The rules which I have ventured to suggest as applicable to the electrolytic treatment of aneurism are, of course, likely to require modification as our experience of it increases; but this, at all events, may be affirmed, that the dangers of the treatment are by no means serious if they are adhered to. Thus violent inflammation is not likely to occur if a weak continuous current of electricity be employed for a moderate space of time; while slight irritation is not an unmixed evil, and may be allayed by the application of iced cloths. It naturally occurs to one that clots produced by galvano-puncture, and which at first are soft and presumably easily detached, are likely to be swept into the general circulation, and to give rise to embolism; but, as far as our experience has hitherto gone, this happily seems to be rather a theoretical than a practical difficulty, and one which appears to me all the less likely to occur if the needles be connected with the positive pole alone. The gas which is generated during the operation, no doubt, in part, finds its way into the circulation; but this takes place so slowly and in such small quantity, that no danger is to be apprehended from it. The operation, then, need not cause us much anxiety from the above points of view; but it comes to be a question—and to this the attention of medical men practising galvano-puncture should be specially directed in the future—whether the consolidation of that portion of the aneurism in particular which approaches the surface may not, in some cases at least, favour the extension of the disease in other directions, and lead to internal pressure-symptoms, and to rupture into internal organs.

HYDATID DISEASE:

AS ILLUSTRATED BY SPECIMENS CONTAINED IN THE PATHOLOGICAL MUSEUMS OF THE METROPOLIS AND ELSEWHERE.

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I.

ALL who really desire to advance the healing art must by this time be well aware that so desirable an end can only be obtained by continuous labour, directed towards the perfecting of our knowledge of the origin, diagnosis, pathology, and mode of preventing the occurrence of the obscurer forms of disease.

As obtains in the case of hydatids, there are certain maladies affecting both man and beast which are so intimately related to one another that the physician, surgeon, scientific pathologist, and veterinary practitioner are all alike interested in their study; but in the prosecution of investigations of this kind it becomes more and more evident that the principle of division of labour requires to be exerted to the utmost. In the acquisition of the following data, I have been obliged to content myself with employing only such intermittent hours of leisure as I could gather or steal from other occupations at varying intervals during the last ten years.

The pathological collections in the metropolis abound in rare and remarkable illustrations of hydatid disease; most of the preparations being practically known only to such few members of the medical profession as have been at some time or other officially connected with the museums. Not without justice, curators often complain that their work is turned to little account; therefore, in the matter of parasites, I have resolved to utilise their labours without reserve. My past connection with the Edinburgh University Anatomical Museum, and subsequently with the collection of the Middlesex Hospital Medical College, has convinced me that few persons are aware how much solid information may be gathered by a patient study of the contents of these great store-houses of the results of disease. Valuable as the catalogues are, it is often necessary to make a close inspection of the preparation in order to arrive at a correct interpretation of the facts presented.

Although the entozoal preparations in the museum attached to St. Bartholomew's Hospital are, comparatively speaking, few in number, there are some choice specimens of hydatid disease. There is a remarkable case in which hydatids invaded the right half of the bones of the pelvis; death resulting from suppurative inflammation of the cysts. This patient, a woman, had also another hydatid cyst which was connected with the ovary. Amongst the series contributed by Dr. Farre, there is a case represented where a large cyst containing numerous hydatids "occupied the pelvis of an infant and produced retention of urine", which ultimately proved fatal. There are also several fine examples of hydatids from the omentum (Dr. Farre's case); besides a good specimen of acephalocysts connected with the vesiculæ seminales. There are two other cases in which these larval entozoa were passed with the urine. At the time when I made my inspection, the entire series re-

presented twenty-five separate cases, of which only one appeared to have been published in detail (Mr. Evans's case, *Medico-Chirurgical Transactions*, 1832). In addition to the above, I must not omit to particularise also two instructive preparations illustrative of a case in which an hydatid was lodged in the right half of the cerebrum. This was from a girl in whom head-symptoms showed themselves a year before death, and in whom there was partial hemiplegia of the left side. I may add that there is also in the series a doubtfully genuine example of hydatids of the breast.

The collection in connection with the Westminster Hospital contains several highly interesting specimens of entozoa (one of which I believe to be altogether unique), but it is by no means rich in the matter of hydatids. Out of a score of preparations of parasites of various kinds, only four (apparently representing the same number of cases) are hydatids, all of which appear to have been connected with the liver. Two are certainly so; one of the latter (Mr. Holthouse's case) showing calcareous degeneration.

The museum connected with St. Mary's Hospital Medical School, in addition to several liver cases, contains one interesting example of hydatids of the lung (Dr. Chambers's case); and also three valuable preparations illustrating Mr. Coulson's remarkable case of hydatids affecting the tibia. One of the preparations shows the bone itself, which was eventually removed at the joint, the operation having been performed by Mr. Spencer Wells.

Here, perhaps, it will not be out of place to mention as a fact of special clinical interest that I have encountered records of no fewer than nine other similar cases where hydatids have chosen to take up their abode in the tibia; generally selecting the head or upper part of the bone. Some of my notes have been mislaid; but, speaking from recollection, one of the choicest specimens which I have examined is contained in the pathological museum connected with the Nottingham Hospital.

When I first went over the collection of the Middlesex Hospital Museum, I found it to contain fifty-four preparations of entozoa, of which some fourteen only were true hydatids, representing as many separate cases. There are now upwards of a score of preparations of hydatids; several of the cases having already had ample justice done to them by Dr. Murchison in his well known memoir (*Edin. Med. Jour.*, Dec. 1875). Amongst the most interesting preparations, I would especially call attention to two fine and genuine specimens from the kidney, another very large example of an hydatid situated between the bladder and rectum, a simple acephalocyst removed from the orbit (Mr. Hulke's case), and the hydatid removed from the axilla by the late Mr. Charles Moore. There is a jar containing hundreds of hydatids that were taken from the thoracic cavity of a dissecting-room subject, who was reported to have died of phthisis; and there is another preparation of an hydatid of the heart, which also proved fatal, without there having been the slightest suspicion entertained as to the true nature of the disease. For this fine preparation, the museum stands indebted to Dr. Moxon of Guy's Hospital. Several of the liver cases have a special interest of their own; but, for the present, I will only further call attention to the small bottle full of minute hydatid vesicles, all of which were removed from the interior of the tibia. The history of this case has been lost; and, unfortunately, the bone from which the parasites were taken does not appear to have been preserved.

SIX MONTHS AMONG THE BASUTOS OF SOUTH AFRICA.

By E. B. HARTLEY, M.R.C.S. Eng., District Surgeon, British Basuto Land.

I VENTURE to think that a short sketch of six months' practice among the Basutos of South Africa may not be altogether uninteresting. The Basutos belong to the Bechuana tribe, and reside along the western side of the Malutis, which range of mountains separates their country from Natal, about latitude 30 deg. S. Their doctors appear to be aware of the existence and therapeutic value of many roots and herbs growing in the country, but at this early date of my settlement in it, and on account of the secrecy observed in the collection and uses of these medicines, I am at present unable to give any information. In the setting of fractures they display much skill; but as regards the removal of tumours, necrosed bone, and severe surgical diseases, they are entirely ignorant. I was called a short ago to see a fracture of the shaft of the radius which had been put in the correct position of mid pronation and supination with the arm lying in a small mat of reeds, which, from its comfort, easiness of adaptation, and lightness, appeared to be an apparatus worthy of being copied by more civilised nations.