Cases such as this may be taken to justify my contention that there are more surgical ways than one of curing toxic stasis, and that every case should be treated in accordance with the special indications it presents.

Neither, although I have been speaking as a surgeon, am I advocating surgery as the only remedy. Diet, drugs, aperients, paraffin, massage, exercises, posture, abdominal supports, regulation of life, change of climate, spa treatment, removal of toxic foci—all have their place in the treatment of intestinal stasis. In treatment, operative and non-operative, the psychic factor must not be overlooked. The rest and careful after-treatment is of benefit after all abdominal operations. The prevention of stasis and toxic foci should begin in babyhood and continue. The earlier the treatment the better, and then the less severe and the more effective it is. Prevention is indeed our final goal. Man steers his life's perilous course through the physical evils which beset him, and our hope for the future is that for the prevention of these evils we shall all work and strive so that stasis and its manifold ill effects may from being a problem of the present become a memory of the past.

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A CASE OF DIBOTHRIOCEPHALUS LATUS INFECTION.

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CASES of infection with the broad tapeworm (*Dibothriocephalus latus*) are rarely seen in England. The infection is common in the Baltic provinces of Russia, in Finland, Sweden, Denmark, and Switzerland, and the presence of the parasite in many cases produces a severe form of anaemia, in some ways resembling pernicious anaemia. This is supposed to be produced by the excretion of a toxin. The tapeworm is contracted by eating raw fish in which the plerocercoid stage of the parasite is found.

The following case is interesting for two reasons—first, because there was no anaemia; and secondly, because of the successful expulsion of the worm by treatment. The patient, a Finn, evidently acquired the infection in his native country. He came to England in the course of his vocation, a seaman, and was admitted to the Seamen's Hospital, Greenwich, complaining of pains in the abdomen of an obscure nature. In addition there was a history of his having passed some segments of a worm in his stools. He was transferred to the Hospital for Tropical Diseases, Endsleigh Gardens, for observation and treatment.

H. K., a seaman, aged 18, born in Finland, was admitted to hospital with a complaint of abdominal pains. As the patient could not speak English, little history was obtainable from him.

Examination.—Healthy looking boy, no sign of anaemia present; well nourished, no emaciation. Cheeks a good colour; conjunctiva, no anaemia; teeth good. Systems: Heart and lungs perfectly normal, no sign of any disease. Abdomen, nothing palpable, no pain on deep pressure. Liver and spleen not enlarged. Urine: No albumin, blood, or sugar. Faeces: Many ova of *Dibothriocephalus latus* present; no segments passed while under observation.

Blood count:

Red corpuscles...	...	...	5,100,000
White corpuscles	...	...	8,600
Haemoglobin	...	...	90 per cent.

Differential count:

Polymorphonuclears	...	...	55 per cent.
Large mononuclears	...	...	5 "
Lymphocytes	...	...	34 "
Eosinophiles	...	...	2 "
Transitionals	...	...	3 "
Mast cells	...	...	1 "

100

Treatment.

After being kept under observation for some time, during which he appeared normal in every way, eating and sleeping well, the following treatment was adopted.

After a very thorough starvation for two days, and a saline purge on the evening of the second day, liquid extract of filix mas was administered on the third morning as follows: A capsule of 20 minims at 8 a.m., a second of the same dose at 8.30 a.m., and a third at 9 a.m.—that is, 60 minims in all. A saline purge (magnesium sulphate) was administered at 12 noon. Apart from a slight tendency to sickness there was no trouble with the drug. At 4.30 p.m. the whole worm was passed, including the head. There was no sign of any second worm, this being confirmed by the disappearance of ova in the stools on subsequent days.

It is quite possible that the patient had only had the worm for a short time, and if this were so, it might account for the absence of anaemia. The worm, on the other hand, was a very large one and fully developed in every way. Another interesting feature in the blood examination was the absence of eosinophilia. The question of blood destruction, in helminthic infections generally, is a very interesting one, and more work might profitably be done upon it. The ordinary tapeworms, *T. saginata* and *T. solium*, do not appear to upset the blood picture in any way, and even with the *D. latus* a personal susceptibility may be required before the severe types of anaemia described appear. The lad was discharged from the hospital cured.

THE ECONOMIC ASPECT IN EYE INJURIES:

A PLEA FOR EARLY TREATMENT.*

BY

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THIS paper is based on an analysis of the total accident claims made on the North Staffordshire coal and iron owners during the past two years. Cases in which incapacity lasted less than four weeks have not been included, nor have several cases of injury to the eye followed by the onset of miner's nystagmus, either immediately or within four weeks. Cases arising in previous years and settled during this period have also not been included.

TABLE I.

	Total.	Mines.	Iron and Steel.
No. of workmen... ..	45,000	35,000	10,000
No. of admitted claims (all accidents)	3,283	2,761	522
No. of cases of injury to the eye...	163*	126	37
Total cost... ..	£8,286		

* This figure (5 per cent.) agrees closely with those given by Collis in his paper on "Eye Diseases caused by Occupation," *Ophthalmoscope*, vol. xiii, p. 492.

The 163 cases may be divided into four groups:

1. Cases returning to work.
2. Cases of serious injury necessitating immediate expert treatment at the infirmary.
3. Cases in which a comparatively trivial injury is followed by nystagmus.
4. Cases in which a slight injury, either through neglect by the patient or lack of expert treatment, is followed by serious and permanent injury to the eye. Five of these cases developed a severe attack of nystagmus.

Even in the first group lack of proper treatment delays the return to work:

F. W. Blow in eye January 3rd. On January 16th there were still two pieces of coal embedded in the cornea. Played six weeks.

J. B. Blow in eye June 3rd. Foreign body in cornea on June 18th. Played five weeks.

J. H. Struck by iron stone January 31st. On February 4th there was marked injection of eye with a foreign body in the cornea. Played five weeks.

* Read before the Staffordshire Branch of the British Medical Association on November 25th, 1920.