

character of the succeeding pain. His friend, Mr. S—, of Brydges-street, Covent-garden, doubtless well recollects an instance of this kind. It will be unfortunate if a remedy, which many think "helps so marvellously," should eventually prove to possess little more real virtue than "an eagle's feather placed under the left foot of the patient;" which John of Gaddesden says, "*facit parere statim.*"

2. The second head of reflex action in labour is where it influences the heart and circulating system, so as to give rise to fever, local determination or congestion, syncope or convulsions; of these effects, it is purposed in the present paper only to notice the latter, generally known as *puerperal convulsion*.

It is conceived that convulsion generally is the result of a determination to and congestion of blood in some portion of the cerebral or spino-cerebral system; that it takes place at the time of labour in consequence of those parts being associated with the uterine organs, by virtue of metastatic or reflex action, was for the first time enunciated by the author in his "Treatise on Midwifery," so frequently adverted to (see first edition, p. 239, second edition, p. 141). Many facts may be adduced to render the correctness of this view more than probable; thus, the convulsions, together with their occasional precursory symptoms, as pain in the head, giddiness, &c., are generally preceded by severe pain, either uterine or extra-uterine; they also come on and go off in paroxysmal form with the regularity of labour pains, so as to appear to be a modified substitute for the latter, and have the same effect as extra-uterine pains, in suspending the expulsive action of the uterus; and after delivery, in a similar way, they either go off entirely, or are materially alleviated;—in fact, they appear entitled to be regarded as depending on additional links or nervous arcs in the chain of the excito-motory nervous actions. The predisposition and the exciting causes are precisely the same.

It may be a subject of interesting inquiry, why in one case the reflected action should be of a painful nature and in another give rise to convulsions? Whether the fact that the latter take place more frequently in primiparous cases, and where the mind has been much excited, as in illegitimate pregnancies, throws any light on the subject, it is not pretended to determine.

Upon the above view of the nature of puerperal convulsions its treatment ought to be regulated. Independently of the means usually recommended for the relief of the cerebral congestion, as bleeding, &c., a careful attention should be paid to obviate any exciting cause—"sublatâ causâ tollitur effectus;"—assuming there may be various arcs or links in the nervous chain, cutting off the first or any intermediate link may probably render the ultimate one inefficient; thus, the use of the catheter when the bladder has been found distended with the urine, has had the effect of terminating the convulsions. No treatment, however, in puerperal convulsions, although the practice may be novel, promises to be more effectual than an attempt to restore genuine uterine action on the same general principles as have been recommended in cases of extra-uterine pain, particularly the application of friction and official irritation. In the few cases in which the author has had the opportunity of using them during actual labour, they have fully answered his expectation, terminated the convulsion almost instantly, and brought on satisfactory and efficient uterine action.

The two last divisions of abnormal labour, comprising *mechanical* and *accidental difficulties*, are foreign to the main object of the present pages. With respect, however, to the former of these, it may be assumed that they, together with the various instrumental modes of terminating them, will become comparatively rare, when the above principles of producing vigorous uterine action are energetically pursued.

In the division comprising accidental cases, there is one variety in which the same principle appears to be very interestingly implicated—namely, that most important case, arising from a malposition of the after-birth, which is known by the term of *placenta prævia*, in which, previously to the attendant hæmorrhage becoming seriously alarming, if proper uterine action be induced, as it often may be, particularly by friction and pressure combined with official irritation, the hæmorrhage is speedily arrested by the pressure of the child's head acting as a plug, and, at the same time, the case converted into one of normal labour. The author's experience fully justifies him in saying that this mode of treatment always deserves a trial, as it will neither aggravate the case, nor preclude the subsequent employment of any other means which may be deemed necessary.

Bennett-street, Stamford-street, 1852.

CASE OF

BOTHRIOCEPHALUS LATUS, (RUSSIAN AND SWISS TAPE-WORM,) OCCURRING IN AN ENGLISH CHILD, CURED BY THE OIL OF MALE FERN.

By WM. WITHEY GULL, M.D. Lond., L.R.C.P.

SUSAN G—, aged five years, came under my notice first in December, 1851, for tape-worm. Her mother brought with her a portion of worm the child had recently voided, and which, to my surprise, was a considerable length of the bothriocephalus latus. Being anxious to investigate the case further, I declined ordering any medicine, unless she was admitted into the children's ward. This the mother at the time objected to; but subsequently the child was admitted under my care on the 20th of February, 1852. Careful inquiry was made of the child's birth-place, and where it had lived, and her statements never varied from those contained in the following report by Mr. Chaplin, the clinical clerk:—

She lives at Woolwich, and the mother gives the following account of her:—At the age of eighteen months, having then been weaned more than half a year, she became very ill, with feverish symptoms and cough. Her ailment was so severe that it was thought she would die; but after having passed a quantity of tape-worm, rolled up into a mass of the size of the bowl of a tobacco-pipe, she began to recover. Since that time she has had several similar attacks, becoming feverish and fretful, with loss of appetite, &c., and soon after passed a portion of the worm, upon which the symptoms have subsided. These attacks came on, at first, at intervals of some months; but lately they have been more frequent. She passed the last portion about a week ago, having previously suffered in the usual way, described above. The several pieces of worm which the mother had collected, and brought with her, measured thirteen feet. The parents of the child are English, and neither of them has ever been abroad, the limit of their farthest excursions from home being Gravesend. The mother was born at Poplar, the father at Woolwich, where he works as a smith. His occupations have sometimes taken him on board foreign vessels. They have no foreign friends, nor friends residing on the continent, from whom they could have received any presents. The child was born at Limehouse, and lived there with its parents for some time, and during that period the family probably used the water of the New River Company. Whilst living at Woolwich, they have obtained it from the Kent water-works. On admission, the child was pale; rather dull and feverish; bowels confined; pulse natural; tongue clean and pale; abdomen large and hard. Ordered ten grains of jalap-and-mercury powder to be taken at bed-time.

23rd.—The bowels have not yet been acted upon. Repeat powder.

25th.—Powder produced a copious evacuation, but no portion of worm expelled. Ordered the following mixture:—Magnesia and sulphate of magnesia, a dessert-spoonful three times a day.

28th.—The bowels have continued to act freely, but no portion of worm has passed. Ordered the following draught:—Oil of male fern, one drachm and a half, acacia mixture, two drachms, distilled water, one ounce and a half; to be taken early the following morning.

29th.—The draught was administered at seven o'clock this morning, and produced slight sickness, but only a small part was returned. At one o'clock the bowels acted forcibly, accompanied with a good deal of straining. The worm, measuring seventeen feet, and including the head, was expelled entire. The child suffered no inconvenience from the medicine in any way, and the following morning seemed well.

The interest attaching to this case is peculiar, from the species of worm, the early age of its locating itself in the child, and the satisfactory effects of the oil of male fern.

In our present state of knowledge respecting intestinal worms, every fact connected with their history deserves to be recorded. The occurrence of the bothriocephalus latus in persons who have not lived out of England is rare. Professor Owen states, that in looking over the collection made by a celebrated worm-doctor in Long-acre, he found three specimens of this worm; two of these had come from persons who had been in Switzerland, of the third no authentic account could be given. In a conversation with him on the case here recorded, he remarked that a sea-port was just the locality in which we might expect to meet with anomalies in geogra-

phical distribution of intestinal worms, since their ova might be deposited in various ways in such localities, by persons who traded thither, and that it was surprising their occurrence was so rare. To which I may add, that when we consider the fertility of these creatures, and the possibility of Russian sailors being infested with them, we may indeed wonder that they have not been imported amongst us; and the fact that they have not been prevalent, suggests that they are more dependent upon *external conditions of soil and the like*, than upon the human body itself—for we can hardly suppose that the intestinal secretions of a Russian or a Swiss are more favourable to the existence of a *bothriocephalus latus*, than are those of an Englishman.

The circumstances under which these creatures exist out of the body are yet unknown, but their restriction to certain localities, and the changes of form which some of this class undergo, render it probable that we may yet recognise them under some other form in the water of the places where they occur. With such views, we can well understand why the tape-worm of one locality should not prevail in another, and also why, where a solitary exception is found, it should be in a place having communication with foreign countries.

The extreme fertility of the *bothriocephalus* will be understood, by considering that each foot of the well-developed worm contains about 150 segments or joints, that each joint possesses its own ovary and male organs. Hence, each joint is fertile; and as each ovary would produce 8000 ova, according to as careful a calculation as possible, ten feet of such a worm would produce 12,000,000 of ova.

I have taken every means of examining the head of this specimen, but can find no trace of a terminal pore, by which it could imbibe nourishment, nor any signs of vessels by which the intestinal fluids, if so taken up, could be distributed. It seems probable that these animals nourish themselves as the *algæ* do, *by absorbing the fluids in which they are immersed by the whole surface of their bodies*; a view which I think I am at liberty to say is thought by Professor Owen to be not improbable.

Finsbury-square, 1852.

ON CARBUNCLES AND BOILS,

WITH ESPECIAL REFERENCE TO THEIR PREVALENCE AS AN EPIDEMIC.

By THOMAS HUNT, F.R.C.S.,

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It is one advantage resulting from the Registration Act, that by recording the number of deaths occurring from any fatal epidemic within a given period, it furnishes evidence of the rise, progress, and decline of the visitation. It is now well known to the profession that a class of diseases has recently prevailed, to which the name of "the furunculoid epidemic" has been given, consisting of carbuncles, boils, whitlows, pustules, and superficial collections of purulent matter. But if the readers of *THE LANCET* were asked how long the epidemic has existed, to what extent has it been fatal, and to what locality has it been confined, but few of them would be able to give a satisfactory reply to any one of these very important questions. A solution of one of them may be found by a diligent examination of the Registrar-General's reports, touching the number of deaths from carbuncle and phlegmon in the metropolitan districts during the last twelve years, and the geographical extent of the epidemic may be gathered from the casual notices of its existence which have recently appeared in the various medical periodicals.

The inquiry cannot fail to be interesting in its results; and I propose in this paper, and those which may follow, to trace the history of the epidemic, to note its progressive fatality, and then to offer a few practical observations on its pathology and treatment; and it will be shown, that although this pestilence has occupied but little of public attention, it has been more extensively fatal than any one would have suspected; that it has existed for several years, increasing in intensity up to the present year, if not to the present month, and that, unlike other epidemics, which usually traverse a portion of the globe not contemporaneously but consecutively, this disease has existed at one and the same time, certainly in the four quarters of the globe, and probably in every country on the face of the earth.

My own attention was first called to the disease about the commencement of the year 1849, when I had occasion to remark that chronic eruptions of the order *Pustulæ* had become unusually common, especially among a class of patients not frequently affected in this way—namely, the well-fed; their

eruptive diseases being generally confined to the orders *Vesiculæ*, *Squamæ*, and *Papulæ*. I had also observed that in a patient under treatment for lepra or psoriasis of long continuance, the scales would disappear, and a crop of pustules would spring up in their place. This is no very unusual thing at any time, but the frequency of the occurrence arrested my attention. The next thing I observed was, that the superficial whitlow became very common. In one patient not less than seven fingers, and in another five, became affected in succession with this disease. In the course of three months about twenty patients consulted me in my private practice, with a collection of purulent matter immediately under the dermis, near the matrix of the nail, or at a short distance from it, in one, two, or more fingers of both hands, and in some instances occupying the palm. Shortly after this, boils and carbuncles were brought much more frequently under my notice than usual; some of the latter were of alarming character, though none of them fatal. These painful affections appeared to be very capricious in selecting their locality, scarcely any part of the body being passed over, excepting only the legs and feet. One patient, a middle-aged lady, had a carbuncle on the back of her neck, the inflammation extending around the throat up to the apex of the occipital bone, and down to the dorsal vertebræ. Another female had an immense furuncle on the *os coccygis*; a third on the right labium; and a fourth, a young lady aged seventeen, had the whole abdomen covered for several weeks together with a succession of boils and ecchymatous pustules. A gentleman had a carbuncle on the scalp of prodigious size, in the year 1851, and in the spring of 1852, very recently, another still larger occupying a different portion of the scalp; another patient had one on the thigh; a third in the axilla, which appears to be a very common locality; a fourth on the mastoid process; a fifth on the throat, near the larynx; and several on the buttock. A servant girl having been under treatment for an eczematous eruption on the wrist, upon the disappearance of this disease, presented the fore-arm covered with furuncular abscesses. Several females presented themselves with pustules and boils on the forehead, ears, eyelids, sternum, mammæ, and indeed on almost every part of the body, the face not escaping. At present, however, I have not met with a single case of carbuncle or boil below the knee, although pustules have been observed on the legs, and boils are very frequently seen on the thighs.

Although the seat of this epidemic is the skin and subcutaneous tissues, it has by no means the character of a purely local disease. The health has in most cases suffered more or less before the breaking out of the disease and during its progress; and in several cases in which it has persisted for some weeks, successive crops of boils or pustules appearing in different parts of the body, a restoration of the general health of the patient has appeared to be the signal for the final disappearance of the local affection. The impaired health which has accompanied the disease has been various in character and duration; but its prevailing type has been general and local debility, and a feeble, sluggish action of the heart and arteries. Many patients have complained of a slight degree of giddiness, a few of headache, and several have mentioned an indescribable sense of oppression at the præcordia, a general feeling of languor, and inaptitude for bodily or mental exertion, and an unusual degree of fatigue, sometimes amounting to faintness, from a very moderate amount of muscular effort. The pulse has generally been feeble and slow, thus denoting the cerebral symptoms to be indicative rather of deficient energy in the circulation than of plethoric congestion of the brain. A degree of hoarseness, such as accompanies typhus fever and hæmorrhagic atony, and other exhausting diseases, has occasionally accompanied the attack. The voice appears to take a higher pitch, and to have lost its fulness and mellowness. This has chiefly been noticed in men. All these symptoms tend but to one conclusion—viz., that the furunculoid, like all other epidemics, is attended by a deficiency of power in the system. The worst case of carbuncle I have yet met with occurred in a lady, whose strength had been reduced by long anxiety, reverses, and misfortunes, and want of sufficient nourishment. The poor and ill-fed have been the most frequent, as well as the most severe sufferers; and a medical gentleman who is largely engaged in practice among the higher classes has recently assured me that he was not aware of the existence of any epidemic, and that he certainly had not observed a more than average number of carbuncles and boils among his own patients. Like all other epidemics (which usually spend their strength upon the asthenic portion of society), this affection does occasionally attack persons well fed and apparently in the full tide of health and strength. And it is worthy of observation that medical