bladder; its walls being one-third of an inch in thickness, and forming an unusually firm tumour. Of all the five specimens of hydatids in the collection, however, none have struck me so much as those affecting the bones. There is a humerus, taken from a man thirty-four years of age, in which the shaft is occupied throughout by small hydatids that have destroyed almost all the cancellous structure; in some places also, the absorption of the cortical layer has gone on to such an extent as to have left little more than the periosteum. Of course, the bone was at last fractured easily. It is a beautiful specimen; and the existence of echinococcus-heads was proved by microscopic evidence. Scarcely less interesting are two preparations illustrative of Mr. Travers' case of a man, thirty-eight years of age, in whom numerous small hydatids occupied both the head of the tibia and the lower end of the femur. Each set of parasites freely communicated with the knee-joint, necessitating amputation of the limb.

The very large museum connected with Guy's Hospital is rich in hydatids. When, some time ago, I spent several days in going over the collection, I examined 76 preparations, representing apparently 70 separate cases of this affection. Amongst the noteworthy specimens, one lung-hydatid was intimately associated with a thoracic aneurism, two others being connected with the pleura; and, of seven abdominal cases, five were connected with the peritoneum, one with the mesocolon, and one with the aorta. This last mentioned instance occurred in a woman of sixty years who, until her death, was treated for dropsy. She complained of incessant pain, which was only relieved when she rested on her hands and knees. Of the three cases affecting the heart, one has been published (Mr. Henderson's), where the patient, a girl of nineteen years, died suddenly whilst in the apparent enjoyment of perfect health. In one of the other two cases (Mr. May's of Tottenham), the left lung was also involved. One case of hydatid disease affecting the spinal column appears to have been originally an ordinary liver case. In Mr. Cock's example of genuine mammary hydatids, the hooklets and echinococcus-heads were detected; but I am not sure that this result of microscopic examination was obtained in the equally interesting example of hydatids of the thyroid gland (also removed by Mr. Cock). There are five bladder-cases, all apparently genuine (of which one has been published); and there are also five other cases referred in the catalogue to the kidneys, of which I regard two as doubtfully parasitic in character. Of three cases of hydatid growths occupying the soft parts of the thigh, two were under Mr. Bryant's care. The museum likewise contains an old preparation of hydatids of the tibia, but its history has been lost. There are also two brain-cases, besides upwards of a score of more or less characteristic and instructive cases of hydatids affecting the liver.

Scattered amongst the museums connected with the larger provincial schools and recognised hospitals, there must be a great many valuable preparations of hydatid disease; at all events, I judge so from the inspection I have incidentally made of a few of the collections.

Of eleven preparations of human hydatids which I observed in the Cambridge Anatomical Museum, apparently representing the same number of cases, seven were connected with the liver and one with the lungs. Those hydatids displayed in the "special series" of entozoa were of uncertain seat. From the recently published and valuable "notes" by Dr. Bradbury, I have no doubt that considerable additions have been made to the Cambridge collection since my last visit.

The museum at Oxford contains some choice specimens of hydatids, but I have only personally inspected a few of them. In the absence of original notes, however, I am indebted to the kindness of Mr. W. Hatchett Jackson for supplying me with several interesting particulars. The anatomical department of the Oxford collection shows from one particular case two hydatids that were found "under the dura mater". In the pathological department, we find one hydatid from the liver of a male subject, and also a preparation showing a number of small hydatids that were "coughed up from the lungs of a female". There are also in this department (Dr. Acland's) two examples of hydatids from the diaphragm, apparently belonging to two separate cases. One is described as a large "hydatid in the diaphragm covered by the pleura"; whilst the other is spoken of as "springing from the diaphragm and projecting into the sac of the pericardium". There is likewise a preparation showing a number of small specimens of hydatids that were passed *per anum* by a female. It is conjectured that they came from the liver.

The small pathological museum attached to the Brighton and Sussex Hospital is particularly rich in hydatids. Amongst others, it contains preparations illustrative of the remarkable case of hydatids in the region of the prostate, communicated by Mr. Lowdell in the *Lancet* in 1846.

The comparatively large museum adjoining the Norfolk and Norwich Hospital displays a choice series of hydatids, chiefly from the collection

of the late Mr. Crosse. That eminent surgeon prepared a special set of specimens to illustrate the process of natural cure by calcareous degeneration; and I may here, perhaps, be pardoned for mentioning that it was the study of these and other entozoa in Mr. Crosse's collection, some thirty or more years ago, that first drew my attention to the phenomena of parasitic life. Illustrations of the helminths in question are still in my possession. In one case (which is instructive as indicating the possibility of death from the simplest form and commonest habitat of an hydatid), a lad, twelve years old, received a slight blow from a playmate. Something gave way, and death speedily followed. It was found by *post mortem* examination that a solitary liver-hydatid, rather larger than a cricket-ball, had been ruptured. Almost unique as the case undoubtedly is, it is nevertheless by no means pleasant to reflect upon the fact that under similar circumstances a friendly "poke in the ribs" might prove fatal to any one of us.

POST PARTUM HÆMORRHAGE TREATED WITH- OUT, AND UTERINE HÆMORRHAGE TREATED WITH, IRON: RESULTS SUCCESSFUL.

By ALEX. MCCOOK WEIR, M.D., L.R.C.S. Edin.,
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I AM induced by the invitation of Mr. Boddy to record briefly, and from memory, my experience of uterine hæmorrhage. When assistant to a gentleman in the North of England, about two years ago, I was called to the bedside of a young unmarried woman four miles in the country, and found, on my arrival, the head low in the pelvis, with good pains at regular intervals. It was just midnight, and I anticipated a comparatively short stay, though I always made it a point to remain an hour with a patient after delivery. The pains ceased in their frequency after my arrival, which I attributed to timidity of the patient under her rather trying circumstances; and I was contemplating the use of the long forceps (Barnes's), when a good pain expelled the head; and soon afterwards a plump healthy male child, of more than average size, was born. The placenta was somewhat tedious in coming away, and a little pressure was exercised on the abdomen, and the cord very gently drawn. It soon yielded; and I observed that it was of more than ordinary size, soft and pulpy. I could not now distinguish the uterus from the outside, but conjectured that it had followed the placenta, and was contracted deep in the pelvis, when, to my horror, an instantaneous gush of blood, that inundated the bed and streamed on the floor, took place. The woman turned ghastly pale; closed her eyes, groaned, was pulseless at the wrist, and to all appearances dead. I called for a basin of cold water and a towel, which I instantly saturated and applied over the womb; and forthwith insinuated my left hand (the patient, fortunately, was delivered on her right side) into the vagina, and thence into the uterus. I then found this organ to be as flaccid as an empty bladder, and so extensively dilated on all hands, that my elbow reached the vulva before my fingers impinged on the fundus uteri, and were distinctly traceable through the abdominal parietes by the outside hand. But the cold shocks to the belly, and irritation within, failed to produce contraction; and in a few minutes I withdrew my hand, and was more horrified to see another gush of blood. I instantly reinserted my hand and arm, and there retained them, as a source of irritation and an effectual plug, until the uterus was stimulated to contract by large imbibitions of rum, the only stimulant in the house. As soon as contraction was well begun, I gradually withdrew my left hand, and followed the uterus into the pelvis by the right or abdominal hand, and kept up pressure with the latter for fully two hours. I then applied a thick book, enveloped in flannel, as a pad; and, having bandaged the patient firmly, sustained pressure over the uterine site for nearly two hours longer. In the meantime, the patient, who had had a whole bottle of rum, vomited, opened her eyes, said feebly that she was "better", and gradually assumed a less ghastly colour. I may add that, the moment the first gush of hæmorrhage took place, I pulled away all the pillows, pounded the bedding, and thus left the patient's head considerably lower than her chest. I concluded that the heart, thus relieved, kept up a very feeble action, that fed the brain and sustained weak respiration, though to outward observation she was pulseless, motionless, and dead. I attributed the uterine contraction more to reflex stimulation and sympathy with the stomach on the introduction of the rum, than the improbable effects of absorption; and my hand and arm *in utero* acted as an effectual plug. The patient swallowed the rum automatically. This encounter with death lasted in all about four hours; and, as soon as vomiting ceased, I gave a twenty-five minim dose of tincture of ergot, and left the

patient asleep at 6 A.M. A stupid nurse allowed her to get out of bed, contrary to my positive orders; but I found the mother and child comparatively comfortable at one o'clock next day. She made a rapid recovery, backed, no doubt, by a good constitution; and soon afterwards was married. I do not hesitate to say that, had the perchloride been injected into a womb so unduly dilated, the shock alone must have killed the woman, as it evidently did in Mr. Boddy's case.

The second case was hæmorrhage in a woman aged 50, whose menstruation had degenerated into a "bloody flux", which was slowly undermining her health, and had left her already pale and wan, with anæmic symptoms and inferior appetite. Constitutional remedies altogether failed to arrest the discharge, and Barnes's system was decided upon. Although my principal approved, yet he could not be present; but I nevertheless made a solution of the perchloride (one part in twenty); gave the patient a stiff dose of brandy; and, having filled, pushed the nozzle of a Higginson's syringe well up towards the fundus uteri, and very slowly injected, watching the patient all the time, and pausing to count the pulse occasionally. There was a slight shock (the patient was very nervous) to begin with, and a little pain, which soon passed away. I continued to inject until all traces of blood had disappeared, and left the patient, who was recumbent all the time, pretty comfortable after the operation. The bleeding did not return; but the prolonged anæmia had given rise to such gastric irritability, that the patient persistently refused food, and fell a victim in ten days, as much to her obstinacy as her disease, and certainly not to the operation or its results. I conclude from this case that washing out the uterus with a mild solution of the perchloride in cases of *chronic* hæmorrhage from a variety of causes cannot possibly do harm, if the operation be judiciously performed; the patient slightly stimulated beforehand, and her attention fixed on the operator all the time, so that the slightest change of countenance may be taken as an index to desist at once.

I may add, for the sake of young practitioners, that it is well to give the placenta good time; and, should a pain not come to expel it in about half an hour after delivery, it is better to insinuate two or three fingers, or even a hand, and grasp the body of the organ, than run the risk of detaching it in part by drawing the cord. This method and gentle manipulation over the abdomen will hardly fail to provoke a pain that will expel the placenta and contract the uterus simultaneously. I suspected partial detachment in my case; but whether it was so in Mr. Boddy's does not appear from his account.

CLINICAL MEMORANDA.

DANCERS' CRAMP.

IN the last number of the BRITISH MEDICAL JOURNAL appears a very interesting leading article, in which some observations on dancers' cramp by Schulz of Vienna are embodied. I have been unable to see the original article by Schulz; but, from the abstract in the BRITISH MEDICAL JOURNAL, the following appear to me to be the main facts. 1. Dancers' cramp occurs in those female dancers who are accustomed to balance themselves on the points of the toes. 2. It does not occur either in male or female dancers who are not called upon to execute this *pas*. Dr. Schulz then states that this pointing of the toe is mainly effected by the abductor, adductor, and flexor nerves of the big toe; and he further informs us that the first of these muscles is very highly developed in the foot of the dancer. The explanation which Dr. Schulz offers of the morbid phenomena is as follows.

"The work done by a muscle depends partly on the strength and partly on the amount of contraction, the former being in proportion to the transverse section of the muscle, the latter to its length. Hence, in the above-named muscles, in consequence of the increase of their transverse diameter by frequent exercise, the voluntary contraction easily passes into a painful tetanus-like one."

Does Dr. Schulz mean to assert that the more highly a muscle is developed, the more liable it becomes to tetanus-like contractions? And, if so, I should like to know whether this is in accordance with the experience of the profession. It certainly is at variance with my own experience, and I have not observed that the muscles of athletes are more liable to cramp than those of other people. On the contrary, it is in the early days of his training that the athlete suffers, and not after his muscles have become developed by exercise. Again, if the mere size of the muscle were the cause of the cramp, surely we ought to find that all dancers are affected alike, since few true saltatory movements can be performed without the aid of the muscles in question, and they are probably very highly developed in dancers of all kinds. We find, however, that the cramp is limited to the executants of a particular *pas*,

and I would venture to offer the following explanation of the phenomenon.

The *pas* in question is not dancing; for dancing consists in regular and rhythmical exercise of the muscles, and the pleasure of dancing is found in the enjoyment of this sense of rhythm, a sense which seems implanted in the whole animal kingdom, and helps probably to secure healthy muscular nutrition by maintaining the balance between contraction and relaxation, in accordance with the rhythmic law of nutrition which has been ably insisted upon by Sir James Paget.

This balancing on the toes is a mere gymnastic feat, and in it the toe and ankle are maintained, often for considerable periods of time, in one position by violent and prolonged muscular exertion. In it the physiological law of healthy muscular nutrition is neglected, the long strong contraction of the muscle is out of all proportion to its period of relaxation, fatigue supervenes, and cramp, one of the symptoms of fatigue, brings the dancer to a standstill.

I have often insisted that the rhythm of the dancer's movements is his safeguard against cramp, and this penalty which the Vienna solo dancers pay for substituting an inelegant *tour de force* for the graceful movements of dancing proper, is an interesting example of a fatigue-disease, brought about, as are other diseases of the same class, by neglecting an important physiological law.

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OBSTETRIC MEMORANDA.

A CASE OF UTERINE HÆMORRHAGE SUCCESSFULLY TREATED WITH THE PERCHLORIDE OF IRON.

ON June 29th last, I was sent for to attend, in her third labour, a Mrs. H., residing at Gate Beck, a distance of six miles from my residence. The child, a very large one, had been born about an hour before my arrival. During this period, I was told by the nurse in attendance, flooding to an alarming extent had occurred: a statement fully confirmed by the death-like appearance and pulseless condition of the poor woman, her bed and body-linen being in fact completely saturated with blood. Without a moment's delay or further questioning, I immediately introduced my hand into the uterus (a task easily enough accomplished in its uncontracted and fully dilated state) to bring away the after-birth. Owing to firm adhesions existing throughout its entire extent, the operation was not so easy as I anticipated. The flooding during a portion of this time was most profuse, and I quite thought that, before the operation was completed, my patient would expire. Having removed as much of the placenta as, under existing circumstances, I felt myself justified in doing, and without resorting to other means for arresting hæmorrhage, I at once (feeling the case was one of extreme danger, and a suitable one for a trial of the perchloride of iron) injected, using for the purpose a Higginson's syringe, four ounces of the strong liquor ferri perchloridi of the *British Pharmacopœia* mixed in a proper basin with twelve ounces of water—the proportions, I believe, recommended by Dr. Barnes. The delivery-tube being passed well up into the uterus, so as to touch the fundus before injecting the fluid, each half of it was thrown up gently, and slowly feeble uterine contractions commenced, diminishing greatly the discharge of blood, which, after the withdrawal of the tube, was completely arrested. Feeling her case to be, from previous loss, most critical, I stayed three hours in the house, administering during this period at intervals beef-tea and brandy, and then returned home, leaving strict directions not to move her until I returned. Early on the following morning, I saw her again. The womb had moderately contracted during the night, and there was no further discharge; indeed, she was as well as and even better than I expected to see her. This poor woman has since made a complete recovery, without experiencing the slightest ill-effects of the styptic. I consider this case adds another laurel to the victor's wreath, and as such is worthy a brief notice, feeling sure that (under God) this woman's life is indebted to the perchloride treatment.

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INJECTION OF PERCHLORIDE OF IRON IN *POST PARTUM* HÆMORRHAGE.

M., AGED 19, was delivered of her second child. Labour commenced on Thursday, October 20th, and continued until Saturday, the 22nd, 2.30 P.M., when it was decided to perform craniotomy, the forceps having been tried. Temperature, 101.4 deg. The operation was done under chloroform. After the child was removed and the placenta detached, and the patient was just recovering from the effects of the