"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

most likely to succumb to the disease, but who recovered. My treatment consisted of calomel and opium, with ammonia and ether as stimulants, mustard plaisters, and frictions with oil and turpentine. I could not find out the treatment pursued with the natives on shore. There was a preparation used amongst the Europeans called "Taylor's drops," said, like many others, to be a specific and a sure cure; but I afterwards found it on trial to be useless. I believe it to be a preparation of opium with stimulants, which will, in some of the lighter cases, answer. Amongst the natives, in the majority of cases of cholera, there is no treatment at all adopted. Having no stamina, and being fatalists, they very soon succumb; and if one attempt to do anything, all the reply is, "No use, massa, must die"; and die the patient will, whether with cholera or any other disease.

In the years 1846 and 1847, I made two voyages with Coolie emigrants from Calcutta to Demerara. In each voyage, there were about three hundred emigrants on board; and each time cholera broke out during the passage down the River Hooghly, the time occupying about three days and nights. The Government regulations allow four native doctors during the passage down the river, and an interpreter the whole of the voyage. The situation is by no means enviable; to be shut up in a ship with the cholera raging, knowing the language imperfectly, and the native doctors as frightened as the poor emigrant natives, and worse than useless. I find, on referring to my journals, that, in the first voyage, out of sixteen cases where collapse set in, twelve died. When there was only diarrhoea with some bile present, cramps light, and no collapse, as a rule, they recovered; and directly we got to sea no fresh cases occurred. In the second voyage, there seven deaths in fourteen collapse cases, and quite as many lighter cases; but more care was taken in looking after the emigrants during the passage down the river, to prevent their drinking the water alongside or concealing raw grain about them. Besides, I was determined to act on my own responsibility, and refused the assistance of the native doctors. There were several causes to predispose the natives to catch the disease. The majority of them were brought down from the country, several miles inland, away from their friends and relations, and put on board the ship, where everything was strange and different from their usual customs, which tended to depress the mind. Drinking the water alongside and eating raw grain likewise added to the mischief. The way in which the disease attacked individuals was strangely perplexing. Not those nearest to, or in attendance on, the patient were the next attacked; but it would be one quite at the other end of the ship, and, in some instances, the most healthy-looking of the lot. Sometimes a man would be cut down like lightning, rice-water stools gushing from him, with vomiting and spasms, collapse at once, cold surface, no pulsation, and death occurring in three or four hours. These sudden attacks in this manner were invariably fatal, and no treatment seemed to have the least effect; in others, there would be spasms and vomiting without purging; and there would be again purging and vomiting with no spasms. There were scarcely two cases exactly similar. The treatment was the warm bath immediately, friction with warm turpentine and oil and mustard poultices externally, calomel and opium with ammonia and ether internally, cold water to drink, with a little brandy and soda when acidity was present, or thin gruel with nutmeg or ginger grated in it. The captain and mate of the ship wished very much to try "Taylor's drops", saying that they never knew the remedy fail. I thought it

fair to give it a trial; it was perfectly useless, and soon given up.

On my return to England, I found that the cholera had visited this country in 1848 and 1849. One of my brothers died from the disease; and, from what I could learn, in a state of narcotism from over-dosing with opium.

During the first voyage, no European was attacked on board; but during the second voyage, on the evening of the first day after getting to sea, when no fresh case had occurred amongst the emigrants, and I began to think we were safe, G. G., an apprentice, eighteen years of age, who had been very useful in assisting with the cholera cases, was suddenly struck down on the deck, as if by lightning, about eleven o'clock at night, and went through all the phases of the disease in its worse form. At four o'clock in the morning, he was a corpse. He was a strong, muscular lad; and the spasms and cramps were very severe. This was one of those cases where the poison seemed to act in its most deadly and overwhelming form. The rice-water evacuations came from him in gushes; and there was constant vomiting, followed by cold whispering voice, shrunken features, blueness of the nails, cold perspirations, scarcely perceptible pulse, and suppressed urine. There was a slight attempt to rally after coming out of the brambath; but he soon relapsed, and gradually sank, sensible to the last.

As to treatment, what would be most rational, taking into consideration the pathology of the disease? Here we have a certain poison, which seems to attack in overwhelming force the sympathetic system, the great solar plexus, and that part of the nervous system which presides over secretion, as shown in the total suppression of urine and bile, and absence of warmth. The constant liquid evacuations seem to drain all the fluid part from the blood, which becomes stagnated and unable to circulate. What we require, then, is to excite reaction, and restore the secretory action of the liver, kidneys, skin, and secretory organs. After reading many reports on the treatment of cholera in 1848 and 1849, I prefer a report from Dr. Wilson of cases which occurred in the Haslar Hospital, as it coincides in every way with my own experience; although I differ from him with regard to his views on contagion. I therefore quote the following, as chiefly taken from his pamphlet.

He divides the disease into—1. Cholera abiliosa—no bile passing; 2. Cholera biliosa—where some bile passes; 3. Choleraic diarrhoea—diarrhoea with occasional spasms; 4. Convulsive colic—diarrhoea with colicky pain in the bowels, and sometimes followed by constipation.

In the treatment of collapse cases (cholera abiliosa), he recommends "warm bath (100° to 112°), diligent frictions of the abdomen and extremities. This is generally followed by reaction, and abatement of cramp, at least for a time. Then give two grains of calomel every hour or half-hour, and half a drachm of turpentine in two ounces of mucilage, repeated every one or two hours; and an enema of two ounces of oil of turpentine, two drachms of laudanum, three ounces of mucilage, and about half a pint of camphor mixture, repeated according to circumstances. Friction should be applied to the cramped parts constantly and forcibly, with turpentine and olive-oil. When the vomited fluid is sour, give carbonate of soda in water to drink; mustard sinapisms should be applied to the calves; and, where the pulse is moderately firm, and the spasms are universal, blood may be taken from the arm. Bottles of hot water should be kept in bed to various parts of the body. A rubefacient was found by Dr. Wilson useful, con-

sisting of an ounce each of strong mercurial ointment and cantharides ointment, with half an ounce of oil of turpentine, well mixed, and applied over the abdomen. The calomel and turpentine draughts should be given at first every half-hour in violent cases, and less frequently as the symptoms abate, being suspended when bilious vomiting sets in, or the tendency to collapse is overcome. At first, one drachm of tincture of opium was given in some aromatic; but it was usually rejected, and experience proved that it did no good. The treatment of bilious cholera, febrile diarrhoea, and convulsive colic, is similar in all cases, consisting of three grains of calomel and one of crude opium, repeated every second, third, or fourth hour, according to circumstances. Cathartics are often required in colicky affections, with occasional bleeding by venesection or leeches. This treatment was uniformly successful. It appeared that, when there had been precedent diarrhoea, with a gradual progress to the collapsed state, there was a much better chance for the patient than when the disease, in overwhelming force, fell upon him at once. When, soon after eating a hearty meal in perfect health, the subject becomes in an instant faint and giddy, with a rush of fluid from the stomach and bowels, shrinking features, fluttering pulse, coldness of surface, tongue, and breath—struck down, as it were, by electricity; and when there soon follow the upturned ecchymosed eye and whispering voice—when the disease thus set in, it is doubtful whether art has any power to arrest or materially modify its fatal career. Such, at least, is the impression from what was observed in my own practice and many others; and such, without questioning what has been alleged to have been done by others, or disparaging the means they employed, it is apprehended, will be the conclusions of most observers elsewhere."

Such are the observations of Dr. Wilson—sensible, practicable, and not overdrawn; the last being an exact description of the case of the apprentice, G. G., formerly described in my own cases.

During the last fortnight, I have had four cases verging on cholera. The first two were choleraic diarrhoea, which abated by treatment with calomel and opium, combined with dilute sulphuric acid and ether. Another case was one of colicky symptoms, and confined bowels following: I gave castor oil and cathartics. The last case was a more decided case of cholera, and only wanted the spasms and cramps to make it as severe as Asiatic cholera; the purging, sickness, and vomiting being very violent, and no bile for a time passing in the evacuations, but blood with mucus only passing. In this case, fever came on with great prostration, which often follows the attacks of this disease.

In Dr. Wilson's cases, out of forty-nine cases of cholera abiliosa, he reports fifteen deaths, twenty-six recovered, and eight convalescent. There were ninety-one cases included in the other forms of the disease, but no deaths.

I did intend making some remarks on the subject of contagion and the origin of the disease, but will postpone it until a future time, when I intend offering some remarks of my experience of fever.

MR. WILSON THE ANATOMIST. For learning anatomy, Mr. Wilson's school in Great Windmill Street afforded much better opportunities than that of my former teacher. He had a most profound knowledge of his subject, and his demonstrations were very far superior to those of any other anatomist of that day; and I may, I believe, add, to those of any one since. (Sir B. Brodie's *Autobiography*.)

Progress of Medical Science.

SURGERY.

BLENNORRHAGIC CONJUNCTIVITIS TREATED BY ALCOHOL. A man aged 22, suffering from purulent gonorrhoeal conjunctivitis in the left eye, was admitted into La Pitié under M. Gosselin. The eye had been affected five days. On admission, the eyelids were swollen, red, and glossy; their edges were agglutinated by thick yellowish pus. There was intense photophobia. The palpebral conjunctiva was red and thick, and its lower *cul-de-sac* contained a large amount of pus. The conjunctiva of the eye was much injected, forming a considerable chemosis around the cornea, and presenting on its surface purulent deposits. The cornea was healthy, transparent, and neither ulcerated nor opaque; the anterior chamber and iris were healthy, and the pupil regular and moveable. The patient complained of severe pain around the orbit. The right eye was healthy. The patient had had gonorrhoea nearly a month, when the eye became inflamed; but he could not tell how or when it had become inoculated. The next day, the treatment was commenced by injecting every two hours a mixture of one third of spirit in two-thirds of water; the eyelids being held apart, the injection was applied by means of a small glass syringe. The first application produced severe pain, which lasted about ten minutes. In the intervals between the injections, cold water dressing was applied. Three days afterwards, the condition of the eye was much improved; and the patient was ordered to keep applied to the eye a mixture—one-third as strong as that already described, and to have the injection used three times a day only. Ten days after the commencement of the treatment, the cure was complete. Notwithstanding every precaution, the conjunctiva of the right eye shewed some injection and redness, but this soon ceased on the application of compresses dipped in a mixture of one part of spirit and three parts of water. (*Gaz. des Hôp.*, and *Bull. Génér. de Thé.*, May 30, 1865.)

VESICAL ABSCESS: DISCHARGE OF GAS FROM THE BLADDER. Madame R., a healthy woman, aged 26, consulted Dr. Léon Marie on account of frequent and painful micturition, which prevented her from sleeping at night. Whenever she passed urine, the flow was preceded, accompanied, and followed by discharges of gas *per urethram*. The urine was very thick, and foetid; and yielded a copious muco-purulent deposit. She had never had a fall nor contusion, nor had any foreign body ever been introduced into the bladder. There was no pain on pressure over the hypogastrium; no tension of the abdomen; and nothing remarkable was found on the part of the vagina. The patient refused to allow a catheter to be passed; but, some time afterwards, her sufferings having increased and her general health becoming markedly impaired, she consented. On attempting to introduce a catheter, a resistance was experienced, which was suddenly overcome, when a quantity of foetid gas and frothy urine escaped. No calculus, polypus, or fistula could be discovered; but the openings of the catheter, when withdrawn, were found plugged with a dark green and very offensive pus. Some warm water was injected, and brought off blood and masses of semiconcrete pus. A phlegmonous abscess, says Dr. Marie, which had long lain at the internal orifice and had been partly absorbed, had been opened. The patient after this passed a quantity of foetid