

communicated his paper to the Vienna Academy, and, therefore, he hoped Dr. Harley (in concert with Weinland and others) would retain the generic name *Bilharzia*, which had the priority. At all events, this was not a new species of fluke, and, therefore, the name *Distoma capense* could not stand. But Dr. Harley's discovery was none the less important on this account. It was quite clear to him (Dr. Cobbold) that our fellow men at the Cape, in the Mauritius, on the banks of the Nile—and also, if you please, our friends, the monkeys—obtained this parasite by swallowing the “intermediate bearers” of the *Bilharzia*. These “bearers” or “hosts” were small mollusks or aquatic animals, inhabiting the African rivers. They contained the higher larval states of this parasite, the larvæ being introduced into the human body by drinking the African waters unfiltered.—*Med. Times and Gaz.*, Feb. 6, 1864.

13. *Extensive Development of Cysticerci in the Human Body.*—Pierre Massot, aged 77, was admitted into the Hôtel-Dieu at Lyons in November, 1862, with pulmonary catarrh and general weakness. On February 9th, 1863, he broke the neck of the left thigh-bone, and was consequently removed into the surgical wards, under M. DELORE, where he gradually became weaker, and died on April 16th. M. Delore had noticed, during the man's life, a number of small tumours on the chest, along the arms, on the elbows, and in the armpits. The lower limbs were very cedematous, so that the presence of any tumours in this situation could not be ascertained. The swellings were subcutaneous, and were not adherent to the skin nor to subjacent parts. Some of these seemed to be united by fibro-cellular bands, as they were easily moved together. The skin over them was unaltered; they were of the size of haricot-beans, very hard, and presented no trace of fluctuation. It was thought that they were of fibro-plastic character.

Thirty-hours after the man's death, the tumours were examined by M.M. Delore and Bertholus, and were recognized to be due to the presence of cysticerci. Several cysticerci were found in the subcutaneous tissue of the conjunctivæ. The muscles were pale and easily torn; all those of the trunk and limbs contained numerous cysticerci; in the diaphragm there was one nearly as large as an almond. It was estimated that the subcutaneous conjunctival tissue and the subaponeurotic and intermuscular tissue contained about 2,000 of these bodies. They occupied principally the points of insertion of the muscles; their longest diameter lay parallel with the fibres, which they separated without destroying them; they were also lodged in the intermuscular spaces. No cysticerci were contained in the bones. The head of the thigh-bone was broken outside the capsule, and the great trochanter was also detached. Union had not taken place. There were no cysticerci in the eyes; nor at the base of the tongue, where they are always present in measly pigs (up to the present time, only one case of cysticerci in the human tongue has been noticed; it is related by Rudolphi). The liver, spleen, and kidneys were quite healthy; the latter presented numerous cysts on their surface. The pancreas contained one cysticercus. The mesentery was literally crammed with them. The parotid glands contained several. Three or four were found in the sides of the larynx. There were sixteen on the surface and in the tissue of the lungs. One was placed superficially on the anterior wall of the heart. The intestines were carefully washed and examined; but no tæniæ nor worms of any kind were found. In the nervous centres, 111 cysticerci were found; viz., 22 in the membranes, 84 in the cerebrum, 4 in the cerebellum, and 1 in the medulla oblongata. None were present in the spinal cord. On the surface of the brain, a rather large number of cysticerci had formed a small cavity in the substance of the convolutions; others were seen through a thin layer of cerebral substance. The ventricles, choroid plexus, and optic thalami, contained a considerable number. The brain was soft and diffuent.

An examination of the parasites showed that the vesicles varied much in size, and that they contained scolices having a double range of hooklets varying from thirty to thirty-four in number.

Very little information could be obtained as to the antecedent history of Pierre Massot. As far as could be ascertained, he was a beggar, led a wandering life, and was frequently intoxicated. His food ordinarily consisted of bread,

cheese, and pork. In the part of the country where he lived, mealy pork is common; but no cases of tæniæ have been noticed there.

Cases where the muscles and organs have been generally occupied with cysticerci are very rare. M. Delore has met with only two such instances; one related by Werner, the other by Demarquay. In the latter case, most of the muscles contained cysticerci; but among the internal organs, the lungs alone. In a case of ununited fracture of the humerus, under the care of Dupuytren, where resection was performed, several hydatids were found in the fragments. The fracture was attributed to their presence, as the patient had broken his arm in throwing a stone with moderate force.—*British Medical Journal*, December 26, 1863, from *Gazette Méd. de Paris*, 3 Octobre, 1863.

14. *Epidemic Pleuro-Pneumonia in some Ships of the Mediterranean Fleet.*—Dr. BRYSON, Inspector-General of Hospitals and Fleets, R. N., read before the Epidemiological Society an account of this epidemic.

The disease was of a low, asthenic or typhoid type, accompanied with great congestion usually of the lower lobes of the lungs, and in many of the cases in the ship chiefly affected, the *St. Jean d'Acre*, with scorbutic symptoms, although the diet of the crew was in every respect as good as in the other vessels of the squadron. In the *Cressy*, too, there was an unusual prevalence of lung disease, often of an obscure and anomalous character, which was not easy to designate. The evidences of the pulmonary tissue being congested or even consolidated in different parts of the chest, associated with pleurisy or pleurodynia, and with such a cachectic condition of the system as might probably lead on to tubercular degeneration in chronic cases, were the most conspicuous features of the malady. Effusion into the chest was discovered in a few instances. Diarrhœal and dysenteric attacks were common both in the early and late stage. The following table shows how very differently different ships of the squadron were affected with diseases of the lungs in the course of the year, and also with other diseases, the extent of whose prevalence is usually regarded as a fair test of the healthiness, or otherwise, of a ship's crew. Attention should be paid to the number of the crew in each vessel, to estimate aright the marked difference in respect of the number of cases under each head in the different ships. The reader can easily calculate the ratio of attacks to the crew for himself:—

|                 | No. of<br>Crew. | Cases of<br>sickness<br>in year. | Diseases of<br>lungs, etc. | Diseases of<br>bowels. | Fevers, con-<br>tinued and<br>remittent. | Ulcers. |
|-----------------|-----------------|----------------------------------|----------------------------|------------------------|--|---------|
| Marlborough     | 1145            | 937                              | 129                        | 64                     | 10                                       | 75      |
| Agamemnon       | 840             | 881                              | 241                        | 58                     | 17                                       | 30      |
| St. Jean d'Acre | 815             | 1601                             | 401                        | 171                    | 136                                      | 115     |
| Cressy          | 720             | 1483                             | 298                        | 254                    | 12                                       | 102     |

The deaths from disease in the *St. Jean d'Acre*, and in the *Cressy* were twice as numerous as in the *Marlborough*, notwithstanding the much smaller crews of the former vessels; and the number invalidated from the first ship was fourfold as numerous. As to the chief cause of this enormous disproportion in the sickness and mortality, &c., in two ships of the same fleet and similarly exposed, it was clearly shown that this lay in the excessive overcrowding of the men at night in the *St. Jean d'Acre* on the lower deck, while in the *Marlborough* the men were more distributed on the different decks, and greater attention was paid to ventilation of the between decks. Only fourteen inches space was allowed to each hammock in the former ship; and so thoroughly was fresh, cool air excluded from the men while asleep, that the air above the hammocks was found to be from eight to ten degrees hotter than the air below the hammocks, and so offensively impure as to cause nausea to any one going down from the open air. With such a state of things, it is not wonderful that the health of the ship was so bad during the two years while on the station, that it was at last found necessary to send her to England to be paid off. Besides several features of resemblance in the symptoms of the pleuro-pneumonia in the *St. Jean d'Acre* and *Cressy* to the lung disease in cattle, it is to be noted that