substance of the soft tissues by a process of boring. As observed in the present example, it had clearly perforated the mucous coat and had become encapsulated in the sub-mucous tissue. As before stated, the body of the animal was remarkably soft as compared with the tough chitinous capsule.

Remarks.—There can be little doubt as to the real position of this parasite amongst the Acanthocephala, being neither provided with mouth nor intestines, but obtaining its nutriment by a vicarious process of imbibition through the general surface of the body, and having a retractile proboscis, often termed the head, armed with a variable number of recurved hooks. The absence of distinct segmentation in the elongated body is favourable to the view that the sexes in this form are separate, and both characters would sufficiently distinguish it from the cestoid worms. Moreover, no sucker discs were perceptible, and the character and arrangement of the hooklets, though seen under considerable pressure, unequivocally shadowed forth a species of Echinorhynchus, for the first time discovered as a representative of the Acanthocephala in the human body. The Echinorhynchi are found frequently enough in birds, and in fishes both marine and fresh-water, but always occupying the interior of the intestine anchored to the mucous membrane. This remark, however, might apply more particularly to their mature state, for Flaviceps and other genera with a very much more complex arrangement of hooklets occur encysted in the loose cellular tissue after the manner in which the little subject of this paper originally presented itself.

The example above described is brought forward rather with the intention of notifying the possibility of the presence of the animal in the human frame than with the idea of connecting it with any pathological condition. This latter must be worked out in the future.

ON A

NEW METHOD OF TREATING ULCERS.

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SUCCESSFUL as many of the various plans of treatment of ulcer are, still too often they are very tedious in operation, very often the result is not at all commensurate with the care bestowed, and not unfrequently the ulcer will not heal at all.

Rest in bed, various lotions and ointments, support by strapping and bandages, cold poultices, side incisions, blisters, irritants or caustics, internal remedies, all occasionally succeed (I speak of the worst forms of ulcer, many having existed for years), but too often the case becomes alike wearying to the surgeon and to the patient.

It occurred to me on reflection, that, from whatever cause arising, whether constitutional or local, an ulcer could be considered as a local asthenia of skin and parts beneath—a local weakness and loss of plasticity, a brittleness where softness, elasticity, and pliancy, yet strength should exist, a local tendency to degeneration and death. Whether the cause was from venous varicosity, or blood-pressure from other causes, as indolence, or disease of the liver or heart, or from general decay of the tissues from intemperance or other enfeebling vices, or from senile decay, or want of food, or general feeble constitution, or from scrofula or syphilis; from any of these causes the ultimate result is, in an ulcer, the weakening and giving way of structures whose normal condition is to act as covering and protecting sheaths.

In several of these cases the skin is specially weakened, in others gives way through pressure; and in all cases the skin of the legs, from its depending, weight-bearing position, suffers the most. Knowing, as we do, that an ulcer has power of absorbing matters applied to its surface (anyone can try the experiment with blackwash to a moderately sized ulcer for a few days, when mercurial salivation will begin), it occurred to me to avail myself of so excellent a property by applying locally matters having nutritive

powers, so that the skin might be nourished locally at the weakened and degenerate spots, to enable the skin to take up such materials as would nourish its weakness and convert its brittle state into a plastic and healing one.

The natural secretion of an ulcer, the so-called laudable pus, may it not be a nourishing juice specially thrown out to feed the young growing granulations? If so, can we not add to this by artificial manuring?

Such is the theory; and I beg to record what has been the result of the practice. To carry it out I made the following mixture of glutinous ingredients:—Flour, four ounces; powder of acacia, one ounce; powder of tragacanth, half an ounce; one egg; chalk, two drachms; cold water, one pint. These were all mixed together, and placed on the fire in a saucepan. Just as it began to boil, or after boiling a minute, it was removed, and allowed to cool. If found too thick, it was made thinner by adding a little boiling water, and stirring, so that it was of the thickness of ordinary paste; thin enough to be spread over the ulcer by means of a little brush, yet so thick that it will remain on the ulcer. Probably such a mixture is not necessary; either the flour-paste alone, or the acacia, might be sufficient; but I prefer it as it stands. The patient, provided with a pot and brush, thickly paints the ulcer all over three or four times daily, and covers the ulcer with a thin piece of soft rag. No other treatment nor washing is had recourse to, except to remove the rag. To keep the materials sweet, only sufficient is poured into the patient's pot for the day (pot and brush washed daily). The flour, acacia, tragacanth, and the egg, supply the ulcer with all the necessary materials for its repair; the chalk has a further good effect, by supplying lime.

Now as to the results. During the six weeks I have tried the remedy, eighteen cases have been so treated—in fact, almost all the cases of ulcer we have had.

G. G—, aged fifty-seven; a drinker. Admitted August 13th. Leg ulcer, three months, nearly size of palm of hand. No previous treatment. Applied the paste directly he was admitted. All healed in three weeks.

W. W—, aged fifty-seven; degenerate body. Two small ulcers, one on each malleolus; eight months; nothing would heal them. Paste applied; rest in bed. Healed in three weeks.

S. C—, aged fifty-nine; general debility. Leg ulcer four inches by two, irritable, and spreading. Admitted August 8th. Had ulcer six weeks. Healed in six weeks.

J. T—, aged seventy-three; decay. Had ulcer, more or less, twenty years; this time open two years. A large ulcer, eight inches by six, covering front of leg. Healed in six weeks, all but a square inch, which will soon be also well.

J. G—, aged fifty-three; a degenerate drunkard. Leg ulcer eight years; this time open eight months. Healed in five weeks.

R. L—, aged thirty-eight. A generally perforated condition of skin of leg; debility and syphilis five years; open this time six months. Healed in six weeks; paste locally, iodide of potassium internally.

J. K—, aged eighty; senile decay. Large ulcer of leg two years. Half healed in six weeks. (I am not inclined to heal further on account of his age.)

W. B—, aged thirty-seven. Ulcer of leg two years; circumference nine inches. Rapidly healing in four weeks.

W. B—, aged thirty-eight. Severe ulcer on leg two years; unhealthy skin. Ulcer healing rapidly in six weeks.

M. H—, aged sixty-three. Very large ulcer; leg much swollen; three years. An inch of cicatrix all round in a week.

J. W—, aged fifty-eight. Ulcer of leg three years. Rapidly healing in a fortnight.

R. B—, aged fifty-five. Very large deeply excavated ulcer; open eight years. Transplantation tried and failed. In a month granulations gained surface, and ulcer filled up; the skin process is beginning.

W. W—, aged thirty-one. Leg ulcer three years. Half the ulcer healed in a fortnight.

W. G—, aged thirty-five. Leg ulcer ten years. Transplantation failed. Gradually healing, but slowly, under the paste treatment.

S. W—, aged sixty-six. Leg ulcer ten years. Much better since paste applied for three weeks. Healing slowly.

E. —, aged fifty-four. Leg ulcer five years. Partly

healed by lotions; now healing much more rapidly under paste.

J. H.—, aged thirty-four. Large leg ulcer, three years; partially healed under a lotion consisting of dilute nitric acid and opium; then came to a standstill; now healing under paste.

There have been two cases of general ulceration from want of food, and several cases of syphilis, which it was not thought advisable to treat with the paste.

There are certain unusual conditions which arise under this treatment which are worthy of notice:—

1st. Islands of skin or cicatricial tissue arise in some cases in the centre of the ulcer, as well as from the circumference.

2nd. There is for some days after applying the paste a large increase in the ulcer secretion; this afterwards becomes normal.

3rd. The remedy is a painless one.

4th. The cicatrix has a peculiarly healthy, strong appearance.

That it is not the rest in bed, nor the pure air of this locality, nor the regular diet and cleanliness, alone, because, useful as all these are, we have not found unusual results with other systems of treatment. The cases we get in workhouse practice are, as a rule, so unfavourable in persons whose bodies are degenerate in every sense, that any plan of treatment which succeeds with them must still more succeed in the healthier individuals in private practice. As to the propriety of healing up old ulcers in aged people, we take each case on its merits, often stopping short of completely closing them up.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proæmium.

LONDON HOSPITAL.

FRACTURE OF THE SKULL IN BROCA'S REGION; PARALYSIS OF THE RIGHT SIDE; LOSS OF POWER OF SPEECH; DEATH; AUTOPSY.

(Under the care of Mr. JEREMIAH MCCARTHY.)

ALTHOUGH no single explanation seems sufficient to account for all cases of aphasia, still it must be granted that in the vast majority of the permanent cases there is paralysis of the right side, which is associated with some disease or injury of the posterior part of the third left frontal convolution of the brain. That this does not always obtain is fully proved by cases recorded by Vulpian, Charcot, and even Broca himself, in which there was aphasia but no disease of this portion of the brain, or disease of this part and no aphasia. Further, Trousseau gives a case in which there was well-marked aphasia with left hemiplegia. Nevertheless the following case is of interest, as showing a direct injury to this part of the brain followed by complete aphasia and subsequent paralysis of the right side. It is doubtful, however, whether the large effusion of blood was directly due to the injury, or took place secondarily from an injured or diseased vessel. It is difficult to believe that so extensive a destruction of brain-substance by the extravasated blood should not declare itself by paralysis of the right side till so many hours had elapsed. It is probable that the injury gave rise in the first instance to only a slight effusion of blood, but that this gradually increased till it assumed the dimensions found at the autopsy.

J. H.—, a workman employed at the London Hospital, in a quarrel with one of his fellows, was struck on the left temple with the leg of an iron bedstead at about 5 P.M. The case was supposed to be one of scalp wound, and the patient was allowed to go home. It was not ascertained at this time that there was any affection of the speech. About three hours after the accident he was seen walking to his

home, a distance of two miles from the hospital. On reaching home his wife, alarmed at the sight of the bandages, asked him what had happened; but, being unable to speak, he made signs for a pencil and paper. Before getting these he touched his head with his left hand (he was a left-handed man), pointed to the leg of a bedstead, and then clenched his hand as if striking a blow, which an intelligent neighbour interpreted to mean that he had received a blow on the head with the leg of a bedstead, to which he nodded assent. He then went to bed, using both his hands in undressing. A medical man being called in, it was directed that he should be brought to the hospital. To this the patient agreed, but in dressing it was noticed that he could not use his right hand, and, in walking to the cab, that he dragged his right foot. On arriving at the hospital he was quite insensible. Mr. McCarthy was then sent for, and saw him for the first time at 11 P.M., when he was unconscious and breathing stertorously; the right side paralysed and the left convulsed; left eye intolerant of light, the right insensible to touch and light. At the bottom of the wound was a depressed fracture, at the anterior part of the left parietal bone. The history of the case pointing to gradually increasing compression of the brain on the left side, probably from effusing blood, the wound was explored, and some overhanging bone removed with a trephine, and the depressed portion raised and withdrawn, with some splinters that had been driven under the sound portion of the parietal bone. There was a free flow, uncontrolled by pressure on the carotid, of dark-coloured blood, but no wound of the dura mater was detected. A firm compress and bandage were then applied.

Next morning the man was quite conscious and in so far improved. The convulsions on the left side had ceased. The right side was still paralysed as to motion, but when his hand or foot was irritated he used the left hand or foot to protect himself. He perfectly understood all that was said to him, and readily attempted to do all that he was directed. He did not protrude his tongue when asked, but it did not seem as if that were from paralysis of that organ, as he opened his mouth and showed the tip of the tongue, which was in the median line. He continued in this way until the fifth day, his breathing gradually becoming more difficult, and then died. From the time he was first seen by Mr. McCarthy until his death he never uttered a word, nor could he write, although he made several attempts to do so.

At the post-mortem examination the fracture was found to have traversed the course of the middle meningeal artery, which had not, however, sustained any injury. There was a laceration of the dura mater, some distance from the margin of the opening in the bone, which had doubtless been caused by one of the splinters removed at the operation having been driven through it at the time of the accident. There was no blood between the dura mater and bone, or in the arachnoid sac. There was a very little ecchymosis in the pia mater at the bifurcation of the Sylvian fissure, and beneath that a very small clot in the brain-substance. On tracing this there was found a large clot imbedded in the frontal lobe at its posterior part, coming to the surface by only a very small extent. It occupied the portion of the lobe corresponding to the interior and posterior part of the external frontal convolutions, and very closely bordered on the central lobe. When the clot was removed the brain-substance presented the usual appearance when a clot has been found after an apoplectic seizure. The right hemisphere was ecchymosed very superficially. The vessels of the brain were much diseased. The basilar artery was varicose and opaque, and the inner coat was readily peeled off, showing the atheromatous degeneration beneath. The middle cerebral artery and its branches were in a similar condition. The other viscera were normal.

CHARING-CROSS HOSPITAL.

RUPTURE OF URETHRA, WITH EXTRAVASATION OF URINE; RECOVERY.

(Under the care of Mr. BELLAMY.)

It is a remarkable but yet well-known fact, that as long as the urine is confined to its own proper channels it is perfectly harmless, but whenever it becomes extravasated