"rules" of this suicidal clause; because simply suicide, if regarded from a medical point of view, ought no more to concern the Postmaster-General, or the Government which he represents, than ought the fact of the death of one insured from a fractured skull or a broken leg, typhus fever, erysipelas, heart-disease, or what not; or because the Postmaster-General might, with equal scientific truth and justice, declare a "client's policy invalid"—i. e., *avoided*—by death from any more ordinary and casual disease or accident, as from suicide; seeing that this act, like the occurrence of fever or of any other fatal malady, is not due to the *will* of him afflicted, but is brought about independently of it—i. e., the will.

Let it be well remembered by those in and out of the profession, that the act of suicide is ever a mere external or objective sign or symptom of an internal and subjective disease.

Original Communications.

UTERINE HYDATIDS.

By THOMAS MELLOR, Esq., Manchester.

IN a recent number of the BRITISH MEDICAL JOURNAL, there is recorded an interesting case of uterine hydatids recurring in four successive pregnancies, met with in the practice of Mr. Osborn of Dover. About a fortnight ago, a precisely analogous case came under my own observation.

Mr. Cartmel, surgeon, of this city, requested me to see with him, in consultation, Mrs. W., an apparently healthy married woman, of about 25 years of age, and the mother of one child—at this date, perhaps, thirteen months old. Three menstrual epochs having passed, and several of the ordinary phenomena of pregnancy having manifested themselves, she naturally concluded that such was her condition. At this period, she began to experience slight discharges of blood, accompanied by irregular uterine pains; but not to the extent of interfering with her ordinary domestic duties, or even inducing her to forego a considerable amount of out-door exercise. So lightly, indeed, did she estimate this state of things, as even to pay a visit in the country, under an impression that she would be benefited by the change. For a period of six weeks, there were frequent recurrences of pain and sanguineous discharge, culminating at length in a more profuse flow, and the simultaneous expulsion, mixed with large coagula, of a mass of cysts, varying in size from that of a grape to others much more minute, the latter being attached by very delicate pedicles to the larger ones. A vaginal examination made at this time disclosed nothing beyond a slightly patulous os uteri, and the presence of some small coagula. For two or three successive days the discharge persisted, though in gradually decreasing amount; and our patient was soon restored to her usual health; the only remedy employed during the sanguineous loss being an infusion of the *secale cornutum*, with tincture of opium.

A subsequent and more leisurely examination of a few of these clusters of vesicles, some of which, as I have before remarked, resembled a grape, both in form and size, with extremely delicate capillary vessels on their exterior, afforded an interesting example of what has been designated "cystic disease of the chorion", or "hydatid mole".

In the second volume of Mr. Paget's *Lectures on Surgical Pathology*, at page 62, may be seen a drawing of this form of proliferous cyst, which pre-

sents an exact counterpart of my own case. In that instance, as in mine, "a part, or it might be the whole of the chorion, was covered with pellucid vesicles, with limpid contents, borne on long, slender, and often branching pedicles."

Such was precisely the case with the specimen which I brought home; for, on suspending a small cluster of these vesicles in water, the above characteristics were beautifully exhibited; clearly placing them in the category of proliferous cysts, with exogenous growths "projecting from the exterior walls of the parent"; and thus distinguishing them from hydatids properly so called.

I ought, perhaps, to add, that in the above case, as in that of Mr. Osborn, no vestige of an embryo could be detected.

CHOLERA.

By JAMES GARDNER, L.R.C.P.Ed., Bungay.

THE spreading of cholera on the continent, the prevalence of zymotic diseases, the disease amongst cattle, all shew that it is not at all unlikely we may yet have a visit from cholera in an epidemic form. We are told not to be alarmed; and that the chief way to prepare for the disease is, to adopt strict hygienic measures, to be careful in diet, cleanly in person. This advice is very good; and, no doubt, if every one were to act up to this, there would be no such thing as cholera or any other infectious disease known; but, unfortunately, there are many of us who are living in neighbourhoods amongst people who will not act up to these laws, and are thus in a fit state to succumb to the disease and then propagate it to their neighbours.

It is well, then, to be prepared; as when the disease does come, it is generally so sudden, and creates such a panic, that it requires all the energies of the medical man to meet it with firmness and self-reliance. I propose stating my experience of the disease, and the treatment which I intend to pursue should any cases unfortunately occur in my practice. At the same time, I court inquiry from others who may probably differ from me, and have had as much experience.

I can remember the occurrence of the cholera in this country in 1833, during the first year of my apprenticeship. The town in which I then lived contained between 3000 and 4000 inhabitants. It was in a healthy situation; and the sanitary measures were, as to drainage, etc., tolerable; but, as is usually the case in almost all towns, there were low filthy localities which at that time could not be reached; and here it was that the disease first broke out, afterwards attacking several of the higher classes in the neighbourhood. Amongst the number was the wife of the medical man to whom I was apprenticed, who died in about twelve hours. The treatment pursued, as far as I can remember (as I have no notes), was the hot air bath, mustard plaisters, and stimulating liniments externally, with opium, stimulants, chlorate of potash, and bicarbonate of soda internally. The average mortality to the cases attacked, I do not remember.

The next time I saw the disease was in Bombay in the year 1843. I was then acting as surgeon to an East India ship. The natives on shore were dying at the rate of four or five hundred a day. There were several cases amongst the English shipping. We, however, escaped with only one man attacked—a drunken character, and one who would be thought