during the operation, the rupture would undoubtedly soon occur into the bowels, stomach, or liver. Indeed, I think that the opening seen some days after the operation in the bowel was the result of a commencing erosion. When did conception occur? Was it tubal, ovarian, or abdominal? I think in all probability it was tubal, but that at a very early period the ovum made its escape intact into the peritoneal cavity, and there appropriated for its own use additional investments from the neighbouring tissues. Menstruation had always been very painful to the patient, and much soreness was felt in the right iliac region during her periods. It is therefore probable that a catarrhal affection of the right Fallopian tube existed, and that a denudation of its epithelium had occurred, accompanied, perhaps, by a dilatation or sacculation of the canal; or a stricture of the canal might have existed. Either of these conditions would favour the arrest of the ovum in its downward course to the womb. How did electricity destroy foetal life in this case? Believing that the bruit heard over the tumour was caused by the circulation of blood in the centre of the placenta—i.e., in that portion where the umbilical cord is attached to it, and where the bloodvessels congregate to form the main trunks,—and observing that the murmur was always intensified after using the battery, I am inclined to think that death resulted from rupture of the over-distended bloodvessels of the placenta; in other words, that a form of placental apoplexy was induced by the current.

(To be concluded.)

CASE OF TRAUMATIC TETANUS; RECOVERY.

BY JAMES MILNER, M.R.C.S.

CASES of the above, terminating in recovery, are sufficiently rare to merit placing on record when they do occur. I therefore venture to publish the notes of the following case:—

T. S.—, aged twenty-seven, a brickmaker's labourer, came to the surgery on June 28th, complaining of stiffness about the jaws and inability to open the mouth, together with stiffness of the right leg, and difficulty in flexing that leg upon the thigh. There was marked risus. Upon inquiry it was found that four days previously—i.e., on the 24th, he noticed that one of the nails of his boot had penetrated the sole and wounded the pulp of the right great toe. The punctured wound which resulted had almost healed, but the parts around were somewhat sensitive. Tetanus was diagnosed, and bromide of potassium in fifteen-grain doses every four hours was prescribed.

On the following morning he again presented himself, stating that the stiffness about the jaws had increased, as also had the difficulty in opening the mouth. Moreover, he complained of stiffness about the back of the neck, with shooting pains down the back. He was ordered to remain in bed, and thirty grains of chloral hydrate were given; the bromide of potassium to be continued as before. Liquid nourishment only could be given, as with the greatest effort the mouth could only be opened sufficiently to allow of an ordinary cedar pencil being inserted between the two rows of incisor teeth. A wooden wedge was secured between the teeth, so as to prevent the jaws closing still further. Seen later, there was found to be marked opisthotonos, the spasms being attended by considerable pain. Chloral hydrate in forty-grain doses was ordered every night, and thirty grains every morning, and the bromide of potassium to be continued as before. The treatment above mentioned was followed out for a week, and every care was taken to remove all sources of irritation to the over-sensitive patient. The room was darkened and kept as quiet as could be, a screen was placed round the bed so as to exclude currents of air, and every other precaution which suggested itself was strictly observed. The case, however, continued to progress unfavourably, and the patient was becoming exhausted.

It was now evident that the treatment was almost powerless to control the disease; consequently it was decided to have recourse to surgical interference. Accordingly, on July 6th, a deep incision was made in the toe, around the cicatrix and about a third of an inch from it, so as to divide the nerves leading to the cicatrix as far as possible. Linseed poultices were then ordered to be applied to the toe. On

the following day, the spasms were found to be decidedly less in severity and frequency, and day by day they continued steadily to decline, with the exception of one occasion about a fortnight after the incision, when an attempt was made to leave off the chloral hydrate by omitting the morning draught. On this day the spasms were more severe than they had been for some days previously. It was therefore evident that the reflex excitability of the cord was still much above normal, consequently the chloral was recommenced. At this time the patient was troubled by a somewhat violent hiccup, which continued, with very short intervals between the attacks, for some forty-eight hours. After this a steady recovery ensued, and seven weeks from the commencement of the disease the doses of chloral hydrate were gradually diminished, and a week later it was entirely left off, a full week having elapsed since the appearance of the most trifling spasm. The bromide of potassium was continued for another three weeks, during which time out-door exercise was allowed.

With regard to this case, although I do not think the incision alone would have been sufficient to complete the cure, as the spasms increased when, during the course of the disease, an attempt was made to discontinue the medicinal treatment, still I do think that without the incision death must inevitably have ensued, seeing that the bromide and large doses of chloral hydrate seemed absolutely powerless to check the excessive reflex excitability of the cord, whilst the source of peripheral irritation remained.

Hayes, Middlesex.

COMMUNICATION OF SYPHILIS BY TATTOOING.

BY GRENVILLE E. MOFFET, M.B. ABERD.,
SURGEON, ARMY MEDICAL STAFF.

THE extreme rarity of this mode of communicating syphilis induces me to publish the following cases. The subject, apart from its etiological bearing, will, I think, have a special interest for military and naval surgeons, when we consider that at least nine-tenths of our soldiers and sailors voluntarily submit themselves to the operation of tattooing.

Case I.—C. M.—, a gunner, R.A., aged twenty-one years, was admitted into hospital on Aug. 31st, 1885, with an ulcer over a tattoo mark on the anterior aspect of the left forearm, two inches below the elbow. The ulcer was about the size of a shilling, very painful, with indurated edges and base; it was surrounded with a circumscribed areola of inflammation, and its surface was covered with a scanty puriform exudation. The axillary epitrochlear and sub-occipital glands were indurated, and there was a specific roseolar rash over the chest, back, and arms, accompanied with sore throat.

Previous history.—Patient was tattooed at the end of December, 1884. About the end of March, 1885, he noticed "a small hard pimple" over the site indicated. Beyond being a little itchy this gave him no further trouble, and he thought no more about it. Two months before admission the patient scratched the pimple, and thus converted it into a "sore," which, under his own treatment, gradually increased in size, became very painful, and presented, on admission, the appearances described above. About a week before admission the patient noticed a rash on his body, and felt his throat sore. This man's "medical history sheet" (a document which accompanies every soldier throughout his service) showed two previous admissions for venereal disease (February and April, 1883), but, according to the notes made by the surgeon who treated the patient on both these occasions, the sores were local, soft, and unaccompanied with general induration of glands; but a suppurating bubo followed the first infection. The treatment was also local, and the patient was discharged from hospital after a residence of forty-one and fourteen days respectively.

On the present occasion the treatment consisted in the local application of black wash, and subsequently iodoform, and the internal administration of mercury. The sore healed in about three weeks, leaving a depressed, copper-coloured cicatrix. The rash and throat symptoms had also quite disappeared by this time. The mercury was, however, continued (ten-drop doses of the tincture of perchloride of iron being also given three times a day), till the patient was discharged from hospital on Oct. 3rd.