

blood-corpuses must also proceed from the exudation of leucocytes from the Malpighian tufts, for no changes are found in the tubules indicating their passage through the walls and epithelium. The majority of fatty casts, too, had their origin in the tubes of the cortex, which was pre-eminently the seat of fatty degeneration. He was surprised at Dr. Southey's statement that he had never met with an epithelial cast, for he had seen casts covered with undoubted glandular epithelium in a vast number of cases. A common instance of epithelial shedding was met with in cases of obstructive jaundice. If the epithelium could not be got rid of, every inflammation of the kidney, even the slightest, might lead to fatal results from blocking of the channels. Desquamation implied formation of new cells as well as shedding of the old. Dr. Johnson also stated his firm belief that the large size of casts was an indication of their formation in tubes denuded of epithelium; whilst, on the other hand, small flattened casts were found when the epithelium remained and was swollen. He did not agree with Dr. Southey that the large hyaline casts were most numerous in acute cases; they occurred mostly in chronic cases, and their abundance was in direct relation to the amount of atrophy and disorganization of the kidney present.—Dr. Southey, in reply, said that, had he entered into pathological details, he should certainly have drawn attention to the fact that the products of renal inflammation could be absorbed as Dr. Powell had suggested; but his main object had been to show that the existence of the looped tubes (which, from their number, he believed were connected with all the excretory tubes) was *à priori* evidence against the passage through them of casts formed in the larger convoluted tubes. Granular material and detritus, no doubt, did traverse them, and in chronic parenchymatous nephritis the excretory tubes were found blocked with such products; but he had never seen anything like an epithelial cast which could have been formed by desquamation of the secreting epithelium. The convoluted tubes varied much in size in their course, and he had not met with casts reproducing their characters in this respect. As to the formation of small casts between swollen

epithelium, that was pure speculation, and he believed himself that these finer casts came from the looped tubes.

INTESTINAL WORMS IN CHILDREN.

Medical Society of London.

Dr. Sansom read a paper entitled "Notes on some of the Common Disorders of Children." They were suggested by an experience of nine years at the North-Eastern Hospital for Children. More than half the cases which came under treatment were those of disorder of the alimentary canal; and, taking 500 cases promiscuously, 145 (or 29 per cent.) were disorders due to the presence of intestinal worms. The general prevalence is, no doubt, much higher. The symptoms produced by the parasites are divisible into a large class of direct and a small class of reflex phenomena, and the diagnosis is made by the direct observance of the parasites in the dejecta or about the body. The chief intestinal parasites of children in this country are the *ascaris lumbricoides* and the *oxyuris vermicularis*; the ova of the former being introduced by contaminated drinking water, and those of the *oxyuris* by direct communication or by ingestion. An individual once affected becomes a constant source of self-contamination, for the ova are conveyed by the fingers from the neighbourhood of the rectum to the mouth. Most of the symptoms produced by these parasites are the direct results of the irritation by themselves or their ova, so that not only do they produce the symptoms referred to in the rectum and intestines, but they cause unhealthy sores about the groins, whitlows and ulceration of the fingers, irritation of the nares, a well as many of the forms of impetigo. Stomatitis, hypertrophy of papillæ at root of tongue, pharyngitis and tonsillar ulceration could also be attributed to their direct irritation. The peculiar cough of vermiferous children was due to local irritation of the fauces. Reflex phenomena, as epilepsy, hemicrania, and chorea, were most common in the hosts of *lumbrici*. Santonine for *lumbrici*, aperients and enemata for *ascarides*, were indicated as the best line of treatment; a concurrent tonic treatment, and prophylaxis in the enforcement