and, subsequent to that report, an autopsy was obtained which revealed disease of the side of the pons on which side the face had been paralysed. For an account of the peculiarities of hemiplegia due to disease of the pons Varolii, see a lecture by Dr. Brown-Séquard in THE LANCET of August 17th, 1861.

The case now in the hospital has special value, as illustrating Mr. Lockhart Clarke's researches on the relations of the conjoined nucleus of the sixth and facial nerves to the nucleus of the motor division of the fifth. It is not easy to understand how it happens that the parts supplied by the motor division of the fifth are paralysed on one side, and those supplied by its sensory division anæsthetic on the other.

Provincial Hospital Reports.

TUNBRIDGE WELLS INFIRMARY.

SMALL FATTY GROWTHS OBSTRUCTING CYSTIC AND COMMON DUCTS.

(Under the care of Dr. WARDELL.)

A. S—, a well-formed female child, three years of age, became an out-patient of the above infirmary on Nov. 18th, 1868. It was reported that about three weeks previously she began to be jaundiced. Mr. Manser, the house-surgeon, visited her, and found the conjunctivæ exceedingly yellow, and the entire surface of a brownish-yellow tint. The pulse was natural; the skin cool. She made no complaint of pain in the head, nor were there any cerebral symptoms. The stools were of light clay colour, and the urine of deep saffron yellow. She was ordered grey powder and rhubarb on alternate nights, and a mixture with nitro-hydrochloric acid and a bitter infusion. There was no improvement in her condition. The jaundice became more intense, and considerable prostration was experienced. On Nov. 23rd she complained of pain in the right side, which extended into the epigastrium. On the 24th she became comatose, and died on the following day.

Nov. 26th.—An inspection was made by Mr. Manser forty hours after death. The body was that of a plump, well-developed child. Skin generally very yellow. On carrying an incision down the mesial line, the white tissues were stained of deep yellow. Thoracic organs natural. On opening the abdomen, the convex surface of the liver was mottled with greenish-yellow and dark-brown patches. The parenchyma, when freely incised, exhibited considerable congestion, dark fluid gore following the knife. There was no partial enlargement of the organ. The gall-bladder was small and flaccid, and it contained some greyish sero-mucoid secretion, which was very unlike its ordinary contents. Situate at the junction of the cystic and common ducts was a small fatty growth of the size of a large horse-bean. On section, it was of yellowish-white, homogeneous, non-vascular, and gave a greasy stain to paper. The introduction of a probe showed the cystic and common ducts to be obstructed. The other abdominal organs were healthy.

The above case is one of great rarity, more especially as occurring in a child; and it presents features of considerable pathological interest. Congenital occlusion of the biliary ducts is sometimes observed, but in such cases the infant is jaundiced from its birth, and death generally ensues in the course of a few weeks. In this instance such had evidently not been the case. Jaundice in children, as in the adult, may come on from a great variety of causes. When it is seen in children, it is often from inspissated bile, which for a time blocks up the ductus communis, giving rise to colicky pains; and when the place of obstruction becomes free, the yellowness of the skin soon declines. It also eventuates from hepatitis, or when peritoneal inflammation extends from the intestines to the concave surface of the liver, and the tumescence constricts the ducts. Icterus in children is sometimes produced by summer diarrhoea. When, from improper diet, irritation is instituted in the primæ viæ, and the mucous lining of the duodenum is rendered tumid, it may be a consequence; and doubtless in some cases it is of mere spasmodic origin. It is occasionally the accompaniment of such chronic affec-

tions as general tuberculosis and tabes mesenterica, and of the fatty and amyloid degenerations; and an icteroid discoloration may come on in congenital cardiac disease, when the right side of the heart enlarges, and venous obstruction and stasis of the venous radicles render the liver congested, and the biliary ducts are interfered with in their functions; or when the common duct is pressed upon by some tumour, or from some obvious mechanical cause. In the above example the jaundice could be accounted for by none of these causes. The child had not laboured under any dyscrasial disease; the assimilative functions had been normally carried on; it was well nourished, and became well developed. Palpation discovered no glandular disease, nor did the history throw any light upon the cause of this most prominent symptom, jaundice. In fact, the diagnosis was ambiguous and uncertain. The absence of bile pigment in the stools and its abundance in the urine proved that the secretion did not pass into the duodenum, but was absorbed into the circulation. The apyrexial condition, as evinced by the cool skin, slow pulse, and the gradual super-vention of the jaundice, rendered it presumptive that some organic cause subsisted. Again, it was no form of infantile hepatic congestion, because the ordinary remedies did not produce increase of bile in the dejections, and as the case progressed the yellowness became more intensified. The inspection at once explained the morbid phenomena. It was remarkable that the gall-bladder was so small, and that it was partially empty. In the adult, when this very uncommon condition of permanent organic blocking up of the cystic duct has been discovered, the gall-bladder has generally been found greatly distended with serous fluid, and thus the organ has sometimes been seen the size of a large orange, or even of a child's head. In such rare cases a fluctuating tumour has been felt during life. When the obstruction is in the cystic duct *only*, of course there is no jaundice. By this absolute occlusion of the common duct, the lymphatics and hepatic radicles would take up more bile than could undergo the metamorphosis requisite for its elimination by the kidneys. In health, a very minute quantity of bile circulates in the blood, and when the bile acids (the glycocholic and taurocholic acids) and the pigment are transferred in large and abnormal quantity into the blood cerebral symptoms inevitably ensue; and we know, from experiments made upon the lower animals, that bile injected into the blood acts as a powerful poison, and that muscular tremors, convulsions, paralysis, and coma are amongst the more cognisable phenomena elicited by bile-poisoning upon the great nerve centres. Hence can be well accounted for the comatose condition of this little patient, which ushered in the fatal issue.

SHEFFIELD PUBLIC HOSPITAL.

CASE OF MALIGNANT DISEASE ENCIRCLING THE THORACIC AORTA.

(Under the care of Dr. J. C. HALL.)

Mr. J. R. ALGERNON TAYLOR, house-surgeon, has obliged us with the following notes:—

W. F—, aged forty-nine, single, edge-tool forger, was admitted into the above institution on January 6th, 1869. He stated that he first felt ill in March, 1868; that while walking he felt a sudden lancinating pain in the left breast, which "doubled him up." He went home, and the pain continued a week; he then went to work a little, but has not been properly right since. His appetite failed; pain in the left shoulder-blade, shooting down the arm, producing numbness of the fingers. He then coughed up about a pint of blood, and was admitted under Dr. Hall.

On admission he was a cachectic, sallow-looking man, complaining of dyspnoea, dysphagia, and sickness. His food came up immediately, or sometimes stayed a little time in the œsophagus, and then came up. He frequently lost his voice for some days together; suffers continual pain in the left shoulder-blade, and can point exactly to the spot; numbness down the left arm. The radial pulse is much smaller on the left side than on the right. The whole of the left side of the chest is perfectly dull on percussion; no respiratory murmurs, and the dulness is most marked for about an inch and a half beneath the left clavicle. There is a systolic bruit along the course of the aorta, and also all

over the front of the left side of the chest, but less plainly heard than along the aorta. Just above the left sterno-clavicular articulation is a hard solid tumour, situated towards the acromial end of the clavicle about two inches, and extending upwards half way to the chin. Beneath the sterno-mastoid muscle in the anterior triangle of the neck, it can be grasped by the fingers, but is quite immovable, and appears deeply seated in the chest. It does not rise with the larynx, and a bruit can be distinctly heard over it. No bronchophony, and no history of rheumatic fever.

On January 28th he coughed up another pint of blood; the dysphagia and dyspnoea about the same.

Feb. 1st.—The left radial pulse getting weaker; a little cough, with some cedema of the left hand and arm; appetite somewhat improved; dysphagia and dyspnoea also a little improved.

April 1st.—Left radial pulse imperceptible; cedema much increased; cough troublesome.

10th.—He says he does not feel so well this evening. Evidently sinking. He died at 5 P.M.

The body was fairly nourished; right lung healthy; no adhesions. The whole of the upper lobe of the left lung was replaced by a scirrhus mass, which was bound by strong adhesions to the parietes, extending upwards about three inches above the clavicle, forming the tumour before mentioned, the sternal end of the clavicle being deeply imbedded in the mass. A small portion of the lower lobe remained, but was highly congested. The pericardium was firmly adherent all over, excepting the apex; left ventricle hypertrophied; slight cancerous deposit on aortic valves, the whole of the ascending aorta, the arch, and the descending aorta for about three inches, being entirely encircled by this mass, the vessel actually running through the middle of it. The trachea was also firmly attached to this huge mass. Some cancerous deposit was on the mucous membrane lining the trachea. All the other viscera were healthy.

No special plan of treatment was adopted in this case. The symptoms having been treated, the main object was to give relief, Dr. Hall having pointed out from time to time the probability that the disease was malignant.

Reviews and Notices of Books.

Entozoa. Being a Supplement to the Introduction to the Study of Helminthology. By T. SPENCER COBBOLD, M.D., F.R.S., Correspondent of the Academy of Sciences of Philadelphia. London: Groombridge and Sons. 1869.

We have much pleasure in noticing Dr. Spencer Cobbold's new work on the Entozoa, brought out in a style similar to his former and well-known volume on the same subject, to which, as he states in the title, it may be regarded as a supplement. It appears that this particular department of natural history has not received any very important accessions during the last few years; all, however, that deserves notice has here been collated, and the results are given in a very clear and interesting manner. The first part is occupied with the subject of Trichinism, the principal points which were brought out by the discussion that appeared last year in the pages of this journal being briefly recapitulated. Three chapters are devoted to the subject of the rearing of *Tænia mediocanellata*; and then follows an interesting one on the nature of certain pseudo-entozoa found in diseased and healthy cattle. This of course has reference to the remarkable psorosperms and psorospermal sacs found in the muscles and glands of various animals, which, though at first supposed to be rare or unknown, are shown by Dr. Cobbold to have been seen and described under different names by an extraordinary number of observers. They consist of small, roundish, oval, or fusiform bodies, resembling the pseudo-navicellæ of the Gregarinadæ, and are contained in sacs, which may attain a considerable size. They were by some thought to be connected with the occur-

rence of the rinderpest, but this has been clearly shown by Dr. Cobbold to be incorrect. In an experiment on himself, he calculates he must have swallowed at two meals no less than 18,000 of these psorospermia in cooked meat, without experiencing any evil result. The seventh chapter is devoted to the Entozoa of the Dog, which animal, it appears, is infested with no less than twenty-one distinct species. The *Trichina spiralis* readily develops in the dog, but it is curious that it cannot be reared in birds; may not this be due to the severe pounding the capsules and worms receive in the gizzard? The succeeding chapters are occupied with the consideration of the Entozoa of the common Fowl, the Distoma of the Sword-fish, and the so-called Distoma of the Indian Elephant. The last chapter treats of the question of Organic Individuality entozoologically considered. Dr. Cobbold, whose researches constantly lead him to reflect upon those curious phenomena which were formerly regarded as examples of "alternation of generation," admits the principle laid down by Carpenter and Huxley, that however various the metamorphoses may be which occur in the life of an animal without impregnation, the individual is to be regarded as the sum total of the phenomena displayed by all the products of a single ovum. In illustrating this proposition, Dr. Cobbold commences with the entozoa which, like the *Trichina*, undergo comparatively slight metamorphoses, and proceeds to the more complex Cestode and Trematode worms. He proposes to use the term "Biotome," not as equivalent to that of Zooid, but to distinguish between the several epochs of an animal's life, whether distinctive or not, and which might therefore with equal propriety be applied to the higher as to the lower forms of animal life; whilst he would restrict the use of the term "Zooid" to an individualised free constituent portion of the biotome. Thus, taking the life-phases of one of the *Tænia serrata*, one of the Cestode worms, he tabulates it as follows:—

ZOOLOGICAL INDIVIDUAL (*Tænia serrata*).

a Ovum in all its stages	} Primary biotome;
b 6-hooked embryo boring lava, or proscölex	
c Resting larva, scolex, or <i>Cysticercus pisiformis</i>	
d Sexually mature tapeworm in all stages	} Secondary biotome:
e Mature tapeworm-colony, strobile or <i>Tænia</i>	
f Segment, free joint, or <i>proglottis</i> zooid	

in which the primary biotome comprises two individualised phases (the proscölex and scolex, or protozooid and deuterozooid), and the secondary biotome a practically indefinite number of individualised forms or tutozooids. Dr. Cobbold similarly tabulates the more complicated life-history of the flukes; and gives, we think, sufficient and satisfactory reasons for the introduction of the term he suggests. The work concludes with a supplemental bibliography and a full index.

Des Fistules Uréthrales chez l'Homme. Par le Dr. COCTEAU. pp. 128. Paris: Baillière and Son. 1869.

THIS monograph belongs to a class unknown in the medical literature of this country; and it is a pity that this class of works does not exist with us. The appointments of assistant professors of the Faculty of Paris are given by competition; and among the ordeals is a dissertation on a subject chosen by the examiners. As the candidates for these appointments are generally men already much distinguished, excellent essays are mostly produced. The latter are, in general, especially conspicuous by much bibliographical research, and an extensive knowledge of the facts and opinions connected with the subject to be treated.

The foregoing observations partly apply also to another series of writings, very common in the medical faculties of France—viz., the obligation of the candidates for the doctor's