use. It will be observed that its success did not depend upon the activity of its purgative quality. The action was gentle and far less severe than that of the inefficacious drastic remedies which had preceded it; we must therefore conclude that its operation is specific, and like all specifics, it will occasionally fail. There are many varieties of the tœnia, and it is not improbable that to some of these it does not prove poisonous if its failure does not arise from adulteration. It seems to be a harmless thing, of no striking property in the human body when the worm is absent. I have given two drachms infused in hot water, to persons complaining of abdominal pains, who formerly suffered from tœnia, and it has moved the bowels slightly and relieved the pains just as an ordinary dose of rhubarb would do, and with no other perceptible effect. It is now pretty generally known that the *Brayera Anthelmintica* was discovered by the traveller Bruce, it is classed amongst the *Boracæ*; and by De Candolle, in tribe v., *Dryadæ*. It grows in Abyssinia, to the height of twenty feet, and is cultivated everywhere for its anthelmintic properties. It is found in Tigre, Agame, and Shoa, and according to Dr. Beke, through the entire table land of North Eastern Abyssinia. The bunches are gathered before the seeds are quite ripe, whilst still a number of florets remain unchanged. Its peculiar property resides chiefly in its bitter acrid resin, soluble in æther and in alcohol. The decoction strikes a dark green tint with a solution of the sesquichloride of iron. Dr. Pereira, from whose paper in the *Pharmaceutical Journal*, (Vol x., No. 1,) much information on the subject may be gained, gives the following directions for its administration:—"The powdered flowers are to be mixed with luke warm water, (for an adult, about ten ounces) they are allowed to infuse for a quarter of an hour, a little lemon-juice is then to be swallowed, and the infusion being stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon-juice. To promote the operation tea (without sugar or milk) may be taken. In three or four hours, if the remedy has not operated, a dose of castor oil or a saline purgative should be administered."—p. 24.

Not unfrequently, both in public and private practice, patients present themselves suffering from tape-worm; sometimes very little inconvenience is complained of, but generally there are distinct symptoms of the disorder. I am inclined to think that the popular notion is well grounded, and that, till the head of the animal comes away, the patient is not cured. There is seldom more than one worm, and yet portions are constantly being separated, which, if they possessed independent vitality, and the power of reproduction, would assuredly fix themselves on some other portion of the intestinal tube.

The Abyssinians feed upon raw meat, and to this rude practice may be referred the prevalence of this malady amongst these people. The *cysticercus* is found in the flesh of the pig and sheep in our own country, and if the tœnia be a developed *cysticercus*, its origin here would be accounted for. Some very humorous, and yet instructive remarks on this subject are contained

in the last *Edinburgh Monthly Journal*. It is more than probable that the ova of the tœnia, the ascaris, and some other parasitic animals, find their way into the human body through the unprepared or uncooked materials of our food. And it may be further remarked, that a low degree of vitality of the system greatly predisposes it to their attacks, and hence the value of steel and other tonics by way of prevention and restoration.

CASE OF SENILE GANGRENE

TREATED BY LOCAL BLEEDING.

By JOHN COWLEY, Esq., WINSLOW.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—Should the annexed surgical case, which I consider embraces a deviation from the mode of treatment usually adopted by British practitioners, be considered worthy of your attention, and obtain an insertion in your valuable journal, my object will be accomplished.

I am Sir, yours very respectfully,

JOHN COWLEY.

Winslow, June 26, 1852.

On Monday, May 17th, 1852, I (being in the 74th year of my age) was attacked with an uneasy sensation in the second toe of my right foot, occasionally paining me like the sting of a nettle. Upon examination, the whole of the toe, to the first metatarsal joint, appeared of a red and inflamed colour, slightly tender to the touch, and somewhat enlarged. An application of diluted tincture of iodine produced no sensible effect. A second dressing of the same was applied on the 18th. On Thursday, the 20th, the whole toe was considerably enlarged, vesication had taken place all along its dorsum, and the colour of the toe was assuming a dark purple hue. The iodine was discontinued, and ceratum album with a spirituous lotion were substituted, with the use of Markwick's epithem, until Sunday, the 23rd, when the fourth and fifth toes became inflamed like unto the second, at its commencement, with a slight swelling without pain, but some irritation. From the fatal results I had witnessed of various cases during an apprenticeship and practice of fifty-nine years, and which cases had commenced in a similar manner to my own, I felt convinced (as no injury had been inflicted) that the disease was "senile mortification," and at once resolved to deviate from the long continued practice of trusting for a cure, to the use of cataplasms, opium, &c., (which rarely arrested the disease in its incipient stage, and seldom succeeded after sphacelus had taken place,) by trying the effect of local blood-letting. I therefore extracted eight ounces and two drachms of blood from the saphena minor vein immediately below the ankle-joint. The direct beneficial effect produced was truly surprising; the redness of the fourth and fifth toes was almost removed, and the dark shining appearance

of the second considerably improved in colour, and the swelling diminished. The same dressings were continued till Friday, the 28th, when a relapse took place, the fourth and fifth toes became inflamed to an equal extent with the third, the second toe was also increased in size and the colour darker; also the great toe showed decided signs that the disease was spreading to that part of the foot. I again took away eight ounces of blood, and this from the saphena major vein, situated over the middle of the first metatarsal bone. A similar result to the first bleeding was shown, the same mode of dressings was continued to the 2nd of June, when all the symptoms of the disease recurred, but not in so aggravated a degree. Five more ounces of blood were extracted from the same vein, three inches above the ankle-joint, with equally good effect, making a total loss of twenty ounces of blood from the foot in the space of ten days.

The inflamed parts were now dressed with Spt. Terebinthinæ, previous to the application of white cerate and epithem, but not agreeing, a common bread and water poultice was tried. However, not finding any material alteration, the Cataplasma Fermenti, P.L., was the next remedy on the 12th of June, which was continued for six days with advantage, when, although no ulceration existed the Ung. Resinæ was applied over the surface of the whole foot as a warm dressing, up to the present time; and now, I hope a permanent cure is effected.

During the first fortnight of the above period, the saline mixture, with the volatile alkali were freely taken, and since then Quin. Sulph., gr. v., bis die. Port wine and spirituous stimuli have been continued to this day, without increasing the number of pulsations beyond 66, and that only in the afternoon occasionally.

Although particularly enjoined by my medical friends to adopt positive and constant rest to my foot, I have persisted in the use of a leg rest and exercise in a garden chair; my general health being very good I considered fresh air and exercise essential to its maintenance.

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON, M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.

Stone in the Bladder—Incontinence of Urine—Lithotomy a second time—Cure.

Charles Stanfield, villager, aged 15 years, admitted September 23rd, 1848. Has suffered from gravel and stone from infancy. Underwent lithotomy when three years and a half old at this hospital, when a calculus some grains exceeding two scruples in weight was extracted. The present symptoms have existed about three years. They are of the usual character, but of

late have become so distressing as to compel the patient to seek relief. An involuntary dribbling of urine has continued in a greater or less degree since he was last cut.

24th.—Passes urine guttatim. On sounding, the bladder was found empty, and the presence of two or more calculi detected. Haust. Tinct. Ferri Mur., m. x. Ex Aq. Cinamoni, oz. iss. ter die.

Oct. 4th.—The rectum freed by injection and the influence of chloroform induced. Lithotomy performed and three phosphatic calculi, weighing upwards of seven drachms removed. One, of a dumb-bell shape, broke during the extraction, showing an oxalate nucleus. The operation was conducted with much care, owing to the existing *stilticidum urinæ* indicating a contracted state of the bladder. An ample external incision was made at the seat of the former wound, and the staff entered low down. The perineum was found very deep, the distance to the bladder proving much greater than was supposed. In using the cutting gorget, the instrument was withdrawn once in order to limit the internal incision, which, when effected, would scarcely admit the point of the index finger, owing to the inelastic and unyielding condition of the prostate and neck of the bladder. A section of the opposite lobe of the prostate was then cautiously made by means of a probe-pointed bistoury, and the opening further dilated in that direction, by the forefinger and blunt gorget. The forceps and scoop served to complete the operation, which was somewhat further complicated by the violently-contracted state of the bladder.

October 5th.—Passed a good night; belly soft and free from tenderness; surface of the wound covered with calculous particles; napkins moderately wetted from the passage of the urine. The forefinger gently introduced through the wound to secure a free outlet; this was followed by a gush of urine. Ordered citrate of potash and diluents.

6th.—Going on well; urine escapes freely through the wound.

9th.—Much pain and smarting at the seat of the wound, which is smeared with chalky matter; relieved by hot water applications and pledgets dipped in almond oil, and anodyne draught.

12th.—Has passed water twice per urethram for the first time, some little yet escapes through the wound, which is considerably closed by granulation.

15th.—Passes water naturally but with considerable pain. Urine alkaline and purulent. Ordered Tinct. Ferri Sesquichloridi, m. x.; Syr. Papav., dr. ss.; ex aq. Cinnam., oz. iss. ter die.

18th.—Calculus impacted in the urethra removed after some trouble with the scoop end of a small director.

20th.—Phymosis, &c.; belladonna lotion applied; in other respects going on well.

27th.—Much pain from a small pisiform calculus detained in the urethra behind the scrotum; relieved by an anodyne and hot fomentations.

November 1st.—Quite well, excepting that he makes but a small quantity of urine at a time, and frequently wets the bed at night.—R. Liq. Potasæ, m. xx.; Tinct.