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Hospital Reports.

YORK COUNTY HOSPITAL.

LARGE SALIVARY CALCULUS: TAPEWORM.

By W. D. HUSBAND, Esq., F.R.C.S. Eng., Surgeon to the Hospital.

HENRY PAWSON, aged 46, a healthy looking agricultural labourer, was admitted under my care, August 30th, 1856, for a tumour in the mouth. He stated that the tumour had gradually increased in size since its first discovery, twelve months ago; that it had been pronounced to be a cancerous tumour by two surgeons; and that caustics had been applied several times, for the purpose of destroying the morbid growth. He had suffered no pain, and had been annoyed only by the bulk of the tumour, which interfered with mastication, etc. He also stated that he had for some time been passing, at intervals, joints of tapeworm, for the cure of which various remedies had been tried, but without success.

On examination, a hard firm tumour, about the size of a large walnut, was found to occupy the left submaxillary region. It was loose, could easily be moved about, was oblong in form, and somewhat lobulated. The skin over the swelling was healthy and free. Pressure produced little or no pain. When the mouth was examined, the tumour was seen to occupy the usual position of ranula under the tongue. It presented an irregular, jagged appearance, at the part where caustics had been applied. When the tumour was pushed into the mouth by the fingers of one hand, and was carefully examined by those of the other, it conveyed a feeling of a hard body contained in a cyst, having considerably thickened walls, and, although much larger than the ordinary tumours from salivary calculus, I felt convinced that the history of the case, the appearance of the patient, and the feel and situation of the tumour, all agreed in pointing to such a conclusion, and certainly negatived any notion of it being a cancerous growth. The point of a scalpel was passed into the tumour, and, being found to grate on a hard substance after passing through the fleshy coverings, was carried along the proximal end of the swelling; and a large salivary calculus was easily tilted by the finger through the opening thus made. There was still considerable swelling remaining from the thickened cyst.

The calculus was of about the size of an almond in its shell, weighed eighty-four grains, and was evidently composed principally of the earthy phosphates.

September 4th. The incision in the mouth had healed, and the induration had sensibly diminished. One drachm and a half of the ethereal oil of male fern had been administered this morning, the patient having taken no solid food since the middle of yesterday; and a worm (*tenia solium*) several yards in length was expelled, under the action of a dose of castor oil administered four hours after the dose of male fern.

September 5th. Discharged.

REMARKS. The large size of the calculus, which with the thickened cyst, had led to the supposition of a cancerous tumour, constitutes the interest of this case, as smaller salivary concretions have been occasionally met with and recorded by surgical writers. The resemblance to a scirrhous

tumour was increased by the effect of the caustic on the investing cyst, but a sensation was conveyed to the finger of greater hardness and density than even the firmest schirrus, and the cancerous cachexia was certainly absent. The calculus itself is evidently identical in composition with the tartar deposited on the teeth from the saliva, and certainly does not confirm the opinion of M. Stanaki, who, reasoning from a single case, advanced the theory that such concretions have always a tooth for their nucleus, which theory was, however, completely refuted by the more extended observations of Forget, who collected a number of cases in which no trace of a tooth as a nucleus was found. The largest calculus in M. Forget's cases weighed forty-four grains, only one half the size of the one now described; nor can I find one of equal size on record.

The other ailment of the patient was as readily removed. The oil of male fern successfully expelled the parasite, which had set other means at defiance. I shall not offer many observations on the subject of *tenia*, after the very able and comprehensive paper of Dr. Jenner which lately appeared in the JOURNAL. Having lately tried the koussou with no effect, I was induced in this case to give the ethereal oil of male fern, which in the experience of this hospital has proved most efficacious. It appears only to act on the parasite, and to produce little or no effect on the patient. We do not prepare our patients as recommended and practised by Dr. Jenner, but find that a dose of from one to two drachms taken after fasting for some hours, followed by a dose of castor-oil, generally destroys and expels the *tenia*. Whether beer, as advanced by some experienced German physicians, really favours the development of tapeworm, I do not pretend to determine by one case, but certainly my patient confessed to a tolerably free use of that beverage.

ROYAL FREE HOSPITAL.

CASES OF ANEURISM OF THE AORTA.

By WILLIAM BRINTON, M.D., F.R.C.P.,
Physician to the Hospital.

CASE I. W. H., aged 45, a labouring man, of healthy robust conformation, and of tolerably temperate habits, applied, as an out-patient of the Royal Free Hospital, on the 8th of June, 1855. For three months he had suffered from pain in the chest, accompanied by dyspnoea and cough; and for a fortnight, from oedema of the legs.

His appearance and physiognomy at once suggested cardiac disease. On examination, the urine was found to be free from albumen, scanty, and high-coloured. His pulse and breathing respectively averaged about 90 and 24 in the minute. The pulse was irregular, intermittent, and occasionally almost imperceptible; but there was no obvious difference in that of the two wrists.

On examining the chest, a large oval area, of complete dulness to percussion, was found on the left side of the sternum. This area—bounded above by the second, below by the sixth rib; within by the left edge of the sternum, without by a line about one inch external to the left nipple—evidently included, at its lower part, the ordinary cardiac dulness felt over the front of the heart's apex. Here it was somewhat less intense; but, traced upwards, was quite continuous into the more complete *matité* of the upper part of this oval region.