considerable extent the mesial line. The tonsil and pillar of the fauces are free from disease, and none of the glands in the neighbourhood are affected, with the exception of the sublingual, which feels rather hard and nodulated. Till recently the patient has been in very fair health, but now suffers so much during mastication that he can only take fluid nourishment; and the continuous lancinating pain at night keeps him from sleep, and is beginning to wear him out. He is anxious to submit to any operation, however formidable, which will afford him a prospect of relief.

On the 11th December the operation was performed as follows:—The patient having been put deeply under the influence of chloroform, an incision was made through the lower lip from its centre to the upper edge of the hyoid bone. The lower jaw was then divided at the symphysis with a saw, hæmorrhage having been arrested by torsion of the vessels. The tongue was then drawn out by a cord passed through its tip, and an incision made in the mucous lining of the jaw along the alveolar process on each side. The two halves of the jaw were forcibly separated, and the insertion of the genio-hyo-glossus cut through, after which the sublingual glands and attachments of the tongue to the floor of the mouth were easily separated from the mylo-hyoid muscle with the handle of the scalpel, the genio-hyoid being left untouched. By three strokes of a probe-pointed bistoury the tongue was severed from the hyoid bone, the incisions being made just in front of the epiglottis. The two lingual arteries were secured with some trouble, as the mouth filled with blood, and the patient was unable to assist in putting it out, being insensible with chloroform. Several times it very much impeded respiration, but ultimately both vessels were taken up and tied. No other arteries required ligature. The cut edges of the jaw were united by a silver wire thrown over two incisor teeth, and by one passed through a hole bored through the bone on each side. The lips of the incision were kept together by silver sutures.—Ten P.M.: Patient very composed during the day. Has taken nothing; skin warm; pulse 80, soft. To have an opiate enema.

Dec. 12th.—Patient writes on a slate that he “feels himself very comfortable.” Pain of tongue and head gone; slept three hours at a time; pulse 92. He sat up in bed, and, after one or two attempts, succeeded in swallowing a teacup of beef-tea containing a glass of brandy.

13th.—Slept a good deal, and has taken a fair amount of beef-tea and sherry. He loses about a third of what he tries to take, some running out of the mouth, and some out of the lower part of the wound, which is kept open by a drainage-tube to facilitate the removal of pus, which will soon form in the mouth. He is ordered to wash his mouth with diluted Condy's fluid, and to be very careful to cleanse it well before swallowing.

14th.—Continues favourable. Writes that he has almost no pain, and sleeps soundly for three hours at a time. Can make himself understood; but he is ordered not to speak much, to avoid fatigue. Has taken a fair amount of arrowroot and milk, and about twelve ounces of port wine. Pulse 100.

15th.—Patient in a very hopeful state. Slept soundly. Is very grateful for the relief from the former gnawing pain which broke his rest. Can swallow as much fluid nourishment as seems necessary. The interior of the mouth looks well. The pus is healthy, and, when washed off, leaves a clean granulating surface. The epiglottis can be seen behind the hyoid bone; and, on the left side of it, the cut surface is beginning to cicatrize.

16th.—Still very well. Removed the drainage-tube, as it annoys him; and the pus has become much more scanty, and can easily be taken away. He uses a little mop, composed of a soft sponge attached to a bit of stick, to clear away mucus and pus. Pulse 72.

17th.—Yesterday, at two P.M., the patient was suddenly seized with a violent rigor, which lasted twenty minutes, and left him cold and exhausted. Perspiration and heat followed. An opiate, warm brandy, and afterwards some strong tea, so far restored him that at bedtime he was quite comfortable, and passed a good night. Slept four or five hours. This morning he feels very well. Pulse 72. Stitches all removed, and the wound found united throughout.

18th.—Seems still in a favourable state, though rather weaker. Pulse 120. Slept well, and looks fresh and cheerful. The two sides of the jaw have become loosened with the rigor and attempts at swallowing; these were, therefore, united firmly by a silk thread put over opposite incisors. The appearance of the interior of the mouth most encouraging.

19th.—Had as much sleep as usual, and free from pain, but evidently weaker. Is nervous and excitable. Respiration

somewhat laboured; pulse 130; skin dry. Cannot swallow so well, and does not seem to care to make the attempt. Nine P.M.: Has been restless all day; pulse 136; perspiring freely. Is now weaker, and unable to swallow, though he made the attempt. Got a pint of arrowroot and milk and three ounces of wine down by the stomach-pump.

20th.—Three A.M.: Weaker; slept three hours; pulse 140. Got a pint of strong beef-tea and three ounces of port wine down by the stomach-pump. He became gradually weaker, and died at five P.M.

Post-mortem examination.—The interior of the mouth looked healthy, and had made considerable progress towards cicatrization. The internal organs were healthy, except the lungs, which showed very extensive evidence of pyæmia. The bronchi contained a little pus, but the substance of the lung was in many places completely consolidated with dark-grey semi-purulent deposit; and in one or two places the well-marked circumscribed pyæmic abscess was present.

Remarks.—The only two points I would call attention to are—first, the report of the 12th, from which it appears that twenty-four hours after this extensive mutilation a patient can perform deglutition in a very perfect way. When not attending to what he was doing, fluid sometimes got into the larynx, and caused coughing, but when careful he passed it very successfully into the œsophagus. This evidently depends on the motions of the hyoid being retained by the preservation of the genio-hyoid muscles.

The second point is the very deceptive temporary recovery from the pyæmic symptoms, which date from the rigor. I have seen this most marked in one other case, but never so painfully deceptive as in the present instance. The day after the rigor he was every way as well as the day before it. On the morning of the rigor the pulse was 72; that evening it was 120; next morning it was back to 72, and remained so all day. Then it rose, but the patient was apparently well for two days, when the depression and weakness came on, and he died on the fourth day after.

ON THE CURATIVE TREATMENT OF INTESTINAL ENTOZOA, ESPECIALLY TAPEWORMS.

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NOTWITHSTANDING all that has been said and written with the view of lessening the prevalence of internal parasitic diseases, it cannot be averred that the number of individual cases has at all diminished. On the other hand, it would even appear, to judge from report, that certain forms of helminthiasis are on the increase. Those of us who have laboured long in the field of helminthology have doubtless been the means of exciting a wider interest in the subject, and consequently many more “cases of tapeworm” have of late years been published than would otherwise have appeared on record. In like manner, from the interest attached to the results obtained by our experimental investigations, the reports of cases of hydatids have assumed greater prominence, whilst the larval stages of tapeworms generally have been more closely investigated. The occurrence of the larvæ in the human body has been shown to be much more frequent than is commonly supposed. Again, the recent outbreaks of fleshworm epidemics in Germany warn us to be armed against a similar contingency at home; for even there, as we have seen, the best advice has failed to prevent the people contracting the trichina disorder.

For the successful diagnosis and treatment of helminthic diseases it is certainly not alone sufficient that the practitioner should be able to recognise a tapeworm from a roundworm, or a threadworm from a fluke. Over and over again I have been invited by medical friends to pronounce upon parasites which were no parasites at all; and I have even received descriptions of worms referring to the head, eyes, body, and other parts, when neither such structures nor even worms themselves existed. I have met with persons extremely anxious to place themselves under my care who were quite free from entozoa, though they believed themselves to be infested from head to foot. On the other hand, one not unfrequently meets with cases of tapeworm and threadworm where no suspicion of

the presence of these entozoa exists on the part of the patient. At a public discourse, my remarks once induced a listener to believe that he had tapeworm, although such an idea had never previously entered his mind; he accordingly took an anthelmintic, and brought away a fine *Tænia medio-canellata*, head and all.

When a patient presents himself as an actual sufferer, it is certainly very little use suggesting prophylactic measures; nevertheless, after our remedies have expelled the unwelcome guest or guests, it is only fair to put the patient in the way of avoiding the so-called disease for the future. Here, however, in order to give correct advice, it is essential that the practitioner be quite certain, not only as to the nature of the parasites encountered, but also as to the particular source whence they have been derived. It may have been beef, or pork, or possibly mutton; nay, the water drunk, or the locality visited, may in some cases explain the introduction of a particular form of parasite. Usually, the common advice as to the non-ingestion of imperfectly cooked meat is all that is deemed necessary; and certainly, if fully carried out on the part of the patient, he or she will escape several of the commoner forms of helminthiasis.

In regard to treatment, it is satisfactory to be able to say that, in so far as the full-grown tapeworm is concerned, we have an almost complete mastery over the parasite. We may not, it is true, in every instance succeed in effecting an immediate cure; but in the majority of cases success is well-nigh certain. At least half a dozen different drugs may be relied on as capable, under certain precautions, of producing the desired result. It is above all things essential that the drug selected be perfectly pure. Cases have come under my knowledge where success entirely depended upon the source whence the drug was procured, previous administrations of the same remedy from a different druggist having been entirely useless. Attention to recorded facts bearing on this subject will also to some extent explain how it is that different prescribers have arrived at such various conclusions respecting the merits of particular remedies. There may be individual instances where the unsuccessful exhibition of a certain drug is dependent upon circumstances over which the physician has no control; yet, on the other hand, it must be allowed that a good drug, properly prescribed, is almost sure to effect a more or less immediate cure.

The remedies for tapeworm are, *par excellence*, male fern, koussou, kamela, panna, pumpkin-seeds, and pomegranate-root-bark. Others, of less value, have their particular advocates. Some persons seem to think that one vermifuge is as good as another. Such individuals will advocate the employment of santonine in cases of tapeworm, or even perhaps male fern in cases of threadworm. Santonine, doubtless, is valuable both as a lumbricide and oxyuricide; but experience shows that it is of little value as a tæniacide. When so many really good remedies for tapeworm exist, it seems only a waste of time to dwell upon the virtues of such second-rate tæniacides as oxide of silver, tin, scammony, and other drastic purgatives, which do not exert any poisonous influence on the worms themselves.

Supposing it were necessary to try a variety of drugs in any case, the particular order in which I have placed the seven best remedies above named is that in which I should be disposed to employ them. Of course no case requiring such varied treatment has ever occurred in practice; nevertheless, all things considered, I give a relative preference to the individual drugs in the order in which they here stand. Probably there is no better remedy for tapeworm than oil of turpentine; yet its nauseous character, combined with the fact that it not unfrequently produces irregular and violent effects, are circumstances which always induce me to recommend other remedies in the first instance. From its effects in cases which have come under my own notice, concurrently with the laudations bestowed upon it by various writers, I entertain no uncertain estimate as to the anthelmintic virtues of the oil of turpentine.

The mode of administration of particular tæniacides is not altogether a mere matter of taste. True, if your drug is good, you are not unlikely to succeed with any one of the remedies above recommended; nevertheless, experience shows that certain preparations of the same article are much preferable to others. Thus, for example, I would say, "Never administer male fern-root in the powdered form, if you can obtain the properly-prepared ethereal extract." The powder is very apt to lose its strength by long keeping; and it is, I believe, more liable to adulteration than the extract. This rule for administration is equally applicable to other anthelmintics in the powdered condition. Moreover, there is another objection. Take the case of koussou, for instance. In itself koussou is a first-

rate vermifuge; but the great quantity required to be swallowed is oftentimes highly inconvenient, especially in the case of young children. Even decoctions, as obtains with pomegranate-root bark, are open to a similar objection on account of the large quantity necessary to be exhibited.

Wimpole-street, April, 1866.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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. Proœmium.

LONDON HOSPITAL.

TWO CASES OF IDIOPATHIC ABSCESS OF THE PROSTATE GLAND; CLINICAL REMARKS.

(Under the care of Mr. MAUNDER.)

ACUTE inflammation of the prostate, not associated with gonorrhœa or the result of violence, is of so rare occurrence that the following cases are of interest. It is always useful, besides, to be reminded of the various obstacles which may interfere with catheterism, so that a difficulty may be encountered in the best possible manner.

CASE 1.—J. H.—, aged forty, was admitted into hospital in August, 1864, to be under treatment for a deep abscess of the upper part of the right thigh, subsequent to injury. This healed slowly, and just before the sinus was completely and permanently closed the patient complained of an increasing desire to micturate frequently, the act being attended by pain and difficulty. His general health also suffered somewhat. A medium-sized catheter was introduced, and traversed the urethra easily until it reached the prostatic urethra, when its presence caused pain, an obstacle was encountered, and the handle could not be depressed between the thighs. The finger was now introduced into the rectum, and an elastic globular swelling, painful on pressure, occupying the position of the right half of the prostate, was detected. An abscess was diagnosed, and pus followed a puncture of the swelling, per rectum, with the bistouri caché. This done, the abnormal urinary symptoms subsided at once and permanently; but presently cough and some serious chest affection set in, and the patient was passed to the care of Dr. Davies, and after a few weeks left the hospital well, having sustained an attack of pleurisy.

Up to Dec. 1st, 1865, no more was seen of this case, but he then presented himself with a firm, elastic, painful swelling of the middle of the left thigh, deeply seated. A few days after admission, under Mr. Curling, this was punctured, and pus flowed in fair quantity.

Feb. 1st, 1866.—The patient is in good health; the abscess in the thigh almost closed.

CASE 2.—W. A.—, thirty-three years of age, admitted on Jan. 12th, 1866. He stated that during the last month he had experienced a frequent desire to pass urine, with pain and difficulty. These symptoms have increased in severity lately, attended by difficult and painful defecation, and an aching in the perineum on standing erect and on walking. At the outset he had all the symptoms of lumbago, followed by rigors after the lapse of a fortnight, which recurred during four or five days successively. The information obtained by the finger and the catheter was similar to that mentioned in Case 1, the difference being that the abscess was on the left side in the latter instance; and the obstruction at the neck of the bladder was overcome with comparative ease, but with pain to the patient. He ascribes his illness to a cold caught by sleeping in a damp bed.

Feb. 1st.—Discharged to-day. He would have left the hos-