

vinced that many cases during the last few years had passed under my notice presenting some at least of their characteristics, and doubtless complicated with one or other of these fungi, which had escaped notice. I therefore determined, on the first opportunity, to seek diligently for the parasitic growth in any case that warranted a suspicion of its presence. Three such cases have come under my notice within the last two weeks; and my object in sending this note for publication is to place on record the fact that in each of them I have found a form of penicillium, which in all the cases appears to be similar. I have not found the head and spores of the plant, but do not doubt that, in other cases of a similar form of ear-disease to those to which I now refer, I may be successful in discovering the mature parasite. Those concerning which I write appear to be *Aspergillus flavus*, as they answer in general to the description given of that plant by Küchenmeister.

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REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

LONDON HOSPITAL.

HYPERTROPHIED SPLEEN AND KIDNEYS: PERITONITIS: DEATH: NECROPSY.

(Under the care of Dr. RAMSKILL.)

G. L., a boy aged 16, on admission into the hospital, said that when four years of age he had what his sister told him was ague. He spent five years in a workhouse, and was thirteen years of age when he began to work as a farm-labourer and gardener. At that time he had headache and pain in the left side, just below the ribs, which prevented him from sleeping, and ultimately compelled him to leave off work. Two years ago, he was badly squeezed between a horse and a beam, and was compelled to lie in bed for two days; and soon after the accident he noticed a lump in his belly, which slowly increased in size.

His skin had the peculiar yellowish brown tint which is commonly seen when the spleen is diseased. The conjunctivæ were not yellow, as in jaundice, nor were they pearly white, as in anæmia; his lips were red, the reverse of their condition in anæmia; his tongue was red, and the mucous membrane shone as if it had lost its epithelium. The heart was normal, though there was a systolic murmur, which faded towards the apex and top of the sternum, and was probably anæmic. The lung-sounds were normal. His body was badly nourished, though he stated that he had an excellent appetite. The abdomen was not distended, but protruded a little to the left of the umbilicus, as if there were some solid substance underneath pushing it forwards. On the left side of the abdomen there was a firm hard mass, which came down from under the ribs, and passed obliquely across the umbilicus until it reached the middle of Poupert's ligament on the right side, and its lower edge was on a level with the brim of the pelvis. It did not extend backwards to touch the left kidney, there being a space between. The splenic dulness was but very little, if at all, increased upwards; but, like an enlarged spleen, the tumour extended obliquely across the middle line, its edges were well defined, its surface was smooth, and there was a notch on its upper margin. Moreover, there was a history of the patient having lived all his life in a low marshy district in Essex, where, he said, ague was common. The patient did not remember ever having had shivering fits or attacks of vomiting; and the temperature chart did not indicate any periodicity. During the first three weeks, his temperature remained at 99 to 100 deg., pulse about 100, and respiration 30; then the temperature rose to 102 and 103 deg., with the pulse 140, and respiration 40. Quinine was prescribed, and the temperature soon fell to 101 deg. There were no physical signs connected with the heart or lungs to account for this increase of temperature; and the high temperature, morning and evening, showed that the case was not one of ague. Some of the axillary glands were larger than natural, and there was an enlarged one under the trapezius muscle, on a level with the seventh cervical vertebra. The glands in the groin were also distinctly felt. The abdomen was not tender on pressure.

Iodised cotton-wool was applied over the tumour, which, two days later, was certainly smaller; its inner and upper edge was to the left of the umbilicus, and its posterior edge could be distinctly felt. Further improvement having taken place, he was sent to the sea-side. In less than a month, he returned, and said that soon after he had left the hospital his feet swelled, and the swelling gradually extended to the knees.

The spleen was not so large as it had been, but the liver was noticeably increased in size. A week later, he was suddenly seized with pain, which commenced at the ensiform cartilage, and rapidly extended all over the front of the abdomen, and was so severe that he could not bear the weight of the bed-clothes upon him. He was then treated for peritonitis, and on the next day he died.

Necropsy.—There was no œdema, but a large quantity of turbid serum in the peritoneal cavity, with congested appearance of the intestines. There were two or three large glands in the anterior mediastinum. The bronchial glands were also somewhat, but not unduly, prominent, but those at the bifurcation of the bronchi were considerably enlarged. The lungs were normal, except that there was a little pleurisy under the lower lobe of the left lung. The heart's valves were normal, the only change being hypertrophy of the left ventricle. The kidneys were large and white, and, in removing the capsule, were seen to have a white nodular appearance: their structure could not be seen, and they were not stained by iodine. The liver was large, but its tissue normal. The spleen was not nodulated; it looked like a lardaceous or sago spleen, but did not stain with iodine. The weights of the various organs were: liver, 6 lbs. 14 oz.; spleen, 4 lbs. 8 oz.; left kidney, 18 oz.; right, 17 oz.; heart, 11 oz.; brain, 65 oz.

Microscopic examination showed, on section of the greatly enlarged kidneys, a large number of spheroidal corpuscles lying somewhat orderly in a double row, and, outside, these were bounded by a fibro-lineal substance, which might have been a very thin wall of a duct or tube. Some of these portions were partly convoluted, and others straight and of various sizes; in fact, at first glance, with a low power, they looked not unlike kidney-tubules; with a higher power, they were very distinctly seen to be not so, for the renal tubules were larger, and their cloudy epithelium, with its large cells, presented a very striking contrast to the morbid growth. The Malpighian bodies were normal. The new growth was seemingly hypertrophied lymphatic structure. A section of the spleen showed a very similar corpuscular tubular arrangement, and the organ presented this appearance in a very striking degree. Well defined tubes lined with these corpuscular bodies were seen winding and cut across in every direction. The brain was much engorged; the vessels were charged with blood-corpuscles; and there was some corpuscular growth, seemingly in both the white and the grey matter, but in the white especially.

RADCLIFFE INFIRMARY, OXFORD.

CASES OF ROUNDWORM.

(Under the care of Dr. GRAY and Dr. TUCKWELL.)

[Communicated by Dr. TUCKWELL.]

The following cases, in which roundworms are a veritable plague, although not to be compared with the extraordinary instances recorded in some of our medical works, are unusual enough to be worthy of a place in the JOURNAL.

CASE I.—James H., aged 6, living in a village near Oxford, was an out-patient in the Radcliffe Infirmary, under Dr. Gray, in March of this year. Between the 4th and the 21st, he passed *per anum* thirty-two roundworms. He took for ten days a powder containing five grains of santonine and eight grains of rhubarb every other night, followed by a dose of castor-oil on the following morning; and then for another ten days the same powder every third or fourth night. At the end of this time the powder no longer brought away worms, and he left off attending.

CASE II.—Eliza J., aged 48, living in a village near Oxford, was an out-patient at the Radcliffe Infirmary, under Dr. Tuckwell, from the end of January till the beginning of July, 1872, during which time she passed *per anum* thirty-one roundworms, and vomited five. She then ceased to attend. She was likewise treated with santonine and castor-oil, each powder being followed by a discharge of one or more worms.

CASE III.—Emma L., aged 47, living in a village near Oxford, but in a house isolated and at some distance from that of the other villages, came as an out-patient of the Radcliffe Infirmary, under Dr. Tuckwell, in April of this year, and is still under treatment. During the past eight months she has vomited twenty-four roundworms, and thinks it likely that she may have passed others by stool, but has not troubled herself to look. Her husband has also vomited these worms—one very large one a few days ago. All of her children, seven in number, are frequently in the habit either of passing or vomiting roundworms. One child passed four in the previous week, after a dose of senna-tea. The woman herself has an intestine which, in sporting language, would be called a "sure find" for worms. One has only to give her a dose of santonine to bring away, without fail, a certain number of these tormentors. Thus already, since April 11th, she has passed by the bowel, after santonine, twenty-one roundworms.