If, for this end, the remote offspring of these ova must again find their way back at some future period to the human intestine, it is equally necessary to the early phases of that cycle of development by which this comes to pass, that they should be first cast out into other media.

In the case of tape-worm the periodical shedding and discharge of joints in a state of maturation, and laden with ova, specially protected by hard crusts from all common causes of destruction, would be of itself, even were there no other evidence, all but sufficient to prove this. Under any other view we should have to suppose that the great function which well nigh monopolises the substance of the animal, and which seems to be the chief purpose of its life, is a function without object.

Again, if the ova had the capacity to grow up into the perfect worm, without leaving their first nidus, it would be impossible to conceive that tape-worm should ever be as in the rule we find it, and as its designation bespeaks, a solitary animal. Countless swarms on the contrary, should then have peopled the intestine. I believe I am correct in saying that the intermediate forms through which the egg passes in its transit back to its original *habitat* are at present unknown. From recent discoveries in neighbouring fields we may conjecture that they are neither few nor simple. That they must deviate widely from the parent type is plain enough.* These are, however, questions which concern the naturalist more than the physician, and are, besides, foreign to the object of this communication. Otherwise it would have been easy to show that facts like those recorded in some of the preceding histories—and I may mention especially that of Mary McGowen and her children—might be of some value to the investigation. It must not be supposed that such facts are exceptional. On the contrary, in so far as they are examples of cases of tape-worm occurring in groups, they only express the result of general experience. I could easily point out particular districts in Bristol where tape-worm is endemic. Indeed it seldom occurs to me to succeed in procuring the expulsion of one of these parasites without receiving soon after many applications from other sufferers from the same immediate neighbourhood, and it is by no means rare to meet with two or three infested persons from among members of the same household.

* Unfortunately, from the very nature of the case, the details of the migration, considered as an object of natural history, hardly admit of being directly followed out. It has occurred to me, however, whether the difficulties which lie in the way of direct observation might not be got over by experiment. By placing fragments of tape-worm laden with mature ova in conditions closely imitating those into which they pass in the common course of things, it might be possible to nurse some of these ova into higher forms, and thus to supply some of the links which connect them with the future worm: The inquiry is not, it must be owned, either savoury or inviting, but the interest of the results in view would probably more than repay the trials of the investigation.

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CASE OF ILEUS WITH LONG-CONTINUED OBSTRUCTION.

By JOHN SODEN, Esq., F.R.C.S.,

SURGEON TO THE BATH GENERAL HOSPITAL.

Read at the Quarterly Meeting of the Bath and Bristol Branch, Dec. 17, 1851.

THE subject of the following case is a gentleman about 63 years of age, short in stature, of a nervous sanguine temperament, and of active and extremely temperate habits. For the last twenty years he has enjoyed uninterrupted good health; he had previously suffered from the effects of hot climate in the West Indies.

On October 16th, 1851, feeling indisposed, and for a short time previously his digestion having been out of order, he took an active aperient. It affected him with unusual severity, continuing in operation till the morning of the following day. He was then sufficiently well to occupy himself in his garden, where he was sometimes engaged standing about and assisting in planting. At dinner he eat a small quantity of meat. Soon afterwards he was seized with violent spasmodic pain in the abdomen. He took a large dose of castor oil with a few drops of laudanum, but ineffectually; an emetic of ipecacuanha was then tried with no better result. There was no disposition to sickness and the emetic action was not easily induced. An enema of warm water and a warm hip-bath were next had recourse to, but with no immediate relief. Towards evening, however, he became gradually better, and passed a tolerable night. On the following morning the pain returned with the same severity, and I then saw him for the first time.

This was on the 18th. I found my patient in an alarming condition. There was now frequent vomiting, the matters ejected being of a dark colour and very offensive, as was also the breath.

The attacks of spasm were intense; there was an anxious expression of countenance, and prostration of the nervous power seemed already impending. On examination there was a general sense of tenderness about the umbilicus, and chiefly on the left side, attended in this position by marked dulness on percussion; however, neither the dulness nor the tenderness were sufficiently circumscribed to indicate the precise seat of the constriction, supposing such to exist. I should mention that the patient was the subject of an inguinal hernia, and, that in spite of the large dose of oil (one ounce) that had been administered, there had been no passage from the bowels since the commencement of the attack. Uncertain whether I had to deal with an internal hernia or an attack of ileus, I at once determined to abstain from all aperient medicine, and I prescribed small doses of calomel and opium to be administered every two hours. Mustard poultices, and such other local means were used as seemed to afford alleviation. In the evening he was no better, and the ejections were now of a most suspicious appearance. I directed the pills to be continued, with an increased

quantity of opium. I was also induced to try the effect of a turpentine enema.

19th.—There is no amendment, but rather an aggravation of the symptoms, with the addition of hic-cough. The enema was retained for some time, but returned unmixed with fæces, and without producing any sensible effect. The matters vomited are now purely fæcal. The countenance is more sunk, the prostration very great, and the case presents altogether the worst possible aspect.

I felt that there was nothing more to be done in the way of active means, and that it would not be prudent to carry the mercurial action further, though the pills had appeared to agree in invariably prolonging after each dose the interval from spasm and vomiting. I now purposed to administer one more opiate without the calomel, and then to strictly follow out the expectant course of treatment, not allowing anything to go into the stomach, and to abide the issue. I should mention, that early in the morning I had made another trial with the injection. I passed a long flexible tube into the bowel, to the extent of about twelve inches, and threw up as much warm water as the patient could bear, trusting, that if the disease arose from any mechanical cause, some relief might be afforded by this measure. The operation was effected without any difficulty or distress to the patient beyond the inconvenience of the distension of the bowel, but no result ensued; the water came away perfectly clear.

Before putting in force the plan of treatment I have indicated, I requested a consultation, and Mr. Gore was called in. Mr. Gore saw the patient with me between two and three p.m., nearly forty-eight hours from the commencement of the attack. He entertained a most unfavourable view of the case; his impression was against the idea of an internal strangulation from a mechanical cause, and he rather considered that the symptoms indicated an inflammatory state, of a low type, of some portion of the bowel, but that any opinion on the point could only be speculative and most uncertain.

Up to this moment there had been no reaction of a febrile character; the skin had remained cool throughout; the pulse very low but not rapid; the general symptoms had been those of a steadily progressing exhaustion. The powers were so low and the disposition to sickness so frequent, that Mr. Gore thought the effect of the opiate I had proposed would be doubtful, and that the safer course would be to follow out the expectant plan, without its administration. He also suggested that a drop of Scheele's prussic acid should be occasionally administered, and that instead of cooling the mouth from time to time with cold liquids, the patient should be permitted to suck a lump of cold ice.

20th.—On visiting my patient early this morning, I was glad to find him still alive and apparently in much the same state. The ice was most grateful to him, and he also found a soothing influence from the prussic acid. Whether it was really of any use, or whether the pleasurable sensation was attributable to the teaspoonful of cold water in which it was exhibited, I could not determine.

The vomiting continues at the same intervals; it is much less in quantity, from the empty condition in which the stomach has been kept, but still stercoraceous. The spasms have decidedly abated both in frequency and force. The same treatment to be steadily continued.

21st.—The vomiting has not been stercoraceous since last evening; the symptoms are all materially lessened, but great exhaustion is present.

7 p.m.—Great restlessness; voice weak and husky; throwing about of the arms. With these warnings I considered it absolutely necessary to administer some nourishment, and I commenced with a little barley-water and gruel.

22nd.—No return of vomiting; the small quantity of gruel taken has been borne, and the patient is not weaker to-day.

23rd.—Scarcely anything was swallowed yesterday; this morning's report is still favourable as far as relates to the local symptoms, and the abdomen, which has never been inordinately distended, is now perfectly flat; the signs of increasing debility are again more evident, and, in addition, there is some excitement of the head, heat and flushing, with a disposition to be talkative, verging on delirium. A very few teaspoonfuls of chicken broth to be occasionally administered.

24th.—Much the same; the same plan to be continued.

25th.—The excitement continues rather distressingly, with craving for food, and for some hours broth and arrowroot have been taken much more freely, the consequence is, fullness in the epigastrium, sense of sickness, and return of pain. It is evident that nothing can pass through the bowel.

26th.—To my surprise the patient is much improved this morning; free vomiting, which is not stercoraceous, has relieved the distress of yesterday; he is calm, and free from pain, but greatly exhausted. He is now sufficiently collected to be made aware of the importance of his abstaining from every kind of food, and with great resolution is determined to submit to that privation, or to any other treatment that may be proposed. The only chance seems to be to support life by injections. The plan has not hitherto been adopted, from the patient's excited condition, and his strong objection on account of painful piles, and a difficulty that he is now experiencing in passing water, and for the last few days he has not been in a state to be reasoned with on the subject. Half a pint of strong beef-tea, with four drops of laudanum, to be administered per anum, twice or three times a day. The ice and prussic acid, which are still very grateful, to be continued.

30th.—The injections have been regularly administered, and have answered admirably; they have never returned. There has been neither pain nor sickness, and the small quantity of laudanum appears to have exerted a general soothing influence. The patient's aspect is improved, and in point of strength he does not lose ground, though the rule of abstinence has been rigidly maintained. There is also further evidence of amendment, if it may be trusted. At six o'clock this morning the bowels were moved for the first time from the

commencement of the attack, on the 17th of October, thirteen days ago; the stool is liquid, small in quantity, and healthy in appearance. The treatment to be continued.

November 1st.—The bowels have again acted this morning, and the character of the evacuation leaves no doubt that it cannot have been merely the accumulated contents of the rectum from the injections.

From this date the case was straightforward. The utmost caution was pursued in the administration of food, and no relapse interfered with a gradual and progressive convalescence.

The attention of the profession has latterly been much directed towards cases of this description, with a view to their relief by operative means, where the symptoms appear to depend on mechanical causes. It would be a great boon if some clear diagnostic sign of distinction could be shown to exist between the effects of an internal strangulation, and the paralysis induced in its functions by an inflamed condition of a portion of the bowel. I fear the case I have just read will not tend to elucidate this difficulty. From reviewing the history of my patient's malady, I am totally at a loss to say in what it differs from those of persons in whom some accidental stricture was proved to exist. In cases of the latter kind the pain and tenderness may sometimes be more definite, but this is by no means a rule. There is nothing to be observed in the more tardy or violent onset of the symptoms; in both they come on with equal violence, and with equally rapid effect upon the powers of life. In both there is the permanence of the prostration so long as the bowel is impervious, and the continued absence of reactionary fever. Trace the individual signs, the flatulence, the character of the spasms, the hiccough, the stercoraceous vomiting, &c., and the analogy becomes only the more complete.

I have, therefore, I regret to say, no other practical deduction to bring forward than the testimony this case affords, of the favourable result that sometimes attends the resources of nature in cases of intestinal obstruction where art is of no avail.

NOTES

ON THE

TREATMENT OF CURABLE DISEASES.*

BY W. S. OKE, M.D.,

Extra-Licentiate of the Royal College of Physicians, Physician to the Royal South Hanpts Infirmary, &c.

PORRIGO SCUTULATA. (RINGWORM.)

RINGWORM is primarily a local disease, appearing in annular patches. It most frequently infests the scalp, although it sometimes occurs also on other parts of the surface of the body, where the rings are generally of a

larger size. This disease is of a contagious character, and hence when it commences in a community of children, such as a school, it hardly ever fails to infect the whole establishment, through the medium of hats, caps, combs, &c., or by contact.

When this kind of porrigo takes place upon any part of the surface not covered with hair, it is easily recognised, and can be at once destroyed by the application of lunar caustic; and doubtless the same remedy would be equally successful on the scalp, but it generally happens that in such a hiding place, before the medical attendant is called in to take charge of the case, the disease has got possession of an extensive portion of the cranial region, and often, for a length of time, bids defiance to medical skill.

When porrigo scutulata is first discovered upon the scalp, the whole of the hair should be carefully, and as closely as possible, clipped off, in order to ascertain the extent of the disease; and should there be only a few patches, they should be touched with the nitrate of silver, wetted with water, every other day.

If the scalp be extensively affected, the lotion (1) may be substituted, and applied with a camel's hair brush. I have seen instances of the eruption exceeding the boundary of the hair, and reddening a considerable portion of the skin of the forehead, in which a solution of the chloride of lime was successful, although the cases were of long standing, as in 2.

1.—R. Argenti Nitratis, gr. xx.
Acidi Nitrici, gtt. vj.
Aquæ Puræ, oz. j.

Misce fiat lotio.

2.—R. Solutionis Chloridi Calcii, oz. iij.
Aqua Samb. Flor., oz. j.
Aquæ Puræ, oz. ij.

Misce fiat lotio bis quotidie bene applicanda.

When the disease has degenerated into an inveterate character, with acrid favi involving the follicles of the hairs, it becomes most obstinate, resisting almost every remedy; but even in this state the disease may sometimes be removed by the alkaline lotion

3.—R. Potassæ Carbonatis, oz. j.
Aquæ Pluvialis Oct., ij.

Misce fiat lotio bis die, rasis capillis, capiti applicanda.

During the local treatment the constitution must not be overlooked, and if in anywise disordered, must be treated according to circumstances. 4 will be found a good alternative.

4.—R. Hydrargyri cum Cretâ, gr. iij.
Antimonii Oxysulphureti, gr. j.

Misce fiat dosis, alternis noctibus sumend in mellis pauxillo.

ECZEMA OF THE LEGS.

This kind of eczema is generally met with in elderly persons after the age of 50 years, and often occupies the whole or greater part of the space between the knees and ankles. In the acute form the skin is of a bright red colour, but when it has become chronic, it assumes a venous or purple hue. There is, in most cases, a profuse serous discharge from the vesicles,

* Continued from page 32.