but contracted "small-pox" when eighteen months old, and was removed to the hospital, where it died. Two years after this labour abortion occurred at the third month without any known cause, and twelve months later a dead fœtus, which was "like a bag," was born at the ninth month. Two children were subsequently born, and now seem to be quite healthy. The husband's history could not be obtained.

CASE 9.—This patient was delivered of a child in August, 1882. No trustworthy information is obtainable. The husband was inoculated and afterwards died in an asylum. The widow married again, and her residence is unknown.

CASE 10.—This patient was delivered of a child in August, 1882. It is certain that she suffered from syphilis, because she was medically examined and gave evidence in Court against the midwife. She has, however, left the district, and cannot be traced.

Remarks.—The tertiary symptoms presented by the female patients did not include any dependent on implication of the brain or spinal cord. The cranial nerves were all examined and found to be normal, except the second and, perhaps, the eighth. The senses of taste and smell were intact; there was no paralysis of the muscles of the eye-ball, and the pupils were equal and normal in every case, except the husband of the patient in Case 2, who had the Argyll Robertson pupil. There was no distinct evidence of gummatous growth in any part of the body. In Cases 1, 5, and 7 the face of the patient is extensively marked by scars resulting from the dermatitis associated with tertiary syphilis. The disease being acquired in childhood the puerperal period was continuous with the primary symptoms, hence none of the cases were treated in hospital till (in most instances) the tertiary symptoms developed. The midwife, who is still alive, knew the nature of the sore on her finger. She was tried at the Leeds Assizes in February, 1883, and was sentenced to twelve months' imprisonment with hard labour.¹

A CASE OF RAPIDLY FATAL FACIO-CERVICAL CELLULITIS FOLLOWING TOOTHACHE.

By JAMES ELIAS, M.R.C.S. ENG., D.P.H. CAMB., &c.

ON Thursday morning, April 12th, 1894, a young man twenty years of age complained of toothache and was unable to go to his work as weigher of bluestone at a copper works. The pain was rather severe, the seat of mischief being the last right molar of the lower jaw. On the following day a slight swelling appeared on the right side of the face, the pain disappearing at the same time. By Saturday, the 14th, the swelling had increased, and in the afternoon I first saw him. On examination I found the face swollen over the right side of the lower jaw, the swelling extending under the chin and slightly down the neck. The inside of the mouth was in a state of general congestion, extending to the back of the throat, and the floor of the mouth was raised, and beneath the tongue the mucous membrane was so cedematous that it partially protruded when the mouth was open, suggesting the appearance of a second (smaller) tongue. The tooth complained of was much decayed, and sharp pain was elicited on percussing it. The temperature was 103.5° F., and the pulse 130. There had been no rigor. The offending tooth was extracted, pus welling out of the cavity. An aperient was prescribed, also an antiseptic mouth-wash. On Sunday morning (the 15th) I again saw him. The swelling in the face and neck had now considerably increased, and I felt convinced that it was a case of rapidly spreading cellulitis. I sent for Mr. Lewis of Neath to see the case with me. He came in the evening. During this short interval the disease had made rapid progress; the face appeared to be double its usual size, the right eye being almost closed. The swelling had increased all over the front of the neck, the œdema extending over the chest to the level of the nipple. The patient was at this time perfectly conscious, but he was unable to lie down, the dyspnoea, however, not being urgent. Rigor and pain were absent. Speech was difficult. The temperature was 103° and the pulse 140. We decided to operate at once. No chloroform was administered. A deep incision was made in the middle line, extending from the symphysis menti down to about the middle of the neck.

¹ The trial is reported in THE LANCET of Feb. 17th, 1883.

A probe was now carefully passed deeply amongst the structures below and parallel with the lower jaw on the right side and brought to the surface opposite the angle where the point was cut down upon. A sinus forceps was then passed along the probe, and after the latter had been extracted the forceps were opened to an extent which allowed a medium-size drainage-tube to be inserted. No pus was reached, although we probed carefully for it. The operation, which was borne well by the patient, was performed under strictly antiseptic precautions, the final dressing consisting of boracic lint (in the form of a hot fomentation) covered over with cotton wool. He passed a rather restless night, complaining of mucus at the back of the throat, which was difficult to clear away. There was no delirium, and he took nourishment fairly well. At 7 A.M. on Monday (the fourth morning after the swelling first appeared) the nurse stated that the patient had a "fit," which only lasted a few minutes, and then he died.

That this case should have ended fatally is not to be wondered at, for there were three dangers threatening the patient's life—viz., œdema glottidis, extension of phlebitis (along communicating venous branches) to the brain, and œdema of the lungs; he undoubtedly died from the first of these. The disease was evidently septic in nature and resulted from an ordinary dental abscess, so common at the roots of decaying teeth. It seems surprising that such cases as the one recorded above are not more common, and this must be attributed to the fact that the mouth, like the rest of the alimentary tract, is remarkably free from those pathogenic organisms which are the cause of septic inflammation. Such germs must, however, continually find their way into the mouth, but it is more than probable that they meet with an early death through the action of the secretions unless they find a suitable nidus, due to an abrasion of surface or faulty secretion, which would enable them to flourish. There are numbers of germs, on the other hand, mostly of a parasitic nature, which flourish well in so favourable an incubator as the oral cavity, thus proving that the oral secretions exercise a "protective influence" and exert a bactericidal action over those pathogenic microbes only which are fatal to the human organism. The exact way in which the various secretions of the human body behave towards certain bacteria offers a wide and important field for research to the practical bacteriologist; but the result of such discoveries can only tend to emphasise the importance of keeping the secretions in as healthy a state as possible and of assisting their germicidal action in all surgical operations involving mucous membrane by the constant use of antiseptics.

Neath, Glamorganshire.

A PROLONGED CASE OF HICCOUGH.

By D. FERGUSON, L.R.C.P., L.R.C.S. EDIN.

THE patient was a man about thirty-three years of age, who had been suffering from hiccough for about twenty-four hours before I first saw him. He was robust and in good general health, but perhaps rather thin; he had no pain, gastric derangement, or flatulence; he did not vomit, and his bowels acted freely. His urine contained no albumen or sugar; his skin and conjunctivæ had a faint yellow tinge. Physical examination revealed no abnormality except slight hepatic enlargement. His own opinion was that there was nothing the matter with him except the hiccough. He was a total abstainer, and had been one for years. In the hope that a sudden and unexpected shock might break the habit of the spasmodic action of the diaphragm, a large piece of ice was, without previous warning, applied to his spine; but no benefit was obtained. Aromatic spirit of ammonia, ether, and pressure on the phrenics were similarly ineffectual. Thirty grains of chloral hydrate were then given, after which he immediately fell into a sleep lasting about two hours, but the hiccough continued throughout as before. Spirit of camphor was then given, followed by chloroform and tincture of opium internally, while hot fomentations with turpentine were applied to the epigastrium. No relief being obtained I injected half a grain of morphia hypodermically. At my next visit I found him decidedly worse. He looked pale, worn out, and dejected. The morphia had not produced sleep. With every spasm his whole