14th.—Passed a good night; bowels opened at three A.M., and again at eight, by medicine. Less dysuria; pulse 80; tongue moist; less tumidity of abdomen.—Evening: Bowels twice moved through the day; feels comfortable.

15th.—Slept well; pulse 78; bowels open.

16th.—Slept tolerably; pulse 88; bowels open. He has a burning pain in the urethra, and the desire to micturate every half-hour. Mr. Allarton saw him to-day; he advises generous living and the use of lime-juice, as the man appears depressed.

17th.—Passed a good night; pulse 84; tongue clean; conjunctivitis of left eye; tenderness of the abdomen on pressure. An attempt was made to inject the urethra, but the fluid returned by the meatus and did not reach the wound.

19th.—Troubled by dysuria yesterday and to-day. The natural functions are normal. Two leeches were applied to the hypogastrium, with the object of diminishing the dysuria.

20th.—Bowels freely moved; urine thick; the dysuria continues. Four leeches were applied to the hypogastrium.

21st.—Passed a good night, awaking every two hours, in lieu of every half-hour, to micturate: the straining, also, is less severe.

23rd.—Feels weak, but suffers less from the d

24th.—Passed a bad night; abdomen tense, and swelled as high as the umbilicus; bowels not open since the 22nd; pulse 94; tongue moist; the urine has passed freely. Three leeches were applied to the hypogastrium, and blue pill and opium ordered. A purgative was given.

25th.—Very bad night; constant pains in the abdomen; doughy feel of the abdomen, swelling, redness, and appearance as if pointing of an abscess would take place; slight hiccough; has but little tenesmus vesicæ; pulse 94; tongue thinly coated white; bowels open. Mr. Allarton visited him with me. A catheter was passed the whole length of the urethra without difficulty; two small clots came away from the urethra; water was injected through the catheter. A flexible catheter was passed into the wound in the perinæum (which was healed so as scarcely to admit the instrument), and water injected into the bladder. Small decolorized clots, looking like beef-tea flocculi, escaped, and one small portion of tremulous mucus; there was no pus. The bladder and tract up to the bladder appeared to be healthy.—Evening: Pulse 116. Enemata were given; takes freely of beef-tea, wine, stout, &c.

26th.—Suffered abdominal pains through the night; no tenesmus vesicæ; pulse 116; tongue quite clean; greater prominence of the abdominal swelling. The shape is much that of a distended bladder, but the bladder contains very little urine. Has heartburn and flatulence. At eight P.M. he changed for death; he became cold, and his pulse was thread-like, 108; there was hiccough and eructation. An enema of castor oil was administered and some brandy given. The hiccough ceased on taking the spirit, and never returned. He has scarcely any pain; probably gangrene has occurred.

28th.—He died at seven A.M., thirty-five hours from the "change." He continued cold the whole time, the skin being occasionally bedewed with perspiration. His consciousness remained perfect till within two hours of his death. The pulse was flickering, and latterly absent. He sat up in a chair the night before his death. He had pains in the left loin on the 27th, and the bowels acted, and the urine passed by the meatus and by the wound in the perinæum. He lived eighteen days and a half after the operation.

*Post-mortem examination, fifty-six hours after death (weather very hot).—*Body decomposing rapidly. Abdominal swelling in a flaccid condition; putrilage was found in the lower part of the abdomen, both within the peritoneal sac and outside of it; the peritoneum lining the greater part of the abdomen was healthy, and also that covering the intestinal tube, and that reflected from it. The omentum was spread over the healthy portion of the abdomen; the lower edge was slightly adherent in the pelvis. The ileum was adherent firmly to the summit of the bladder. No other portion of the intestine was inflamed. Immediately behind the adherent ileum was a gangrenous aperture in the summit of the bladder, capable of admitting two fingers. Through this aperture escaped (I believe whilst I was examining the parts) a vesical calculus. The bladder was laid open, and found to contain two other calculi, besides two small fragments, weighing together five grains. The bladder was entire, excepting the aperture at the summit; the thickness was about half an inch; the mucous and muscular coats were healthy. The prostate projected very much into the bladder, and the depth of the bladder at the projection was one inch and a half. The prostate was considerably enlarged, probably four times the natural size; pus oozed out

of the tubular apparatus of the gland; no abscess was found in it; it did not appear injured, but the tubes appeared to have inflamed, and to have yielded pus. The neck of the bladder was quite normal. I regret that I could not take the exact measurements of the prostate, because it was injured in the dissection. There was no suppuration in the cellular tissue of the perinæum; the parts appeared natural. The rectum was in a normal state, and also the cellular tissue beneath the bladder and at the sides of the prostate. The mischief found consisted of pelvic peritonitis and pelvic cellulitis, ending in gangrene. The kidneys were healthy. The liver was healthy, but the gall-bladder was completely obstructed by calculi agglomerated into one mass, and weighing 344 grains troy. The ductus communis choledochus contained a calculus nearly as large as my index-finger, and weighing 154 grains. The spleen was large, and showed that decomposition was taking place, as did the kidneys and liver. The intestines were healthy. The lungs presented nothing worthy of note; there were no abscesses in them. The heart was dilated and thin; its structure was somewhat degenerated. The abdominal aorta and the right iliac artery presented extensive disease in the form of ossiform plates; the vena cava and iliac veins were free from disease.

The weight and dimensions of the three calculi found at the examination were as follows:—One (whitened by calcareous deposit) that escaped into the abdomen, weighed 184 grains troy, was one inch and a quarter in length, one inch in breadth, and three-quarters of an inch in thickness. One calculus (fawn-coloured) weighed 164 grains, was $1\frac{1}{8}$ inch in length, one inch in breadth, and five-eighths of an inch in thickness. Another (fawn-coloured) weighed 130 grains, was $1\frac{1}{8}$ inch in length, seven-eighths of an inch in breadth, and half an inch in thickness. Two fragments (of one of the two calculi removed in the operation) weighed five grains. Thus the total weight of the five calculi was 754 grains troy, or rather more than one ounce and a half troy.

The following gentlemen witnessed the post-mortem examination:—Mr. Allarton, Mr. Fayle, Mr. Steddy, Mr. Wise, Dr. Ely, and Dr. John D. Brown.

Remarks.—I place this case on record, as I am in duty bound to relate unfortunate cases equally with those that are fortunate. The profession will wonder how I could have failed to detect the three calculi that remained in the bladder. I will explain how it happened: I searched the bladder with a ball-pointed probe; an instrument altogether unsuitable for the search. I feared to use it efficiently lest I should injure the bladder. I am confident that I did not pass it up as far as the fundus, consequently the aperture in that situation was not produced by injury. My finger was too short to enter the bladder in consequence of the enlargement of the prostate. If I had used a proper searcher, or if I had re-introduced the forceps, and had, at the same time, inserted my finger into the rectum and lifted up the lower fundus of the bladder, I should not have left any calculi. The five stones were much of a size, and could all have been readily extracted. Again: if inflammation had not supervened, the stones that remained might have been removed through the fistulous passage in the perinæum; for dilatation could readily have been effected by Arnott's hydraulic dilator. The prostatic urethra appeared to have recovered its original dimensions. The question that suggests itself is, would inflammation, terminating in gangrene, have supervened upon the operation in consequence of previous broken health, if the three calculi had not been left in the bladder? I would observe, that the interior of the bladder was not inflamed. Two of the calculi were found lying in the lower fundus.

September, 1855.

TWO CASES OF TAPE-WORM OF LONG-STANDING, CURED BY THE ETHERIAL OIL OF MALE FERN.

By T. CROWTHER, Esq., M.R.C.S., L.A.C., Luddenden.

CASE 1.—M. A.—, a young married woman, after her second confinement, put herself under my treatment for tape-worm some twelve months ago, and from which she stated she had suffered the usual distressing and annoying symptoms for nearly eighteen months, scarcely a week passing without some portion of the joints, more or less, making their appearance with the evacuations. Has not enjoyed good health for the last two or three years, and cannot exactly state how long she may have been the subject of this parasite, but she should

think at least two years. She has tried all sorts of remedies, quack and otherwise, for its expulsion, but hitherto without the least effect, save and except a few extra joints upon one or two occasions. I at once advised the oil of male fern as a remedy, and, in order to give it every possible chance, requested she should fast at least twenty-four hours, and take the night before one ounce of castor oil. Having prepared a draught of mucilage with a little simple syrup, I added one drachm and a half of the etherial oil of male fern, and ordered it to be taken in the morning at nine A.M., following it up with a second dose of castor oil in about an hour after. In two hours the worm was expelled entire, apparently in one rounded mass, and when disentangled nearly filled a six ounce bottle. She expressed herself at once relieved, and seemed delighted at having got rid of it so rapidly. There was more or less sickness and nausea for an hour or so after its expulsion, but all passed off after taking a little food.

Since then she has enjoyed much better health for now more than a year, and without any return of the worm.

CASE 2.—My patient in this case is a gentleman about thirty years of age, who, for a number of years past, has lived rather freely, and somewhat irregularly. Of late he has suffered a good deal at times from derangement of the digestive functions generally, but more especially those of the liver.

He directed my attention, in the first instance, some few months ago, during his convalescence from one of these attacks (a serious one), to some joints of tape-worm which he had that morning voided. Upon inquiry, I find he has been the subject of tape-worm for nearly three years, more or less, but from delicacy or some other cause he refrained from consulting any respectable practitioner until now; in fact, I sincerely think it would not have been mentioned to me at this time, but for the determined interference of his wife.

He does not seem to have suffered very severely at any time from the worm, though for the last six months he has almost daily voided joints, more or less in number. His appetite has generally been good, except during an intemperate debauch, and for some time past, instead of losing flesh he seems to have gained considerably.

After waiting a week or two I proposed the remedy for its expulsion, which he now appeared very anxious for. Accordingly I requested him to abstain entirely from food for four-and-twenty hours, having previously cleared out the bowels with the requisite dose of castor oil. I then administered, early the following morning, a draught containing nearly two drachms and a half of the etherial oil of male fern, rubbed up with a little tragacanth mucilage, and camphor julep to four ounces. To my astonishment, in less than *forty minutes* after this was swallowed the *worm was expelled entire*, and, in this case, even without taking the necessary dose of castor oil to assist in its operation. He, nevertheless, took a gentle aperient at my suggestion, a few hours after this, in order better to clear out the bowels of any possible remaining portions of the parasite, but none, however, were found. Upon examination of this worm it was found to measure little above ten yards, the greater portion of which was excessively broad and thick segments, for nearly three or four yards in extent, more so than I have usually observed in these cases. As I traced it forwards it gradually became smaller and very narrow, terminating in small segments, with the head attached.

My success in these two cases fully convinces me of the value of this drug as a vermifuge in tape-worm, and, I think, it has even advantages over kousso in many instances. My patient did not suffer in this case in the least from either sickness, nausea, or pain, during or after the operation of the drug.

September, 1855.

REPORT OF A

CASE OF SPASMODIC CHOLERA SUCCESSFULLY TREATED BY STIMULANTS.

By GEO. TODD, Esq., L.S.A., West Auckland.

I WAS requested, in great haste, about seven o'clock on Monday morning, August 13th, to visit Mrs. B—. The patient, aged forty, of bilious temperament, had had diarrhoea on the Saturday previous, but this had ceased during Sunday. Her husband left her in bed about three o'clock on Monday morning, and very shortly after the diarrhoea returned, and after about a dozen very copious, painless, and offensive evacuations, with sickness and vomiting, which continued until

about six o'clock, she was unable to leave her bed, the evacuation becoming of a rice-water nature, and passed involuntarily. I found her in the following state:—The skin was cold, corrugated, and moist, particularly the hands; the face of a dark leaden colour; the eyes sunk; lips livid;—in fact, she exhibited the complete cholera visage; the pulse hardly perceptible; the voice reduced to a whisper; great thirst; tongue of a dirty-white colour, and cold. Whilst I was noting these symptoms, violent cramps attacked the right leg and thigh, extending up the spine to the nape of the neck, with a peculiar tingling sensation in the hands. She complained of great noise in the ears. I had her placed in a hot bath, and gave her a draught composed of twenty drops of chloric ether, forty drops of tincture of opium, twenty drops of compound spirits of ammonia, and an ounce of camphor mixture. An injection, containing starch, laudanum, and oil of turpentine. About an hour after, the pulse became perceptible, the skin warmer, and the face a little flushed; the cramps less violent, and at longer intervals, with a cessation of vomiting and purging. I now ordered a tablespoonful of the following mixture, to be taken every fifteen minutes:—Camphor mixture, three ounces; chloric ether, a drachm and a half; tincture of opium, fifty drops; compound spirit of ammonia, two drachms. The injection to be repeated. My evening visit found the patient progressing favourably; pulse full, soft, and about 70; voice better, though not natural; skin warm and moist; face flushed and brightening up; great thirst, giddiness, and some noise in the ears; one rice-water evacuation during the afternoon; no cramps, but a sensation of soreness over the right leg and thigh, with tingling in the hands; no vomiting or sickness for the last four hours; has passed no urine during the day. To continue the medicines at longer intervals.

Aug. 14th.—Has passed a pretty good night, and perspired freely; the pulse is soft, but not quick or strong; no sickness, purging, or cramps during the night; has passed some high-coloured urine this morning for the first time since the attack; the consecutive fever is mild, and without complications. To take an effervescing draught, with five drops of tincture of opium, and six drops of chloric ether, every three hours.

15th.—Has been easy during the night, but not slept well, and feels weak and faint this morning, with some giddiness in the head and soreness over the legs and thighs, with slight numbness of the hands. As the bowels have not been moved, I ordered her to take two teaspoonfuls of castor oil, and after its operation an anodyne draught.

16th.—There are no prominent symptoms of any kind this morning; the bowels have acted three times from the castor oil, the motions being liquid, and containing bilious and faecal matters. To take a quinine mixture twice a day, and an anodyne draught at bed-time. From this date, the patient gradually recovered.

This was a very severe case of spasmodic cholera, and confirms my opinion as to the invariableness of a premonitory diarrhoea of some hours, or some days, previous to the attack of vomiting, rice-water purging, and spasms. In this case there was faecal diarrhoea during the Saturday previous to the attack of spasmodic cholera, which ceased on the following day, and there were at least a dozen very offensive, and of course faecal, evacuations, from the commencement of the attack on Monday morning, at three o'clock, until six—three hours—when involuntary rice-water purging, spasms, and collapse took place. This case also illustrates the surprising benefit which resulted from a very powerful stimulating plan of treatment, which appeared to me to be just in time to revive the almost prostrate and expiring vital functions.

For the last three weeks there has been, and at this time there is, a great number of diarrhoea cases at this place and in the neighbourhood, but none of them, with the exception of the one related, have passed into confirmed cholera. This I attribute to the very prompt and assiduous attention which I invariably pay to the premonitory stage of diarrhoea, for I am quite convinced that it is during this stage of the disease that our treatment is of the most vital importance, and the period above all others when we are most likely to prevent the after stages of this most fearful malady.

September 13, 1855.

ROYAL COLLEGE OF SURGEONS.—This institution re-opens on Monday next (Oct. 8th), and judging from the present appearance of the interior, we do not think that the members will regret the temporary inconvenience they may have been subjected to by the library having been closed a week longer than usual.