

in Red Lion-square, Holborn, from which place the worm has in all probability originated. The water is supplied by the New River Company.

The symptoms which he attributes to the presence of the entozoon are as follow:—Extreme and constant hunger: for the last year he has scarcely passed one night without being obliged to get up and eat something in the course of the night; a feeling of sickness in the morning, with a bad taste in the mouth, and a diminution of hunger at that part of the day. The bowels have frequently been very relaxed, and the patient has been much subject to headache. He has felt so drowsy in the day-time, that often he could have laid down and slept, even as he was walking in the street, and at times he has suffered from violent pain in the sides. The water has been high-coloured, and has deposited a lateritious sediment. The patient is of temperate habits, not having drank anything but water or tea for the last four years. He took the ethereal solution of the oil of the male fern at eleven o'clock A.M., the dose being one drachm and a half, mixed with eight ounces of water, and a little tragacanth mucilage to suspend it. This was taken all at one dose, and was followed by an ounce of castor oil at one o'clock. The worm was passed at four; it proved of great length, and the head was with it, attached to about three inches of the smaller segments. These fitted on to the rest of the worm, but were torn off from it. He went out the same evening to come back the first week in October.

We shall now adduce another case, taken from among Dr. Todd's patients.

*Expulsion of the Tape-worm by the Male Fern.*

(Under the care of Dr. Todd.)

E. C—, aged twenty-three, a servant, lives in Hatton-garden, and has resided in London all her life. She never enjoyed good health, and for some time past has menstruated once a fortnight, sometimes more frequently, the discharge being always profuse, and accompanied with intense pain. When about five years of age she was relieved of a tape-worm by medicine, but has passed joints up to the present time, and suffered much from giddiness, palpitation, indigestion, and a gnawing pain in the region of the stomach, generally unaffected but often relieved by eating. A fortnight ago her present illness commenced by fits of shivering, great lassitude, weakness and pain in the extremities, loss of appetite, and nausea. The patient was admitted into Lonsdale ward, very weak, and unable to sit up throughout the day. The shivering still continued; she complained of universal pain, more intense, however, over the hypochondriac and epigastric regions, where there was great tenderness on pressure. She still has the gnawing pain over the cardiac end of the stomach, and is much troubled with flatulence. The tongue is clean, but there is an unpleasant taste in the mouth.

The patient was given two ounces of castor oil immediately, and put upon low diet. On the third day after admission she took, early in the morning, and after having fasted on the preceding day, one drachm and a half of the ethereal solution of the male fern in one ounce of mucilage and eight ounces of water. A little time afterwards, two ounces of castor oil were administered to the patient. The medicine slightly purged her; no part of the worm was passed; but two days afterwards a round worm (*Ascaris lumbricoides*) was noticed. A second dose of the ethereal solution was then given, and the tænia solium was ejected; the head was, however, not expelled with the great length of the entozoon which was rejected. Dr. Todd prescribed, first, quinine, and subsequently chloric acid for the patient; she became much better in a few days, and was discharged. It is to be sincerely hoped that further trials will contribute in fully re-establishing the reputation of the male fern as a vermifuge in tænia solium.

ROYAL FREE HOSPITAL

*Contused and Lacerated Wound of the Thigh; Injury to the Femoral Vein; Death; Autopsy.*

(Under the care of Mr. GAY.)

WHETHER extravasated blood is likely after coagulation to become organized has been for some time a very interesting and warmly debated question. Hunter's opinion on the subject is well known, as that great surgeon gave himself a large amount of trouble to prove that such organization does take place. It is, however, now admitted, on all hands, that a clot of blood does not undergo the transformation which has been described, but is either absorbed or discharged in the form of pus or detritus, or wholly unchanged. The case which we have this day to report will illustrate this fact in an admirable

manner; it will likewise afford additional data connected with the wounds of large venous trunks. The particulars were noted by Mr. Lane, house-surgeon, *pro tem.*, to the hospital.

James R—, twenty-one years of age, a robust man, of good health, light complexion, and an unirritative temperament, was admitted Sept. 16, 1850, under the care of Mr. Gay. The patient, who is an excavator on the Great Northern Railroad, had suffered a fracture of the fibula, with outward displacement of the foot, and an extensive laceration of the soft parts, including a wound eight inches in length, and considerable depth, across the right groin, this wound exposing the spermatic cord. There was likewise much bruising of the thigh and perinæum on the same side. The patient, though much depressed, was free from pain, and stated, that whilst working on a cutting, with earth at a considerable height above him, portions of the mass gave way; he turned quickly round, but some of it struck his calves and back, and brought him to the ground flat upon his face.

The edges of the laceration in the groin, which extended from the anterior superior spine of the ilium to the body of the pubis, were straight and clean; and the testicle of the same side (left) was drawn upwards out of its place. The wound was accurately closed by fine sutures, and Mr. Gay ordered cold applications, as there was slight oozing of blood. On the next day, some of the stitches had to be removed from the most depending part, to give exit to the bloody serum which had accumulated, the cold being continued. On the fourth day the wound gaped; it had continued uninterruptedly to pour out serum mixed with blood, and, on slight pressure being made above it, unhealthy and dark-looking tissue with clots of blood, escaped. These circumstances evidently pointed to the lesion of some venous trunk in the vicinity of the injured parts, the more so, as there was great enlargement of the thigh. An erysipelatous blush now made its appearance; it extended in the direction of the crest of the ilium; and, as a discharge of some kind was felt and seen to collect on the internal portion of the thigh, Mr. Gay made a counter opening on the lowermost part of the swelling, and the limb was wrapped in a large linseed poultice.

The patient had had his bowels previously attended to, and was now put on small doses of mercury and effervescent draughts. On the fifth day the tongue became dry and coated with a white fur; the gaping wound continued to discharge shreds of cellular tissue and *clotted blood*. On the sixth day slight delirium came on, and a deep incision was made in an abscess which had formed on the internal part of the thigh; this gave exit to purulent matter, sloughy shreds, and broken-down clots. The patient began to be bathed in perspiration. He was ordered bark and ammonia, beef-tea, porter, and brandy occasionally. On the eighth day the patient was very delirious; no pus was secreted from the wound, but a peculiar cadaveric halitus arose from it, the fundus being filled with black foetid blood. Violent delirium, alternating with coma, came on, and the patient sank nine days after admission.

The peculiar secretion from the wound in the groin and this rapid termination of the case gave the post-mortem examination more than usual interest. There was ecchymosis around the right ankle, which had been the seat of the fracture; the lungs were healthy, but the left pleura contained a pint of turbid serum, the right cavity being healthy. The right auricle and the venous system generally were distended; the left auricle and ventricle contained black blood, and the different valves were healthy. The clot drawn out of the pulmonary artery showed a cast of its branches. On reflecting the skin from the lower part of the abdomen, extravasated blood was found, and extended from above the wound in the groin up to the ribs, the skin and subcutaneous cellular tissue being stripped from the muscles on the anterior and inner part of the thigh. Large quantities of extravasated blood of dark colour, and mixed with pus, lay between the muscular fibres, and the fascia in those parts was in shreds. The vena saphena interna was torn away from its connexion with the femoral vein, near their junction. The coats of the saphena were thick, and when the vessel was cut across it remained patulous. The lacerations of the saphena vein were enveloped in firm coagula, continuous with a plug in the femoral vein, and firm, unadherent clots were found in the iliac and tributary veins. The cellular tissue of the popliteal space and calf were loaded with turbid serum, which ran out freely on incisions being made.

Mr. Gay, in making a few remarks on this case, stated that the wound of the saphena and femoral veins, at their junction, had given rise to a serious amount of hæmorrhage, and that it appeared to him that the loss of blood, together with the