

freely about and perform some light work. In order to lighten the strain on the spinal column he was, however, advised to wear a corset permanently.
—*British Medical Journal.*

Cancer of Ovary Communicating with Cæcum.—Brose (*Centralbl. f. Gynak.*) reports the following case: The patient was forty-eight, an ovarian tumor was detected, and there was suspicion of malignancy. At the operation the tumor was found closely connected with the cæcum and the subserous connective tissue around it. The growth was lifted up out of the pelvis, to allow of better inspection of its relations, but it was ruptured as it was being drawn up. A quantity of feces mixed with clot escaped from its interior. The cancerous growth had extended, after adhesion, to the tissues of the cæcum, and ulceration had followed. The feces which had escaped into the pelvis were carefully removed, the pelvic cavity stuffed with iodoform gauze and the end of the gauze left dependent from the abdominal wound. A large piece of the cæcum around the cancerous portion was excised and an artificial anus was formed. In the course of this proceeding the lymphatics of the mesocolon were found to be infected. The patient recovered from the operation, and the closure of the artificial anus was contemplated.—*British Medical Journal.*

Case of Tetanus Treated by Antitoxine.

—The patient, a butcher, aged 28, was struck on September 24th, 1894, by a missile from a catapult under the chin, about half an inch below the symphysis of the lower jaw. The projectile imbedded itself in the flesh, setting up inflammation and induration round the wound. There was a foul discharge, amongst which portions of the foreign body were expelled, composed of shreds of string cemented with shoemaker's wax. He took no notice of the wound until six days later, when (on September 30th) he found that he could not open his mouth, and had difficulty in swallowing. I was sent for to see him on October 3rd. There was well-marked trismus, the muscles of the neck and back were stiff and prominent, and he could hardly swallow anything. I incised the wound, but found that the whole of the foreign body had been expelled. The wound was then

thoroughly disinfected with carbolic lotion 1 in 20, and dressed with double cyanide gauze. Chloral was ordered, but hardly any could be swallowed. On October 4th pain and stiffness had increased. Slight spasmodic twitchings of the muscles of the face and back were observed. There was no pyrexia. On October 5th the body was rigid, with the exception of the arms and hands. There was slight opisthotonos. Dr. Buszard kindly saw the case with me, and by his suggestion a supply of Tizzoni's antitoxine was telegraphed for to Messrs. Allen & Hanburys. In the evening 160 grain physostigmine was given hypodermically. On October 6th the symptoms were more pronounced; there were frequent jerky spasms in the muscles of the back; those at the back of the neck were rigidly contracted, throwing the head backwards. At 4 p.m. 2.5 grammes of antitoxine were given in sterilized distilled water by punctures in the abdominal walls. Each puncture caused considerable pain, and was accompanied by a strong opisthotonic spasm. The punctures were covered with a small piece of waterproof plaster. He was fed with nutrient suppositories. On October 7th antitoxine 1 gramme was injected. There was some improvement in swallowing, tea spoonfuls of milk being given frequently and swallowed after several efforts. There was great trouble in ejecting mucus, which was secreted in considerable quantities, from the throat. Sharp but short spasms in the back and legs were frequent. On October 8th antitoxine $\frac{1}{2}$ gramme was injected. Swallowing was easier. Speech was unintelligible, but the patient could make himself understood by writing in large jerky scrawls. On October 9th he swallowed liquid much better. The suppositories were discontinued. He complained of constant thirst, and was able to gratify it. Spasms in the back were still frequent, and sometimes violent, especially when he was moved or tried to expectorate mucus. The jaws were still tightly closed. Antitoxine $\frac{1}{2}$ gramme was injected. Later in the evening stronger opisthotonic spasms came on, with much distress, cyanosis, and difficulty of breathing. One-third of a grain of morphine with one-fifth of a grain of physostigmine was given hypodermically, followed by marked relief about two minutes later. In a short time the patient was asleep. He passed a