LIVING LARVÆ PASSED FROM THE BOWELS OF A MAN.

By JOHN LLOYD, Esq.

It can hardly be doubted that larvæ of various insects are occasionally passed from the human bowels, the ova or the larvæ themselves having been received into the body by the mouth along with water or food. A case of this kind has recently come under my notice, in which I have no reason to doubt the veracity of the statements.

The annexed woodcut* represents a living creature which was brought to me by a man living in this town, who stated that he had passed it from his bowels; and that previously he had passed others of exactly the same description. The man's wife confirmed the statement of her husband. They both ascribed to the "worms" severe abdominal pains to which the man is subject.

The animal lived for several days in water. In general, it was torpid; but at other times it was quite lively, frequently bending itself into a circle, as if trying the game of putting its curious long tail into its mouth. Through the kindness of Professor Owen, I am enabled to state that it is the larva of the *helophilus pendulus*—an aquatic larva.

Dr. Cormack has directed my attention to notices of an analogous case, which he brought before the Medico-Chirurgical Society of Edinburgh, on two separate occasions; viz., on the 2nd of June 1841, and the 8th of March 1843. He informs me that Dr. T. R. Scott, of Musselburgh, near Edinburgh, in whose practice the case occurred, thoroughly investigated it, and was convinced that no deception had been attempted.

The following are the brief notices referred to. "2nd June 1841. At the period for medical news, Dr. Cormack exhibited an animal which had been passed, about ten days ago, from the bowels of a young child, a patient of Dr. Thomas R. Scott, of Musselburgh. The animal was still alive. It appeared to be the larva of a beetle, probably *blaps mortisaga*." (*Edin. Monthly Journal* for 1841, p. 538.) The following notice refers to the same patient. "8th March 1843. Dr. Cormack exhibited two specimens of the larva of the *blaps mortisaga*, which had been discharged *per anum* by a patient of Dr. Scott, of Musselburgh, whom he had lately seen."

Dr. Mason Good tells us that leeches have lived in the stomach; and various reputable authors aver that different non-parasitical reptiles and larvæ of insects resist the action of the stomach, as completely as any of the true intestinal parasites.

Llangefni, Anglesey, March 1853.

ARSENIC IN CHRONIC SCABIES.

By PHILIP HENRY WILLIAMS, M.D.

CASE. I WAS consulted, in February 1852, by H. B., aged 22, who stated that she had been suffering from an eruption during nine successive months. The description clearly indicated scabies; and the appearances on the arms, wrists, fingers, legs, ankles, and toes, left no doubt as to the nature of the disease. There were a few scratched spots on the face, which, although a comparatively rare seat of scabies, appears in chronic cases liable to be affected. The itching was, and had been, commensurate with the extent of the malady. Various applications had been tried without benefit. On the hands and toes several distinct pustules had recently occurred, which, in the words of Dr. Bateman, were "moderately inflamed round their bases, and matured and broke in two or three days; then ulcerated, with increasing pain and inflammation". Hence it would seem that the decidedly purulent species (*scabies purulenta*) was supervening on the ordinary development. The pustules subsequently appeared on other parts, especially on

the arms and thighs, and remained after the simple eruption had died away. The constitution, at the commencement of the attack, was stated to be good; and at the time the patient came under my notice, the health was not impaired. The catamenia were quite regular. I prescribed sulphur ointment, giving iodide of potassium and sarsaparilla in the usual doses, and compound rhubarb pills at proper intervals. This treatment was continued for a month, with very little success. I then ordered three minims of the liquor potassæ arsenitis to be taken three times daily, in camphor mixture. At the end of three weeks the face became quite free from all traces of the eruption, and at the end of the fourth week the disease was declining over the body generally. The mixture was omitted for a few days, in consequence of slight headache, and was then resumed in the same dose, twice daily. In three weeks from that date, the patient was cured, with the exception of some of the larger pustules, which were not healed until a fortnight afterwards. Poultices of linseed meal were applied to them.

Up to the present time, there has been no return of the malady.

A younger sister of the patient suffered at the same time from simple scabies, which yielded at an early period to sulphur ointment and tonics. A companion of Harriet B. also contracted the disease, which became chronic, and required the same arsenical treatment for its removal.

Worcester, March 30th, 1853.

BIBLIOGRAPHICAL NOTICES.

TREATISE ON OPERATIVE OPHTHALMIC SURGERY. By H. HAYNES WALTON. pp. 628. London: 1853.

THIS—the author's *début*—is a thoroughly good book, and bespeaks him an excellent writer and an able surgeon. Here and there we may have wished for something more; but there is hardly anything which we could desire to omit. In the fewness and simplicity of his instruments, in the skilful selection of his cases for the different operations, and in his judicious medical treatment, we trace the characteristics of a good surgeon. We have no absurd proposals for sucking a fluid cataract out of the eye, or the like wonderful performances which we owe to the ingenuity of our Gallic neighbours; and in several chapters we find an accurate appreciation of those circumstances in the general health of the patient, without attention to which the best planned and most skilfully executed operations will so often fail. In the space at our disposal, a complete review of such a work is impossible; a brief epitome of its chapters is all we shall attempt to give.

The not very necessary historical introduction is followed by a brief chapter on the use of chloroform. In all operations accompanied with much pain, by all means let it be employed; but we agree with Mr. WALTON that it is not advisable to use chloroform in the extraction of cataract; and we would merely remark that a surgeon with a sharp eye, a cool head, and a steady hand, will usually prefer to have the command of his patient's voluntary motions, and to avoid the danger which may arise from his restlessness on awaking from his drunken sleep.

Chapter third, on Ophthalmic Instruments in General, is, as we have said, from the pen of a good surgeon, who knows the value of simple and well made tools, and who takes care to see that his very sponges are in order.

The chapter on Injuries from Mechanical or Chemical Agents contains much sound observation. In the treatment of these cases there is, as our author well remarks, "a wide field open for the exercise of practical skill"; not that of the mere operating surgeon, for the difficulty mainly consists in discriminating the cases which must be treated by depletion from those in which an opposite plan is necessary; those

* The woodcut was done from the larva, which was forwarded to us some weeks ago by Mr. Lloyd.—EDITOR.