

epidemic to two chief factors: first, the presence of lumbricoides in about 90 per cent. of the cases, as verified by their escape; and, secondly, that in about half the number of cases the houses were devoid of fireplaces in the bedrooms. With regard to the worms I found that an infant of ten months voided *eight* of them, all measuring over 6 in. in length. They seemed unable to remain comfortably in their host when the initial rise of temperature occurred and escaped either from the mouth or per anum. If all escaped the case generally did well, but if some remained they died, decomposed, and set up a toxæmic condition with a secondary rise of temperature to 104°, 105°, or even 107°, accompanied by rapid, shallow breathing and some delirium. The breath developed a characteristic and peculiar putrid smell and the tongue was covered with a white fur with prominent reddened papillæ. Sleeping in a fireless room at this period of the disease would be a menace to the child's life, but many did so even in frosty nights; broncho-pneumonia usually supervened. Among the lower classes the child had been treated up to this point, generally speaking, by the parents, the rural mind having a strong belief in the internal administration of "zum hot zyder" and piling weighty clothes upon their victim in order "to keep 'un hot," the room being usually fireless, cold, more or less damp, whitewashed, and draughty. Under these circumstances a high mortality is not to be wondered at, for a complication of measles, toxæmia, obstinate constipation (sometimes putrid diarrhœa), broncho-pneumonia, or, worst still, capillary bronchitis, had to be combated—no easy task. How to warm the room was a knotty point to settle. Paraffin stoves did it well for some cases, but at great expense of oxygen and gave a bad odour—either being positively harmful to capillary bronchitis. The only other place for a fire was in the kitchen where logs eight feet long could be burnt on the hearth in the huge chimney built 200 years or more ago. To bring the child here would be impracticable, for the air drawn up the great chimney by combustion would freeze one side of the bed even if the other were roasted. To quote from your leading article, "no disease seems to admit of beneficial guidance and control more than measles," and conversely, as I have shown, rough-and-ready guidance is disastrous, for I can think of no case that died among those which I treated from the very beginning. Those cases which had been left long without skilful treatment either died within a few days or survived only after a severe hand-to-hand combat. There is no doubt that, unless in an exceptionally malignant form, scarlet fever is a much less formidable disease than that which is often regarded as "mere measles."

I am, Sirs, yours faithfully,

G. G. GIDLEY, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A.
Cullompton, March 28th, 1898.

"VENESECTION IN APOPLEXY."

To the Editors of THE LANCET.

SIRS,—The case reported by Mr. Colin Campbell in THE LANCET of April 9th, 1898, is of great interest and one that should not remain imperfectly recorded. It would be well to know, if possible, the cause of the apoplexy—whether it was due to embolism (as the very conspicuous but temporary mitral systolic murmur would suggest) or to hæmorrhage; also, what was the probable location of the cerebral lesion. No mention is made, either, of any paralysis following the attack. If such particulars could be added while the case is still fresh in the memory of your readers it would make the story more complete and might help to determine the important point—viz., which cases of apoplexy are benefited by venesection and which are not.

I am, Sirs, yours faithfully,

F. LUCAS BENHAM, M.D., M.R.C.P. Lond.
Elizabeth-street, S.W., April 9th, 1898.

THE VACCINATION BILL.

To the Editors of THE LANCET.

SIRS,—As a public vaccinator I think we should make strenuous efforts to induce the Government to alter the time for compulsory vaccination from the age of twelve months to that of six months, to retain the public stations, and to

make provision for medical attendance on children after vaccination whenever it is found necessary. You are aware that under the present system a very large number of children (over 156,000 in the year 1894) escape the vigilance of the vaccination officers and remain on their books as unaccounted for. With the proposed extension of time the chances are that that number would be increased threefold. It must also be remembered that the Royal Commissioners suggested that the period for primary vaccination should in future be the age of *six* months. My experience of over twenty years as a public vaccinator has taught me that, provided the children are in good health, the safest time to vaccinate them is at the age of from two to four months, and also that a very considerable proportion of parents do, in fact, prefer to have them done before they attain the age of three months. The reasons generally assigned for this early performance of the operation are (1) that the infants at that period do not suffer so much from the effects of the vaccination and (2) that there is much less danger of having the marks injured.

It has been stated that there is nothing in the new Bill indicating that it is intended to dispense with the public vaccination stations. But, Sirs, it must be inferred from the fact that domiciliary visits are to be made at a certain time by the public vaccinators. If my view is correct, then those parents who have hitherto preferred to have their children vaccinated at an early age will not have an opportunity of having them done except at their own expense. In case of an epidemic of small-pox breaking out in a populous town like Cardiff there would of necessity be a large number of children totally unprotected, and I cannot help saying that this is a very serious question and one which I hope will be duly considered by the sanitary authorities of all our large towns. Should the Government resolve to adhere to the time proposed in their Bill, then I hope some provision will be made for the inspection of children before they are allowed to enter any school whatever.

I am, Sirs, yours truly,

Cardiff, April 9th, 1898.

T. GARRETT HORDER.

THE INCUBATION PERIOD OF SMALL-POX AND THE INFLUENCE OF VACCINATION ON THE SAME.

To the Editors of THE LANCET.

SIRS,—The letter of Mr. Collinson in your issue of April 9th in reference to "Some Points relating to Vaccination as Illustrated by Observations during the Present Epidemic in Middlesbrough" would seem to prove that the incubation period of small-pox is more than twelve or fourteen days; also that vaccination has no influence on the course of the disease even when practised in the incubation period. The cases (excepting one) quoted by Mr. Collinson show a period of something like fourteen days as the incubation period if we may assume that the patient received the infection from the first case that occurred in the house. This period, however, I am convinced is not sufficiently long to allow for quarantine purposes. During an experience of small-pox I had early in 1896 I soon found that fourteen days did not allow sufficient time for the occurrence of fresh cases, but found eighteen days to be apparently the period for some of the cases. One case, however, turned up after nineteen days. I then came to the conclusion that it was safer to have a period of twenty-one days, for after this period had elapsed no fresh case occurred. I find in Allbutt's System of Medicine that nineteen, twenty, or twenty-three days may be the period of incubation. Dr. Armstrong of Newcastle relates a case where twenty-one days was the incubation period.¹ With regard to vaccination running its usual course during the incubation period of small-pox there is no doubt. Whether it will do so after the eruption of small-pox has appeared I cannot say; but in THE LANCET of 1873² Mr. Furley of Edinburgh advocated the treatment of small-pox by vaccination and he seemed to think it modified the course of the disease. In my experience vaccination has no influence on the disease if performed in the incubation stage. I was unaware of this fact till the experience I had in 1896 or I had forgotten it. It goes to show that vaccinia and variola are two distinct diseases. I find in an old edition, 1873, of

¹ THE LANCET, April 10th, 1886, p. 715.

² THE LANCET, July 12th, 1873.