the opening into the spinal canal was just large enough to admit the tip of a finger. Pressure was applied by means of broad bands of strapping pads and bandages; but, in spite of these, the tumour had refilled in twenty-four hours.

On July 17th chloroform was administered by the house-surgeon, Mr. Livesay, and, assisted by Dr. Lys, I excised the tumour. An elliptical incision was made on each side of the tumour, meeting above and below, and the skin was dissected away from the sac wall on each side. This was a matter of great difficulty, as the wall was so thin and its components adherent. Once the sac was punctured and the hole closed with pressure forceps. The sac was then dissected down until the pedicle was only about an inch across. A ligature of stout silk was passed round the pedicle and the sac opened. The interior had the characteristic ventricular appearance. No nerve loops were seen, but a bunch of whitish tissue seemed to terminate in the sac and was enclosed in the ligature. The ligature was tightened and the tumour removed. The pedicle immediately began to bulge, and while

Fig. 1.

Fig. 2.

we were looking the ligature slipped off, a quantity of fluid escaping. This fluid was allowed to run for a minute, and then the pedicle religatured by snipping a groove round the pedicle with scissors, and using a finer ligature. The two elliptical flaps being found redundant were shaped with scissors, brought together in the middle line, and secured with nine deep silkworm-gut sutures, one of which was made to include the pedicle superficial to the ligature, so as to act as a further security to the ligature. The wound was powdered with a mixture of iodoform and boracic acid, and a dressing of double cyanide gauze and cotton wool applied with a bandage. Owing, probably, to the bandage being applied too tightly, the child, who up to this point had taken the anæsthetic well, suddenly stopped breathing and became cyanosed. The bandage was at once loosened, and the child, after artificial respiration and the application of cold water and other restoratives, soon recovered. Owing to the wound being so low down it was a matter of some difficulty to keep the dressings sweet; the wound, however, closed by first intention, and all the stitches were removed on the eighth day.

Since the operation the child has not had an unfavourable symptom, and now, nine months after the operation, is in perfect health. I am indebted to my colleague, Dr. Marriner, for the photographs taken both before and after the operation.

THREE CASES OF INOCULATION OF TUBERCULOSIS FROM TATTOOING.

By D. W. COLLINGS, M.B. and W. MURRAY, M.B.,
House-Surgeons to Tottenham Hospital.

THE comparative rarity of inoculated tuberculosis is sufficient justification for our bringing the following cases before the notice of the profession:

H. N., aged 15, died on October 21st of advanced phthisis. A short time before his death he tattooed his brothers W. N., aged 13, and A. N., aged 10, using Indian ink, rubbed up with his saliva in the palm of his hand. He also tattooed J. H., aged 15, a friend, but there is no direct evidence in this case that saliva was used, although the patient states that he may have done so.

The following is a brief abstract of the notes of the cases:

CASE I.—W. N. was tattooed on the flexor surface of the right forearm, the design being a heart crossed by two flags with a rose below. The accompanying figure is a fair

representation of the arm when first seen on November 12th, five weeks after inoculation. The pustules scattered over the front of the arm were said to have appeared only after the application of a poultice. The rose was the seat of the principal lesion, and consisted chiefly of a mass of pustules; the remaining part was scarred and covered with white scabs.

CASE II.—A. N. was tattooed on October 11th with the same design, but without the rose. On November 12th, a month after the operation, the pattern, especially the flags, was raised and covered with scabs. Pus was escaping at several points.

CASE III.—J. H. was tattooed on October 18th, and was first seen on November 7th, three weeks after the operation. The design, which was similar to that in the last case, was raised, indurated, and covered with scabs. He did not appear again for a week, during which time he had assiduously applied poultices to the arm. On his reappearance the scabs had come off, leaving in lines of the pattern deep ulcers with hard, round, smooth edges and granulating bases. The whole design was raised, and surrounded with an erythematous border. The second figure shows the appearance of the lesion in this case.

In all the cases there was enlargement of the epicondylar and axillary glands. The general health of the boys did not

seem to have suffered *pari passu* with the development of the local lesions. On December 11th, J. H. and W. N. were shown at Mr. Jonathan Hutchinson's clinical museum. Mr. Hutchinson was distinctly of opinion that the pathological condition had been produced by the inoculation of tubercle.

A piece of skin from J. H.'s arm was cut out and examined; well-marked giant cells were found in the corium immediately under the Malpighian layer, although the presence of bacilli was not demonstrated.

The parents of the boys, in spite of repeated warnings as to the danger the latter ran, would not use their influence to make them attend the hospital; consequently we were unable to witness the result of any local treatment.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

POISONOUS TICK.

I HAVE lodged eight specimens of this insect, known to the natives as carapato or tampan, in the Natural History Department of the British Museum, where it is known as the "poisonous tick." In appearance it resembles a large sheep tick, and it is impossible to crush it between the finger and thumb, as it is so tough.

The Portuguese at Tete say that they have lost many men from the bite of this insect. Newcomers are warned against sleeping on the floor of the huts, as the insect dwells in the grass roofs. In the houses at Tete the legs of the bedsteads are seen to be placed in vessels containing kerosene, to keep it away from the bed. Fever and acute dysentery are said by the Portuguese to follow the bite, the severity of the attack being in proportion to the number of bites received.

A European who was travelling through Tete requested me to see his servant, who was sick. I found that he was a native lad from a distant part of the country, and that for two nights he had been sleeping on the floor of the hut in which his master was stopping. He complained of great pain in the left great toe, the pain running up the leg, and said that something had bitten him during the previous night. The toe was slightly swollen, but I could not detect any puncture in the dark skin. His temperature was 104.2°, and he had

vomited twice. In twenty-four hours, with the exception of numbness in the toe, he was quite well.

This insect is mentioned by Livingstone in his description of Tete in his *Travels* (I think the second volume); it is also found, though apparently to a less extent, at the Portuguese town of Lena, lower down the Zambesi.

J. Dowson, M.R.C.S., L.R.C.P.,
Surgeon, R.N.

Through the kindness of Sir William Flower we have been favoured with the following memorandum on the subject by Mr. R. I. Pocock, of the Natural History Museum, Cromwell Road: "The effects produced upon human beings in tropical countries by the bite of ticks have long been known, and cases of the supposed injury to health caused by these animals have been recorded from various parts of the world as well as from equatorial Africa. The effect of the bite, however, appears to depend very largely upon the physical condition of the individual at the time of being attacked. The carapato or tampan of Tete is very closely allied to, if not identical with, a species from Egypt named *Argas savignyi*. Another closely allied form has been brought from the Congo."

THE PROGNOSIS OF APOPLEXY.

WITH reference to the prognosis of cerebral apoplexy in the absence of renal disease, Professor A. G. Barrs in his valuable lecture in the BRITISH MEDICAL JOURNAL of May 18th, enumerates as unfavourable conditions, disturbances of respiration, diabetes, chronic alcoholism, typhoid fever, and idiopathic anæmia. To these I would venture to add as determining factors in many cases, condition of the circulation, condition of the nervous system, and the possibility or otherwise of prophylactic treatment. For example, a lady, aged about 70, drank sulphur waters freely, on her own prescription, became constipated, and one day "fell in a fit." As she was naturally plethoric and presented a most unusual degree of arterial and venous tension, I bled to 35 ounces. She regained consciousness in eight hours, was slightly hemiplegic for two or three months, and died six or seven years later of influenza. Again, a highly sensitive clergyman, aged 75, occupying a harassing public position, had a sudden slight left hemiplegia, and three months later, for a few days, a partial aphasia and paresis of the right hand, with nervous excitement. He resigned his position just in time, and in the tranquil atmosphere of retirement had no recurrence of the attacks, but died three years later of another complaint. Lastly, a gentleman, aged 53, in the theatrical profession, is attacked by numbness of the right hand and of the right side of the tongue and aphasia lasting four hours. There are slight returns of these symptoms and occasionally twitching of the right side of the face for several months. The pulse is full, slow, and hard; the urine, otherwise healthy, loaded with urea. He continues to live at high nervous tension and dies of apoplexy at 54. The last case illustrates the fact that very slight attacks may be of very serious prognosis, especially if it is impossible to enforce nervous and circulatory repose. In a large number of cases cerebral hæmorrhage is the result of plethora, with what is conveniently called "suppressed gout," and constipation; and if one can at once employ active depletion, and prevent by a judicious regimen the return of the causal conditions, the prognosis is good.

Strathpeffer Spa.

R. FORTESCUE FOX, M.D., M.R.C.P.

CONDITION IN A CASE OF FRACTURE OF SKULL THIRTY YEARS AFTER INJURY.

THE following curious condition was observed in a miner, since dead, employed in one of the South Wales coalpits.

A. B., a man of about 60, of somewhat feeble intellect and addicted to drink, stated that he had received an injury to his head from the bursting of a shell during the Chinese war of 1860. He was unable to say how long he had remained under treatment, but stated that he was "unconscious for a long time;" how long and what were the immediately following symptoms unfortunately could not be ascertained, but apparently since his discharge from hospital he had not suffered in any noticeable manner. His memory for after-events was fairly good, but he could only detail the circumstances immediately preceding the receipt of his injury in