

NOTES ON THE  
OCCURRENCE OF TWO EXAMPLES OF  
TÆNIA MEDIO-CANELLATA IN THE  
SAME PATIENT.

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EARLY in May of the present year I was consulted for a young gentleman, aged three years and a half, who had been suffering from tapeworm for eighteen months. I did not see any portions of the worm, but was informed that the little patient had been under treatment for more than a year, and that various remedies had been tried without success. The child looked exceedingly fragile, was thin and anæmic, and the tongue was slightly furred; but beyond these there were no symptoms of illness. I prescribed half a drachm of the ethereal oil of male fern in cinnamon water, to be given at night, followed by two drachms of castor oil in the morning. I also prescribed a course of steel wine on account of his anæmic condition. The child's parents residing some distance from town, I merely learned by letter, in the course of a few days, that the remedy had been successful in causing the expulsion of a large quantity of the worm piecemeal; and I heard no more on the subject until the 21st ult., when the child was brought back to me. I was then informed that the child had continued well for many weeks after I had seen him, but that at the end of that time segments of the worm had begun to re-appear in the evacuations, and the oil of male fern had been again prescribed for him by a physician in Scotland, causing, as before, the expulsion of large quantities of the worm in fragments. Now, however, after a fresh lapse of time, segments of the worm were re-appearing, and the child, who had greatly improved in health, strength, and spirits under my former course of treatment, had now fallen off again in these respects, but still without any more definite symptoms of illness. On this occasion some segments of the worm were brought up for examination, which did not appear to me to belong to the common tapeworm (*Tænia solium*). I now prescribed two drachms each of oil of turpentine and of castor oil, with one drachm of the ethereal oil of male fern and three of peppermint water, to be taken early in the morning fasting; and requested that whatever portions of worm might be expelled after taking the medicine should be sent to me for examination. In a few days I received two bottles, one containing what proved to be two nearly entire tapeworms, and the other a few very small segments, apparently completing one of the worms all but the head, or the root, as it might perhaps be more properly called. Neither of the heads, however, could be found. On examining the specimens, my opinion that they were not examples of *Tænia solium* was confirmed, and having submitted them to my friend Dr. Cobbold, lecturer on zoology and comparative anatomy at the medical school of the Middlesex Hospital, who has devoted special attention to the study of human parasites, he pronounced them certainly to be specimens of *Tænia medio-canellata*—a parasite which is generally considered to be very rare in this country, but which he believes to be much commoner than is supposed.

Perhaps there is no remedy so generally successful in the treatment of tapeworm as the oil of male fern, but occasionally, as in this instance (in which it was tried at least six or seven times) it fails. Probably such cases resemble the one under consideration, in being cases, not of *Tænia solium*, but of *Tænia medio-canellata*, in the treatment of which Küchenmeister says that in his experience the male fern scarcely maintains its reputation as an anthelmintic, but that the oil of turpentine, in various combinations, proves more frequently successful than any other remedy. The history of the present case also bears out Küchenmeister's statements with regard to *Tænia medio-canellata*, that the suckers of this parasite adhere much more pertinaciously than those of the *Tænia solium* to the mucous membrane of the intestine, and also that when the head has not been destroyed the segments begin to re-appear in the evacuations after a lapse of about ten weeks. In the present case it is possible that the heads of one or both of the worms may have been expelled and yet have escaped detection—a question which can only be determined by the patient's remaining during three or four months free from any re-appearance of the parasite.

Upper Berkeley-street, Dec. 1863.

ON THE HYDATIDIFORM OVUM.

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IN THE LANCET of October 8th, 1862, I recorded an interesting case of hydatidiform degeneration of the ovum. In THE LANCET of February 21st, 1863, Dr. Moorhead reported a very interesting case of the same kind. I have now to report another case presenting points worthy of attention in connexion with the nature and etiology of this pathological condition.

In January last I was consulted by Mr. —, late surgeon in the Bengal army, and requested to take medical charge of his wife, under the following circumstances:—The age of the lady was forty-three. The termination of the last catamenial period was July 11th, 1862. She had menstruated regularly previously, and had had children. On August 24th, 1862, when nearly six weeks pregnant, while walking with her husband on a grassy slope, she slipped and severely strained herself, and a few moments later slipped a second time, being with difficulty saved from falling. The accident was followed by very much discomfort in the region of the uterus, and a peculiar dull pain was present for several days. The morning sickness, which had been up to that time observed, disappeared from the date of the accident; but the abdomen and the breasts gradually enlarged. Between August 24th (the date of the accident) and November 8th, a very slight hæmorrhage, occurring without apparent cause, was observed on five occasions; and on November 8th, after retiring to bed, a sudden discharge of from eight to ten ounces of a sero-sanguinolent fluid took place. The abdomen was a little smaller after this, but soon again increased in size, and there was constant backache. On December 1st hæmorrhage again commenced, setting in with regularity at midnight, but ceasing during the day. On the 8th it was very profuse, and two doses of ergot were given, without, however, inducing uterine action. On the 9th, at midnight, profuse hæmorrhage again set in, with the passage of clots. Two doses of ergot were given, and shortly afterwards "a mass of hydatids" was expelled in two portions. A discharge varying in amount has since been going on, and it is now (Jan. 12th, 1863) of a bright-red colour. On January 8th a small substance, fetid, of the size of a walnut, was expelled.

The foregoing is an abstract of a written statement of the case which was brought to me. Mr. — considered it probable that something would be necessary to be done to place the patient out of danger. From his account of the case, however, I came to the conclusion that in all probability the whole of the uterine contents had been expelled, and that there was therefore no ground for the expectation that there would be any further hæmorrhage, a recurrence of which Mr. — much dreaded.

On Jan. 14th, the lady having come up to town, I made an examination. The os uteri was soft, and just admitted the forefinger; the vaginal part of the cervix had disappeared, the os being level with the vaginal wall. The uterus was felt to be slightly enlarged, but on examining the abdomen above the pubes, no tumour was there evident. By the use of the sound it was ascertained that the uterus was only half an inch longer than usual. The bloody discharge had ceased for two days. A slightly offensive discharge was still going on, but it was almost certain that the small mass expelled six days before was the last of the ovum, and that the uterus was empty. I advised simply rest, and a slight tonic, with ample diet.

A fortnight later the lady left town quite recovered, no further hæmorrhage having occurred.

The facts of this case, put into a short compass, are—Pregnancy, with regular progress, for nearly six weeks; accident at the end of that time, simultaneously with which accident one of the signs of pregnancy previously observed—morning sickness—disappears, while others—enlargement of abdomen and breasts—continue; occurrence of hæmorrhage, and sero-sanguineous discharges during upwards of three months; expulsion of an hydatidiform ovum about three months and a half after the date of the accident; continuance of discharge; and finally, at the end of another month, expulsion of the remaining small portion of the ovum.

It was until quite recently believed that the hydatidiform degeneration of the ovum was an actual disease of the chorion structures spontaneously arising. That view I have contro-

verted,\* and I think it is now satisfactorily established that the pathological condition is of accidental origin, so to speak; the embryo having perished or been destroyed, but the ovum, not entirely separated from its attachments to the uterus simultaneously with the death of the embryo, continues to grow, and hence the production of the hydatid-like bodies, which are simply hypertrophied and œdematous chorion villi. All the facts with which I have hitherto become acquainted lend support to this view, (in which I am happy to find myself supported by Dr. Moorhead,) and the foregoing case not less than those previously recorded. In all the three cases (Dr. Moorhead's, the present one, and the case published by me in October, 1862,) the cause of the death of the embryo was a traumatic one; violence done to the uterus destroyed the life of the foetus. Thus, in the first of the three cases in question, the patient had a strain in getting over a stile; in Dr. Moorhead's case, administration of a drug, or a sudden fright, one or both of these, had the effect of destroying the foetus; and in the third case, (the one above reported,) slipping while walking on a grassy slope was the cause of the death of the foetus. In each of these instances a partial, but not complete, separation of the ovum took place, sufficient to put an end to the vitality and development of the foetus—an incomplete abortion in fact. The time at which the accident happened in each case was nearly identical—about six weeks,—and it is to be concluded from these and previously recorded facts, that the hydatidiform degeneration of the chorion villi is most likely to be witnessed in cases where incomplete abortion occurs from about five to six or seven weeks after pregnancy has commenced. It is particularly interesting to be able to trace the commencement of the degeneration to traumatic origin. This affords, in fact, the best proof which we could expect to be able to obtain of the truth of the theory that the hydatidiform degeneration of the ovum is not, properly speaking, a disease, but a formation almost necessarily occurring under certain conditions; these being, death of the embryo at about six weeks, and continued growth of the chorion structures remaining attached to the uterine walls.

Berkeley-square, 1863.

## ON REFLEX HEMIPLEGIA.

By THOMAS PALMER, M.D. LOND.

ALTHOUGH reflex paraplegia is a sufficiently well recognised and described complaint, and has met with especial attention from Dr. Brown-Séquard and others, reflex hemiplegia has not, so far as I know, been equally well studied or recorded; and yet no one, I apprehend, will doubt its existence, or deny its at least equivalent importance. While distinctly mentioning reflex hemiplegia, and giving two or three illustrative examples in his Lectures on Paralysis, Dr. Brown Séquard has devoted a comparatively very small space to the consideration of this interesting and important affection. In the ordinary class books and authorities I have been unable to find its due place assigned to it as one of the kinds of hemiplegia that the practical physician must be prepared to meet and deal with. In Dr. Todd's admirable and minutely-defining Lectures on Hemiplegia I have been unable to recognise a picture of this variety of the disease. Dr. Graves, in his Clinical Lectures, (vol. i., p. 520,) doubtfully indicates it, with, however, the differentiating condition of "with symptoms of general determination of blood to the head." Elsewhere I have only found isolated cases of it. Mr. Langston Parker, in his work on Disorders of the Stomach, gives a perfect case. A lady suffering from dyspepsia was seized with hemiplegia, which immediately disappeared on the action of purgatives bringing away pitchy stools. Mr. Austin, in his excellent "Practical Account of General Paralysis," states that persons labouring under that disease in connexion with insanity, are not unfrequently seized with sudden hemiplegia, which can be almost immediately relieved or removed by purgative enemata, which bring away scybala. (p. 52.) These cases, however, are not those the ordinary physician is likely to encounter, and, occurring in patients otherwise peculiarly paralysed, are less likely to embarrass. Dr. Handfield Jones, in the Sydenham Society's "Year-book" for 1861, quotes a case of hemiplegia with convulsions, caused

by an insect in the ear. Having met with an instructive case of this kind, which was admirably illustrated by a subsequent ailment of another aspect in the same individual, I venture to think it worth recording.

A. B—, aged sixty-three, a house-agent, save for annual aggravations of chronic bronchitis, in good health. Temperate; free from rheumatism, gout, or constitutional syphilis; no albumen in urine; has no teeth, natural or artificial, yet eats meat. For years has suffered much from business anxieties.

April 4th, 1859.—Having had no fit or premonitory symptom, he was suddenly seized with hemiplegia of left side while walking from one room to another before breakfast. He was seen within a few minutes; was pale; looked dull and bewildered, and as he sat on the chair sank down to the paralyzed (left) side unless supported. The muscular paralysis was complete in extent, though a small amount of feeble motion could be effected; mouth drawn to the opposite side; fluids taken dribbled partly out of the paralyzed angle; speech thick and indistinct; muscles relaxed; sensation and consciousness unimpaired. I regret that my notes do not state to which side the tongue was protruded, or the condition of the pupil. Pulse 90, excited; tongue furred at base. He was laid horizontal; cold applied to his (bald) head, and four grains of calomel immediately given. In two hours marked improvement was perceptible, no other means or remedy having been used. The bowels acted two or three times. He expressed himself as feeling much better, and had regained a considerable amount of power over his leg and arm. Six leeches, ordered at the first visit, were now applied to the temples (I did not then see the exact nature of the case); no stimuli employed.

The next day he could walk about the room, help himself with the affected arm, and when speaking deliberately, could articulate distinctly; when talking at all quickly, his words stumbled over one another now and then.

In four days no paralysis remained; he was merely weak. Salines and a few doses of aperient medicine were the only additional remedies employed.

For four years he continued well, save for his annual attack of bronchitis. All this time, however, his business anxieties went on, and he still ate meat with toothless gums.

Early in 1863 he began to have a jerk with the commencement of each inspiration (diaphragmatic); then to awake at four o'clock every morning with a sense of fright and restlessness; thoughts not under his control. Gradually this increased; he was compelled by unbearable restlessness and oppression to jump out of bed the moment he awoke, and walk about the room for an hour or more, after which he could usually get an hour or two of troubled sleep. Now his mind became enfeebled; he could not bear to hear or think about the most trifling details of business; it threw him into a state of agitation, excitement, and sense of impending death or insanity that was terrible to his friends. Then his digestion gave way, and every meal, unless of the weakest and lightest food, gave rise in about half an hour to severe paroxysms of nervous dyspepsia. Altogether his condition was truly wretched. Marked and, for a time, complete relief was afforded by almost any narcotic, notably by morphia or chlorodyne, but after a few days each would lose its effect, and leave him worse than before. An ounce of gin would at most times give him a few minutes' respite. All this while his tongue was perfectly natural, save for a small triangle of yellowish fur at base at first; bowels acted regularly every day, unless confined by narcotics; skin cool; pulse full and excited at the beginning; temporals acting rather strongly; head hot; heart free from all discoverable disease; no arcus; no albuminuria; chronic bronchitis rather worse than usual. The manifestations of the affection were thus obviously those of cerebral irritation, and, I have no doubt, the analogue or alternative of his past hemiplegia. To relieve this urgent suffering a variety of remedies were used—sedatives, narcotics, tobacco-smoking, tonics, antispasmodics, stimulants, repeated aperients, complete rest of mind and body, all practically to no purpose; finally a three-grain dose of calomel, followed by rhubarb. Sudden and complete relief followed this; but in a few days he was as bad as ever. Dr. Goolden was then called in, and expressed his opinion that the symptoms were due to a loaded colon and liver; he ordered a larger dose of calomel, to be followed by a powerful cholagogue of sulphate of manganese and sulphate of magnesia. The effect was magical; in a few hours these brought away a large quantity of very offensive fæces, and the patient experienced complete relief. This time it was permanent; he could now sleep, eat, drink, think. A set of artificial teeth and a trip to the country set him up, and to the present time (December) I have heard nothing of him.

Viewed by the light thrown on it by the second seizure, the

\* Obstetrical Transactions, vols. i. and ii.