointed, Dr. Alexander judiciously proposed that a scientific man should hold that office. Doubtless, some of his duties could not be performed by a scientific man; but the most important can only be attended to by a person well acquainted with pathological anatomy and the diseases of the lower animals. I regret to say that it was a member of our profession who chiefly opposed Dr. Alexander in his praiseworthy endeavours to obtain for the city of Edinburgh an efficient professional inspector.

“The alleys and closes of Edinburgh are often complained of. It is notorious that in many parts typhus is a constant disease, clearing out numbers of the miserable poor, who huddle together wherever they can procure shelter—a shelter poisoned not only by the filth and foul emanations dependent on the congregation of human beings, but surrounded by the darkest, dirtiest, and most unhealthy cowsheds, with all their disagreeable appurtenances. One person, once a flesher, is expected, as I stated in 1857 to the then Lord Provost of Edinburgh, to be in attendance daily in the dead-meat market, to visit butchers' shops, be on the look-out at railway stations for carcasses coming in from the country, call twice daily at the police-office, and is likewise expected to draw up a report (which it is not in his power to do), giving the number and state of the byres and their inmates, to visit thereafter these byres, see if any sick animals are in them, and, should he find any, to watch them narrowly, to ascertain how their carcasses are disposed of. Gentlemen, the case is worse now than in 1857, because I can assert, on the best authority, that the inspector appointed for the slaughter-houses proved incapable of judging the carcasses; and the dead-meat market inspector, on whom devolve the above duties, has, in addition, to attend daily, to do the duty of inspector at the slaughter-house, and judge any carcass submitted to him. In 1857, both inspectors had been fleshers. I believe I am correct in stating that now only one who has been changed since then has been accustomed to the trade, and to judge meat. With regard to appointing fleshers as inspectors, I said in 1857, in a letter which I addressed to the *Scotsman*:—

“1st. It would not be difficult to prove that as fleshers they are rather disqualified than rendered fit for the office of inspectors, being accustomed to certain practices peculiar to such trade, which almost precludes them having a strict and unprejudiced notion of what is really lawful and justifiable, and what is not. 2nd. All those conscious of the difficulty attendant on the performance of post-mortem examinations and the recognition of morbid lesions, must give evidence to the effect that a scientific man can alone undertake the task of determining the nature and importance of appearances in the dead bodies of diseased animals. I need insist but little on this point; but, as proof, I may mention having observed the extravasations of blood and acute phlegmons occurring in the malignant ‘black quarter’ of cattle looked upon as simple bruises, and the carcasses passed as wholesome, the animals being young and fat; and the tubercles characteristic of phthisis passed over as unimportant, because of common occurrence: and, provided the meat was marketable—viz., fat enough—the diseased parts were cut away, and the carcasses sold.”

I have been induced to address you this letter from the remarks on the subject in your last impression. The spread of