The conjecture proved to be correct. Much, if not fully half, of the head was gone, whilst the loose and partially disconnected suckers only remained attached to one another by fine connecting shreds of parenchyma. On carefully transferring them without injury to a small glass tube containing water, the help derived from a powerful pocket lens at once set every trace of doubt at rest. My previous day's examination having afforded proof that only one tapeworm existed, I had now no hesitation in giving the necessary assurances as to the completion of the cure.

I must not omit to state that I transferred the corked tube to my waistcoat pocket, and when, after walking a short distance, I again looked at the specimens, the four suckers had separated. The gentle agitation produced by walking had sufficed to break up the delicate connecting filaments.

This case explains one of my reasons for insisting upon the careful and assiduous examination of the stools. In making such investigations, the practitioner should employ a disinfectant (the solution of permanganate of potash is, I think, the best), diluting the stool copiously with water. He should obtain a powerful light, a strong magnifying lens, one or two glass tubes filled with water, three or four empty basins or other utensils, and a pair of delicate long forceps (ten inches). Armed with these few essentials, he will treat his cases after a "proper method," and thus probably reduce the relative number of failures in practice. Of course, it is assumed that he must have previously familiarised himself with the naked eye appearances presented by the heads of different tapeworms, sufficiently to enable him to recognise any portions of the head that have separated by disintegration.

I come now to the question of preliminary treatment, as to which more details appear to be desired.

I said appropriate preliminary treatment, because I consider that the commonly received rules as to "fasting," etc., should vary according to circumstances. It is true, that I did not state what preliminary advice had been given in the particular case referred to; consequently, the more unsparing of my critics immediately jumped to the conclusion that I desired to conceal something! If my memory serve me correctly, I not only called attention at the time of delivery of the lecture, to certain points in this matter, but I wrote off on the black board a prescription similar to the one I had employed in that case.

In the instance named, I particularly requested the patient not to starve himself, but to take plenty of readily digestible food the day before the emulsion was given. I especially advised this in his case, because the chief symptoms were marked lassitude and nausea, sometimes amounting to actual sickness. I judged that, if I allowed him to let down his strength, by the starvation method, he would (in spite of retaining the horizontal posture, which I also enforced) throw up a great part of the male-fern emulsion. In short, it was a case in which I was anxious to deal as gently as possible with my patient, without losing the full benefit of the worm poison. In this view, further, I ordered a mild aloetic pill; not, be it observed, with the intention of producing catharsis, or even so much as a simple aperient action, but merely with the purpose of softening the fæces, and thus clearing the colon and upper bowel. The result was satisfactory. On referring to a note I made of the case at the time, I find it stated that the entire worm came away, "without any violent action of the bowels." There had been no motion as resulting from the aloetic pills, and no sickness from the male-fern mixture.

This, then, was a patient who, as before remarked, had repeatedly taken one-drachm-and-a-half doses of the ethereal extract without success, but, by the observance of the preliminary rules, modified to suit what were deemed to be the particular exigencies of the case, his cure was effected, in the proper acceptance of that much abused term, by the employment of two half-drachm doses of the same drug. Further than this, the patient was put to much less inconvenience than he had suffered on former occasions, without successful results.

Finally, I may say that I have been not a little surprised and hurt at the tone assumed in some of the communications above referred to. I shall only add on this head, that the object of the lecture, and I believe its matter also, were purely scientific and unimpeachable. As to the form, I do not pretend to be so good a judge.

For twenty-six years, I have been engaged in the study of the entozoa; and, for the first fourteen years after taking my degree, I rejected all but purely scientific labour. During the last eight years in which I have been in practice, a very large amount of my time has been occupied in solving difficulties for, and giving gratuitous aid to, my medical brethren. The suggestion, that on this occasion I desired to withhold any useful information, is one which, I venture to think, my labours and my career contradict. I shall take no further notice of it.

ON SOME PECULIAR MODES OF TRANSMISSION OF SYPHILIS IN MARRIED LIFE.

By VICTOR DE MÉRIC, F.R.C.S.,

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I WISH to draw attention to some cases in which the transmission of syphilis from husband to wife took place under exceptional circumstances. The possibility of such transmission, even when no outward symptoms of the disease exist, is well-known. The wife, however, suffers more frequently through the offspring than in a direct manner. This has been well-ascertained, and I have had occasion to see many examples of this mode of infection. When syphilis is conveyed to the wife, independently of gestation, there is generally on the side of the husband some secreting lesion, and, under such circumstances, no excuse can be urged for him. He is guilty of an actual crime. The contamination may, however, occur from ignorance, from carelessness, or from some erroneous popular notions. Among the latter, I should mention the belief that a week or ten days after impure connection all danger is past. But medical men know full well that incubation may last one month and more. Now, the peculiarity of the case I am going to relate is, that a soft sore developed upon a syphilitic patient may convey syphilis.

In 1859, a gentleman, about 28 years of age, was sent to me from the country with numerous mucous tubercles of the cheeks and severely ulcerated tongue. Four months previously, he had taken chancres, which healed rapidly; six weeks afterwards, he suffered from ulceration about the tonsils and velum without general eruption. He was treated by iodide of potassium and cauterisation with some success; but, three weeks before I saw him, the whole mouth had again ulcerated. I now instituted a mercurial treatment; and found it difficult to get the patient under the influence of the metal. In two months, however, the mouth was well. I saw him occasionally during the next four years for attacks of pustular eruptions about the scalp and ears. Iodide of potassium generally relieved the symptoms; and he married in 1864. For the next eight years nothing of importance occurred, save osteitis about the maxilla followed by a certain amount of necrosis. Five children were born up to the present date; in none did any symptom of syphilis appear, the mother also remaining perfectly well.

She was doomed, however, to suffer from the disease by a mechanism which is not usual.

The husband, ten days after impure intercourse, not seeing anything wrong, approached his wife, and two days afterwards noticed a little irritation of the prepuce, but (to use his own words) "neglected to examine it and forgot all about it." In a few days, however, he discovered an ulcer on the mucous aspect of the prepuce; this soon took all the characters of sloughing phagedæna; and in that state he called upon me. I found the sore of the size of a cherry-stone, situated in the coronal groove, and treated it energetically by applications of nitric acid. Tonics were freely administered, and in twenty-two days the chancre was healed. Six weeks afterwards the wife presented a general eruption of large and small scaly papules, with complete loss of health, swelling of glands all around the neck, with severe pains in that region. The mouth and ostium vaginae were highly inflamed; she had a profuse vaginal discharge; but no speculum was used, owing to the tender state of the parts. The pains at night in the lower limbs were excruciating. A mercurial treatment was begun, and the most powerful sedatives were used to moderate the pains. Deep tubercles now showed themselves about the tibiae; the nights were very distressing, so that I combined iodide of potassium with the mercury. The papules now passed into tubercles all over the frame, the face being considerably disfigured by them. In about twenty days some improvement took place; but in another fortnight the disease broke out again in the shape of large raised blotches covering the whole body, and giving the face the appearance of elephantiasis Græcorum. I made her now rub in mercury, and we at last obtained some improvement. The treatment lasted altogether eleven weeks; and it should be noted that the husband, during the same period, had a very severe relapse of the old complaint in the shape of mucous tubercles about the glans, and pustulo-crustaceous eruption on the abdomen and hairy scalp.

Now, the first circumstance worthy of note is the health of the children and the mother through a series of nine years. I am anxious to state that this is not uncommon; and I always gladly quote such cases when patients who have had syphilis express great apprehension respecting the health of their offspring. The case also proves that the mother is very likely to escape when the children are not contaminated *in utero*. But she fell victim to the disease at last, and how? By the secretion,

however slight, of a non-infecting sore caught by an individual who had taken syphilis fourteen years before, and who, all through this period, had had several relapses. Of course, this man, according to present theories, could not have contracted a hard or infecting chancre, as his frame is saturated with syphilis. We are, therefore, driven to the conclusion that the secretions of a soft or non-infecting sore undergo a modification when implanted upon a syphilitic subject, and are capable of transmitting the disease.* If this be true, we shall begin to suspect that the pus from tertiary ulcers, or from *any ulcer* affecting a syphilitic person, may generate syphilis. It should, however, be noticed that an ulcer on the parts of generation is more likely to contaminate under the circumstances recited in the account of the case, than an ulcer situated elsewhere. If such inoculations were allowable, the capabilities of the purulent matter of tertiary ulcers could easily be ascertained in using it upon healthy persons. Actual tangible purulent matter there was none in this case. The husband never noticed anything wrong; though, of course, there must have been a secreting follicle concealed under the prepuce, which, to my knowledge, the patient seldom retracts. Hence is explained the frequency of syphilis amongst us, as very slight lesions of the organ of generation can propagate the disease. The principal circumstance of this case should be recollected, viz., the contaminating power of a soft sore, caught by a syphilitic individual, however small and insignificant that sore may be.

The second case I have to relate proves, on the other hand, that an infecting sore in its very infancy, presenting probably only a somewhat red and resisting oozing spot, may convey the disease.

On March 27th, 1870, I was consulted by a gentleman, aged about 32. He showed me an indurated chancre on the reflexion of the prepuce, a few lines from its extremity, and two enlarged and hard glands in the right groin. His wife was four months pregnant with her second child. I was anxious to get precise dates in this case, and learnt that he had gone astray on the 9th of February, and had intercourse with his wife on the 16th of the same month, and repeatedly up to the 17th of March, on which day he felt pain *in coitu*, and saw the sore. Reckoning from the 9th of February to the 17th of March, the incubation would be thirty-six days. But, supposing a certain degree of inattention, we will take off the six days, and this would still leave thirty days' incubation. I told the patient the nature of the complaint, and he thereupon expressed much alarm touching the state of his wife. I advised him to wait until she made some complaint, and forthwith directed for himself a mercurial treatment, which was carried out with perseverance. He had no general eruption; but suffered principally in the isthmus faucium, the inside of the cheeks, and the tongue. Mercury was introduced into the economy by frictions, and after about nine months he was well.

I advised the husband to apprise the accoucheur of the circumstances, and I heard from the latter that he had examined the lady both before and after her confinement, and had found the labia considerably swollen, with a row of mucous tubercles on their inner aspect. The child was born at the full period, and presented all the symptoms of syphilis. A striking peculiarity in the case of the child, and one which I have noticed in two or three other cases, was very severe periostitis of the left forearm. The mother, exactly like the father, suffered much about the cavity of the mouth; and was greatly benefited, as well as the child, by a mercurial treatment. The little patient is now three years old, and in good condition. Another child has been born since which has suffered from the same complaint, but has done well, up to this time, having completed her seventh month.

The chancrous erosion must in this case have been very slight to allow the husband to look upon himself as perfectly sound, and it is unfortunate that pain does not set in earlier. We notice here an illustration of the almost certain contamination of the child when both parents are affected. This has been frequently observed.

We now pass on to another peculiar mode of transmission of syphilis in married life; but here the husband was contaminated by the wife.

The case refers to a gentleman, about 36 years of age, who had been under my care, on various occasions, for a series of years. He had never suffered from syphilis. I was requested, now about ten years ago, to examine a lady with whom he was on friendly terms. She suffered from severe uterine inflammation; and, on making the necessary examination, I found traces of secondary syphilis. I had then a full confession of former accidents, not of a very severe kind, though there had been gestation, and a child dying with symptoms of syphilis. She remained under my care for a short time, and improved much by the use of iodide of potassium, though the mucous patches about the tonsils and velum proved somewhat obstinate. The gentleman had not the slightest

sign of lues venerea about him, though the intimacy had lasted two or three years. At last marriage took place, and about twelve months afterwards the husband complained of considerable swelling of the cervical glands on the left side, with difficulty of swallowing. On examination, I found the left tonsil swollen and hard, and the whole isthmus highly inflamed. The diagnosis was obscure, and ordinary means were used. When some relief had been obtained the patient showed me, one morning, a general eruption of roseola, and complained of lassitude and wandering pains. The nature of the case became clear; I ordered mercurial fumigations, and, after some months, the patient was restored to health. I managed, in the meantime, to leave the real cause in the dark. Children were born, two or three in number, but no trace of the specific disease was noticed in them. We have here an example of the influence of actual matrimonial life on the transmission of disease. Of course, I subjected the husband to the closest examination. The parts of generation were perfectly healthy, and I was quite certain that he would not conceal from me any circumstances connected with the case. It is worthy of remark that, contrary to the rule, the children were born healthy, and have remained so to this time. It is very likely also, that this case verifies the belief that the disease, though originating from contact with secondary symptoms, generally begins by a primary lesion. I suspect that the hard, red, glossy tonsil, with its accompanying enlarged and indurated cervical glands were primarily affected.

In this case, as I said before, the children escaped, although both parents had suffered from syphilis; and we find that they escape more frequently when the father alone has had syphilis. This I have seen in several instances, especially in a family whose father had been under my care for that complaint before his marriage. Five children were born in good condition, and have remained so, though the father is often troubled with syphilitic angina, and slight eruptions. No sign of specific disease ever appeared in the mother. But wives do not always escape unpleasant circumstances. I have noticed several cases of sterility where the husband had had syphilis. It also occurs that the wives fall into a bad state of health, present anomalous symptoms, and become weak, fretful, and desponding. I have seen several cases of this kind, which I shall bring forward on another occasion, confining myself at present to the peculiar modes of transmission of syphilis in married life.

OBSTETRIC MEMORANDA.

TWO CASES OF TRIPLETS.

THE following two cases of triplets may be interesting to the readers of the BRITISH MEDICAL JOURNAL.

Case 1. I was sent for on the morning of April 2nd, 1873, to attend Mrs. F., aged 28, in her third pregnancy. She had been in labour since four A.M. On my arrival, I found the os fully dilated, and the vertex presenting. On rupturing the membranes, the first child, a female, was born at half-past eight A.M., naturally. On examination, the feet of a second child were found presenting, and, on their being brought down, a second female was delivered at forty-five minutes past eight A.M. A third, likewise a female, was born at ten minutes past nine A.M.; the vertex presenting. This child was completely enveloped in the membranes at its birth. There was one placenta which was large, and the umbilical cords were thick and short. On December 29th, the children were all alive and well. The mother made a good recovery.

Case 2. I was sent for on October 19th, 1873, to attend Mrs. B., aged 31, the wife of a labourer, in her second confinement. She had been delivered on August 17th, 1872, of a still-born male child, after a very tedious labour by myself. When I arrived at one P.M., I found the os about the size of a florin, and the vertex presenting; there were very weak pains. The os dilated slowly; and at five P.M., the patient having been in labour since three A.M., I applied the forceps, and delivered her of a living male child. The pains became stronger, but again died away. The head of a second child having come well down, I applied the forceps at half-past six P.M., and delivered her of a second living male child. I then examined and found the right arm of a third child presenting. I then turned and delivered the patient of a third male child, this time still-born, at seven P.M. The body of this child was greatly decomposed. There was only one large placenta. The mother and children did well and are still alive.

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* Several French authors, especially Clerc, have published cases in support of this view.