the femoral vein, about an inch and a half from the upper part of the tumour, was an elongated osteoid deposit, about the size of a small bean, attached at its ends and on one side to the inner coat of the vessel; it was a soft subcutaneous deposit.

Healthy. Heart.—Weighed 92 oz. Valves and muscular substance healthy. Lungs.—Left lung weighed 13½ oz.; its whole surface studded over with plates of osteoid deposit. I counted on the outer surfaces of the upper and lower lobes respectively twenty and eighteen such plates; on the inner surfaces of both lungs twenty; on the base of the lung seven; altogether, sixty-five. The smallest plate seen was about the size of the section of a mustard seed; the largest measured an inch and a half by an inch. The general shape of these plates was flattened superficially, in conformity with the outer surface of the lung (above which they rested) but very slightly more nodular and irregular at their deep surface. Some deposits within the lung substance were altogether nodular in form. The superficial contour of the plates was mostly rounded, but sometimes trapezoidal. Around these the pleura was puckered into a number of fine radiating pleats, but the lung substance itself was not drawn in, was not separated, to all appearances, quite unchanged; so that these osteoid deposits might be looked on in the light of simple foreign bodies imbedded in the pulmonary tissue. This in a measure accounted for the absence of all chest symptoms during the patient's life time. Right lung weighed 225 oz. On the outer surfaces of the two upper lobes, the number of plates was twenty; on that of the lower lobe, sixteen; on the inner surfaces of both lobes, fifteen; on the base of the lung, ten; together, sixty-one; so that both lungs were pretty equally affected. At the outer aspect of the lower lobe, near the base, was a patch of pulmonary apoplexy, an inch and a half across, by two inches long. In all other respects, this lung agreed with its fellow. Lungs.

Tumour of the Omentum. In its lower border, an osteoid deposit, the size of an "agate" marble. The anterior layers of the omentum glided easily over it, but the posterior adhered round the diameter that separated its anterior and posterior halves. Diaphragm.—Above the left half of the cordiform tendon, lying in the very thin muscular substance, was a deposit of osteoid matter, resembling in size and shape an olive-stone.

Minute Anatomy of the various Growths. I. Tumour of the Femur. (a) The dense hardest osteoid tissue showed no definite arrangement, but an irregularly "loculated" appearance. (b) The less hard, but still firm osteoid tissue, exhibited, in fine sections, an irregular, ill-defined fibrous arrangement of its elements; but, on the addition of hydrochloric acid, an abundance of carboxylic acid bubbles were evolved, and, in a good many points of the section, a finely fibrous structure was brought out, which appeared due either to elongated nuclei or to fibres closely packed, and differed altogether from the microscopic characters of ordinary cellular tissue. No structure of true bone was observed. Some fibro-plastic cells and quantities of nuclei were seen in washings of the tissue. (c) The soft non-osteoid component of the tumour had no tendency to transfiguration into the osteoid substance, where the two came in contact. Some of it bore a naked-eye resemblance to some varieties of medullary cancer. One portion is described in my note-book as "a stratum of a grey, somewhat translucent, soft, but consistent tissue, with points of hemorrhage in it, and in no way differing from hemorrhagic disease." Yet the microscopic characters of this latter were not those of cancer; it was, on the contrary, a true fibro-plastic development. All modifications of form of the fibro-plastic cell, nuclei varying in form from oval to fusiform, and multitudes of fine oil-globules, were its elementary constituents. Their sections had a well marked fibrous appearance, from the parallelism of these elements being sometimes at some parts entirely fusiform nuclei, forming what might be not inappropriately termed a "nuclear" tissue.

II. Tumours of the Lungs. The surface of many of these showed a spiculated feathery structure, the spicula radiating from the centre to the circumference, with fine running parallel between them; indeed, the great extent of some of these plates was remarkable. A thin section, treated with hydrochloric acid, and examined with a high power of the microscope, displayed—(1) fibrous tissue, the fibres being all arranged in parallel layers, which often had a lacuniform arrangement—an approach to Haversian canals; studding the section irregularly over were seen very distinct lacunae and canaliculi; (2) a "nuclear" structure, of the description mentioned supra.

iii. Tumour of the Omentum. This had much the aspect of the tumour of the thigh, but was much more vascular; indeed, it resembled closely a piece of inflamed bone. The microscopic characters were also similar, excepting that the fibrous structure was much more distinct; and that there were no cell-nuclei. A quantity of minute narrow nuclei were seen, and here and there a solitary fibro-plastic corpuscle.

Throughout a laborious examination, of which the above are the results, no cancer-cells nor cancer-nuclei were observed.

[To be continued.]

ON TAPEWORM, AND ITS TREATMENT BY THE OIL OF MALE FERN.

By William Jenner, M.D., Physician to University College Hospital, to the Hospital for Sick Children, etc.

[Read before the North London Medical Society.]

In February 1853, Dr. A. Fleming, of Cork, endeavoured to found a Therapeutical Society. Among the questions proposed by Dr. Fleming was, "The Action of the Oil of Male Fern in Human Disease." He appended to the question the following note:—"In addition to a brief general history of the cases, the answers to this question should specify the physiological effects, if any, of the drug—whether given alone, or followed by a purgative; the interval between its exhibition and the expulsion of the worm, when that happens; whether the expelled worm be dead or alive, entire or broken; and, as far as possible, the duration of the cure." The society ceased to exist without having made a report; and I therefore propose to lay before the members of the North London Medical Society the answer afforded by my experience to Dr. Fleming's question, as well as some other points connected with the disease.

Dr. Gull, who, like myself, was a member of the Therapeutical Society, has already given the result of his experience to the profession, in the first volume of the third series of Guy's Hospital Reports. On the table are specimens of the two tapeworms* found in the human intestine; viz., tenia solium and bothriocephalus latus.

Locality. The bothriocephalus latus, as is well known, infests the inhabitants of all those countries which lie to the east of a line drawn from the mouth of the Vistula to the mouth of the Nile. It is the tapeworm, then, of Asia; of Russia, East Prussia, and Poland; while the tenia solium is the tapeworm of the remainder of Europe, of America, and Africa.

To these rules there are, however, several exceptions; e.g., in the East, tenia solium only is known in the Island of Java; in the West, the bothriocephalus is the common tapeworm of Switzerland, and of the adjoining parts of the South of France. In Abyssinia, also, the bothriocephalus is probably the common intestinal entozoon. In certain localities, both genera are found; e.g., the Canton of Zurich.

The specimen of bothriocephalus on the table was obtained from a young lady living in London; but then she had visited two of the countries in which bothriocephalus

* Bilharz found in Egypt and Abyssinia a third kind, viz., Tenia ranae and Schmidtmiiller a fourth in the East Indies, viz., Bothriocephalus indianus.

† Virchow says that the tapeworm of Asia is the tenia solium.
is common. The seven years immediately preceding her
arrival in England had been spent in Switzerland, Austria,
Poland, and Russia. She had had no other
afters till she had been in England two years.
Although common enough here, yet, compared to the
frequency with which they occur in some countries, tapeworms
are rare in England. In Abyssinia almost all, in
Cairo three-fourths, in parts of Holland half, in some re-
gions of Sweden a fourth, and in Switzerland a tenth of the
inhabitants are said to be the subjects of tapeworm.
The researches of Küchenmeister and of Siebold enable us
to account for the extreme frequency of tapeworm in
certain countries. They have rendered it probable in the
highest degree that the cysticercus cellulose, which is
sometimes found in enormous quantity in the
stomach of the human intestine, is not a tapeworm.*
Their researches explain also why it is that, although each
of the tapeworm contains a large number of ova, it is
rare to find more than one tapeworm in the same indi-
vidual; for ova of the tapeworm do not, it seems,
directly give origin to young tapeworms; they develop
in the stomach; and the intestine is not a situation favourable
for the development of cysticercus from the ova of tapeworm.
Still, although rarely, now and then several tapeworms
have been found to coexist in the same individual: thus,
Weishaar expelled six from a girl, and Meyer thirteen from
an adult. In neither of my forty-four cases have
I had reason to believe the patient had more than one in his
intestine.

The frequency of tapeworm varies also in different parts
of the same country, and even of the same city. The
dwellers in damp, close localities, are said to be especially
subject to it. In London, Dr. Gull thinks tapeworm is
much more common in the neighbourhood of the Thames
than in parts of the metropolis. During four years,
twenty cases were treated by Dr. Gull at Guy’s Hospital,
and more than one hundred and eighty by the other medi-
cal officers. In five years, forty-four persons suffering from
tapeworm came under my observatation; all dwellers in the
north and central parts of London. To judge from these
figures, the disease would not appear to be, as Dr.
Gull imagines, much more common in the neighbourhood of the Thames than elsewhere. In confirmation of this
latter conclusion, I may observe that, of the fifty cases
mentioned in my former note, twenty-three were in the
north, and of these thirty-nine, seventeen lived at a
distance from the Thames. From the situation of Guy’s
Hospital, it is manifest that the vast majority of the out-
patients, suffer from what they may, must live near to the
Thames.

Sex. Observers generally agree in representing women
to be the subjects of tapeworm nearly twice as often as men.
Of my forty-four cases, fifteen were males and
twenty-nine females; so far confirming the generally re-
ceived opinion. Under the age of 15, however, the case
was different; there were six boys to eight girls; while, of
the twenty above 15 years of age, nine only were men.

Age. Tapeworm most commonly infests persons of
the ages of 15 and 40; it is infinitely rarer after 50 than it
is under 40. Of two hundred and six cases treated by
Weishaar, the eldest was 54. Of fifty-eight by Merat,
nine only were more than 40. Of thirty treated by Segur,
only one was more than 40; the eldest of Dr. Gull’s twenty
cases was 40. Twenty-six of my forty-four cases were
between 16 and 40 years of age; two only were more than 40,
while twelve were under 10 years of age. The eldest
was a woman aged 54; the two youngest were aged re-
spectively 2 years and 9 years 9 months; the latter passed
two and a half yards of tapeworm in ten months.

Temperament. A very large proportion of my patients

* By administering pork containing cysticercus cellulose to a criminal shortly before execution.

were persons of weakly constitution, and of especially well
marked nervous temperament. The condition of intestine
in tapeworm it is accounted, because the readily excitable nervous system
seems to be in the highest degree favourable to the de-
velopment of tapeworm.

Hygienic Condition. In none of the cases which have
fallen under my own observation have I been able to detect
any special hygienic condition to account for the occurrence
of tapeworm. Most of the patients were living in tolerably
open places, and were well supplied with food and water.

Diet. Raw or imperfectly cooked meat, especially pork,
water containing much organic matter, and generally a
poor diet, are considered to be among the causes of tape-
worm. I could discover no such causes for the occurrence
of tapeworm in any of the cases. I have been able to
record the diet吃得 of every case, and the food in no case
were tapeworms introduced into the intestinal canal.

Hereditary tendency (1). Now and then we find several
members of the same family affected with tapeworm: thus,
I have seen husband, wife, and child, and a mother and her
children, all the subject of tapeworm. In the first of
these cases, the husband became the subject of tapeworm
by his wife and child, and it was only some time after his return home that they became affected. In
the second case, all were probably exposed to the same in-
fluences.

Symptoms. As to the symptoms of tapeworm, they are
referrible to three groups. The first group will include
those symptoms which result from the direct action of
the enteront of the intestine; the second, those nervous symp-
toms which are manifest in parts more or less at a dis-
tance from that occupied by the parasite; the third, those
symptoms which are due to impeded nutrition. I have
then, nervous symptoms, parasitic symptoms, and symp-
toms of impeded nutrition. I have more or less perfect notes of the symptoms in nineteen cases.

Local Symptoms. Sixteen of the nineteen suffered from
pain in the abdomen, and of the other three no notes on the
point were made. In no case was the pain very se-
vere; by one patient it was described as burning, by another
as gnawing, and by another as pricking. Usually, it was
gnawing in character, and followed or accompanied by dis-
charge of flatus; sometimes it preceded the action of the
bowels, and at others the passage of pieces of the worm;
in several, it was induced by food. The most common seat
of the pain was the right flank; but by two patients was
that of the left hypochondriac region, by one to the
lower part of the abdomen, and by one to the umbilicus.
Gnawing, crawling, creeping, and plunging sensations, in
the abdomen, were experienced by four of the nineteen
patients.

Sex Symptoms. Nausea, on first rising in the morn-
ing, was the next most common symptom after pain in
the abdomen; sometimes this nausea was followed by
retching, and now and then by actual vomiting. Nausea
was usually accompanied by vertigo and a sense of faint-
ness. The vertigo was in two cases so severe that the pa-
patients fell to the ground. Nausea before breakfast, giddi-
ness, and a sense of faintness, were the symptoms most
commonly dwelt on by the patients. Headache was trou-
blesome from time to time in seven of the cases. Itching
of the nose and anus was complained of by three; of
the nose only, by one; and of the anus only, by one.
Bad dreams, disturbed sleep, and depression, were
very common symptoms; slight choreic movements in one
child; one woman had nervous aphony; one woman
and one child suffered from nervous palpitation of the heart;
one woman subsequently became insane.

General Symptoms. Three of the nineteen only were in
robust health; six had been losing flesh for some time
before they came under observation; one was highly struc-
uous; one was the subject of rickets; and the remaining

By administering pork containing cysticercus cellulose to a criminal shortly before execution.
eight were thin, pale, and delicate looking. In eight cases, I ascertained that all the symptoms of which the patient complained after the expulsion of the worm were cured.

Direct Evidence. All my patients had passed pieces of tapeworm from time to time before they came under observation.

Duration of Disease. One woman, 39 years of age, had passed joints of tenia from her childhood; others reporting attacks at intervals: three, four, four, and eight months; one, one and a half, two, four, four, five, six, seven, ten, and thirteen years. Six years elapsed between the date when the patient who suffered from bothrocephalus latus saw the first piece of the worm, and the time when I prescribed for her. Several of the patients thought it possible that they might have been passing pieces long before they detected them. Joints escaped from the anus of some of the patients as they walked about the streets: to one man this so constantly happened as to be a source of great annoyance. Aperients, although taken by most from time to time, rarely brought away any more of the joints than passed in the ordinary stool.

Diagnosis. It is evident that the only absolute proof of the existence of tapeworm is the expulsion from the bowel of one or more joints. Still, as there is strong reason to believe that many persons pass joints for a considerable time, without being aware of their passing them, it is desirable to know whether the symptoms which should lead us to direct the patient to inspect his stools, in order to determine whether or not he is passing joints of tapeworm. These symptoms are frequent gripping pains and uneasy sensations in the abdomen, occasional attacks of colic, itching of the nose and anus, nausea, giddiness and sense of faintness, especially on first rising in the morning, and slight loss of flesh. These symptoms are the more important in a diagnostic point of view if they occur in a person between 16 and 40 years of age, of a delicate habit of body, and of a nervous temperament. Should the patient fail to detect any portions of tenia in his stools, and the practitioner still suspect the presence of tapeworm, a dose of extract of male fern should be given, and the stools which result from its action should be examined.

Treatment. In the treatment of tapeworm, we have to keep three objects in view: viz.,

1. The expulsion of the enatozon;
2. The prevention of the entrance of another scolex of tenia into the patient;
3. The improvement of the health of the patient, so that his intestines may no longer form a favourable nidus for the development of the scolex into a tenia.

The two last objects are to be attained by directing the patient to live well, but to avoid pork and imperfectly cooked meats of all kinds. Spices, onions, and garlic, should be used with the food. Spirits and wine are to be preferred to beer. Beer, especially if it contains but little hop, is thought by some most experienced German physicians to be highly favourable to the development of tapeworm. Mild aperients, vegetable bitters, steel, and zinc, are the medicines in which most confidence is to be placed. Out-door exercise is essential.

For the expulsion of the worm, various agents have been employed with success. As the animal increases in length, by the formation of new joints, at the neck close to the head, it is no matter how many yards are removed, provided the head remains; for, in that case, the worm quickly grows to its original length. No remedy, then, is successful which does not expel the head. But, although this is true, and tapeworm is a common enough disease, many practitioners have never seen the head of a tapeworm. In the Edinburgh Monthly Journal for June 1852, at that time conducted by the professor of medicine of the Edinburgh University, is the following report of a conversation between the conductors:

"Physiologus (Prof. Bennett). Did you find the heads of the creatures—i.e., tenia?
"Medicus (Prof. Christison). No. That is no easy matter; I have been looking for a tapeworm head all my life, but have not yet found one.

"Editor (Dr. Robertson). Nor I.
"Obstetricus (Prof. Simpson). Nor I.
"Physiologus (Prof. Bennett). But, for that matter, did you ever know any one who had found one?

"Chirurgus (Prof. Syme). Yes, I knew Rudolph.

"Physiologus (Prof. Bennett). But, if you did not find the head in your cases, you can scarcely say the patients were cured.

"Medicus (Prof. Christison). So it is pretended, but I doubt the authority. The head of the tenia solium—the only species met with here—is so small that it must be extremely difficult to find one. As I have seen half-joints following in a day or two the expulsion of the chief mass of the worm, it is very plain that the head, by much the smallest portion of the creature, must be very apt to disappear altogether: and, suppose it is entire, I should like to see a successful hunt for so minute an object in the evacuations, if there be not a goodly length of joints attached."

It is curious that, while these five distinguished and experienced practitioners candidly admit that not only have they never seen the head of the tapeworm, but also that they have never known any one who has seen one, excepting Rudolph, Dr. Grub, of Vienna, who, in eighteen cases treated out of the hospital, the patients themselves found the head, and brought it to the hospital; and, in four out of six cases treated in the hospital, the head was found by the nurses. I have succeeded in obtaining the head from one only of my out-patients affected with tapeworm; but in four out of nine cases treated in the hospital I have found the head. When you see, in the preparations on the table, how small a part of the neck the head may be attached, you will not wonder at the difficulty experienced by those who attempt "to hunt" for such an object in the evacuations. If, however, an aperient is administered, and all faces in that way removed from the intestine, as they should be, before the anthelmintic is administered, the head will often be found by those who search for it. If it be not attached to the trunk, it is necessary to dilute the slimy and coloured evacuations largely and repeatedly with water. The head, being heavier than the fluid, sinks to the bottom of the vessel.

The head be not found (and, should it be broken off short, it may be passed, and yet escape even careful search), the patient cannot be said to be cured till about four months have elapsed without any joints of the worm being passed. The bothrocephalus latus on the table was passed in two portions, to one of which the head was attached. Unfortunately, the head, however, was broken off and lost after it came into my possession.

The anthelmintics chiefly employed in cases of tapeworm in this country are turpentine, kousoo, pomegranate, and male fern. The objection to turpentine is its horribly nauseous flavour, and its very unpleasant effects on the head, and occasionally on the kidneys. It is a remedy which should be used only as a last resource. Kousoo is expensive and bulky. Pomegranate is bulky and nauseous, and, as ordinarily obtained in this country, not very certain in its action. Male fern has the advantages of being inexpensive, only moderately disagreeable in flavour, so that children take it readily, of small bulk, perfectly fire-proof to the patient, and more certain than the other agents in its action on the parasite. It is one of the oldest of the remedies for tapeworm, and one of the very best. The preparation I have used is the ethereal oil. An aperient was given in the morning, the patient was kept without food for sixteen or eighteen hours, and then one or two drachms of the oil of male fern were administered on a little cinnamon water.

I have notes of twenty-four cases to which the oil of male fern was given. Sixteen of these cases were cured by a single dose. In three of these sixteen cases the head was found; three of the remaining thirteen were ascertained to be well two years after the administration of the oil, one a
afterwards, the absence was not found, without any tenia coming away with the stool.

Three required two doses of the drug; in one of these three some yards of tenia were expelled by the first dose; for two months after this no joints were found in the stools, then a few appeared, and a second dose was given, and was followed by the expulsion of nine yards of tenia; the patient continued well two years after this. In the second case, three yards were expelled by the first dose, and a month after, five feet by a second dose; at the expiration of a half-month the patient continued well; in the third case five and a-half yards of tenia were expelled by the first dose, and seven yards by the second, given two months after the first.

These doses were required in two cases. The first dose of the oil, however, given to one of these cases was not of good quality. In one of the two, the days clapsed between the first and second dose, and four hours between the second and third. In the other, two days elapsed between the first and second dose, and one between the second and third. In both cases the head was obtained.

In one case, viz., that of a child five years and six months old, before the 4th of August inclusive, five doses of castor oil, and as many of oil of male fern, were administered, without a decided effect—a few joints of tenia only being expelled. On the 17th of August, twenty grains of the extract of male fern, obtained from Duncan and Flodharts, of Edinburgh, were given without effect. On August 23rd, one pint of infusion of pumpkin seeds; on September 1st, decoction of pomegranate; and on September 5th, infusion of kousoo; all produced copious evacuations, but no tapeworm. The child now left the hospital. In November he was readmitted, and during my absence was treated with success by my friend Dr. Ballard with the oil of male fern. This time the child was kept for forty-eight hours with little if any food, before the oil was given. The child was free from tapeworm some months after he left the hospital.

One man took the oil two or three times without any good effect, but then large quantities of solid feces were discharged from its action; and before it could be administered in a more effectual manner, the patient escaped observation.

Among those cured by a single dose, and well two years afterwards, was one man who had taken kousoo three times, and oil of turpentine twice. Several of the others had taken turpentine and other remedies with permanent good effect. In three cases (children) the patients rejected the oil by vomiting; with one exception, all admitted that it was much less nauseous than castor oil. In no case did it cause griping or other unpleasant symptom. The shortest time after taking the oil in which the worm was expelled was half an hour; the longest two hours; the ordinary time four hours. A large quantity of tenacious yellow mucus was usually expelled either with or before the worm, and often, also, when no worm was present, as when the oil was given to ascertain that no worm remained, the head not having been found.

In no case was the worm alive when expelled, and in no case was it expelled entire.

The mode of administering the oil of male fern, I would recommend, after the experience I have had of it, is as follows:—

For an adult, two pills may be taken at bedtime, containing three grains of calomel and eight of compound colocynth pill—the following morning a dose of castor oil. After both oil and pills, the bowels should have been thoroughly cleared out. As soon as that object is effected, one draught and a-half of oil of male fern is to be given on an ounce of some aromatic water; and the dose of oil of male fern may be repeated in six hours, if the first dose has not proved effectual before the expiration of that time.

For a child, calomel and jalap may be substituted for the colocynth and calomel. The dose of the oil of male fern must be as large for the child as for the adult, seeing that its action is on the parasite and not on the patient. I have never seen any unpleasant results follow its employment in the child.

ON ARSENIC-EATING.

By W. D. KESTEVEN, Esq., F.R.C.S.

Some correspondence respecting the truth of the alleged practice of arsenic-eating in Styria was published in the Association Journal last year.* I have subsequently been at some trouble to investigate the grounds on which this story has rested—a story so directly opposed to all previous experience of the effects of arsenic on the human system, and hitherto so unsuspected by either facts, as to have met with incredulity at the hands of the most distinguished toxicologists, British and foreign. Inquiry soon showed that, up to the time when this investigation was commenced, all the accounts of the "arsenic-eaters" that had been laid before the British and foreign toxicologists, and from Dr. Von Tschudi's paper in the Wiener Medicinische Wochen. October 11th, 1851.

Dr. Von Tschudi's paper, then, constitutes the basis of the late Professor Johnston's romance,† and of certain articles in Chamber's Journal. I have, in the first place, submitted a literal translation of the unmutillated paper, with a view to a subsequent examination and comparison of its statements, and of the information more recently obtained from original sources, with that of the pretended impunity of arsenic eating, by the popular writers above referred to.

Not to forestall our conclusions, it may be merely asserted that arsenic is still a poison, even in Styria, and that it cannot even there be trifled with without the gravest consequences. In a medico-legal point of view, which is from which this subject must be regarded as having more especially called for investigation, it is believed by the writer that it will be shown to be useless as a means of defence in criminal proceedings.

TRANSLATION OF DR. VON TSCHUDI'S PAPER.

"In some districts of Lower Austria and Styria, especially in the mountainous districts of Hungary, there prevails, especially among the peasantry, the extraordinary practice of arsenic eating. It is procured under the name of Hedri (Hidri, Hidrich-Hütterausch), § from the hawkers of herbs, or peddlers, who had their purvey company of the workpeople in the Hungarian glass-houses, or of farriers (Viehärzten), or of quacks.

"Poison-eaters have a twofold object in their hazardous indulgence. On one hand, they look to obtain a fresh healthy aspect, and a certain degree of obesity. It is, in fact, very frequently taken by peasant youths and girls, in order to promote racial likeness; and it is, in fact, remarkable with what favourable results their views are attended. The juvenile poison-eater shortly exhibits a very blooming complexion, and a strikingly healthy exterior. I here cite one from among several instances. [Note: Mrs. Farrow, a healthy but spare and pale dairymaid, belonging to a farm-house at Pfarre, had a lover whom she wished still more to captivate by her personal appearance. She had recourse, therefore to the notorious means, and took arsenic several times a week. The desired effect was produced, and, after a few months, she had become stout, rosy-checked, and altogether...

* See numbers for November 29, 1856.
‡ Dr. Von Tschudi adds in a footnote:—"How far this abuse prevails, I cannot with certainty determine; and emphatically mark, that I have only spoken of the districts known to me."