teaching in Edinburgh, I would not have you suppose that in this respect we stand alone. Many teachers have gone from this to other medical schools and have carried with them our methods, and have planted them there. And indeed all the medical schools of England and Ireland, as well as those of Scotland, have been making rapid progress in the attempt to raise the standard of attainment in every student of medicine by providing him with increased facilities for study in every department. To those of us who are familiar with the results both of the old and of the new systems of medical education, the great benefit of the newer method is apparent.

But although we have taken the right way in bringing the young mind more and more into direct contact with Nature, we must ask you not to fall into the error of supposing that a practical mode of study can ever supersede the older method by means of lectures. It would be impossible for one mind to observe independently all the facts of any science, even if it had all the means at its command. How much more impossible must it be for any one of you to observe independently the great mass of facts in the many sciences you have to learn within a limited period of time. In practical studies salient points have to be selected and many others omitted. The systematic lecture must always remain as a systematised exposition in which facts and principles are arrayed, not in the order that might be necessary for practical study, but in the order required to produce a lucid conception of the subject. Both methods are necessary to enable the mind to gain a definite knowledge of detail, and a sufficiently wide conception of any science that deals with physical nature.

I have now seen a good many years of student life, and have watched the results of a good many educational experiments, and as the result of the experience, the advice I offer you is to attend all the practical classes you can. Give no heed to their being compulsory or non-compulsory, for with their help you can obtain a kind of education which you never can find in books or get from lectures; and when you leave the university and pass into medical practice you will find the opportunity gone.

NOTES OF A CASE OF CHOLECYSTOTOMY: RECOVERY.

By RUTHERFORD MORISON, F.R.C.S., M.D. Edin.,
Late Visiting Medical Officer, Hartlepool's Hospital, Newcastle-upon-Tyne.

H. P., aged 45, married, was the mother of six living children, and had had four miscarriages. The patient was an active, intelligent-looking woman, with nervous complexion and features, black hair and bright brown eyes. She was in good condition, though thinner than formerly. She had been occasionally intemperate. The organs, with the exception mentioned below, were healthy. Menstruation had been irregular lately, and for the last four years profuse. The tongue was furred, appetite poor, and bowels irregular.

She had never felt well since a miscarriage, her last pregnancy, eight years ago, and had had pain in her right side from that date. So far as she could judge, the pain had always been of the same nature as that of which she now complained. The attacks of pain started in the right side over the liver, and extended to the right shoulder and epigastrium. They were accompanied by vomiting and shivering, and made her so ill that she was obliged to stay in bed. Latterly the attacks had increased in number and severity, so that three or four days of each week had been spent in bed. The bad fits always terminated by diarrhoea. Exercise brought on these attacks.

The lump was first discovered by herself four years ago. It was tender then, and had remained so throughout, but was worse sometimes than others. She said that it became decidedly less and not so sensitive after the purging.

Examination discovered a round, hard swelling in the position of the gall-bladder, about the size of an orange, and moving freely up and down with respiration. Puncture with a hypodermic syringe showed its contents to be the ordinary opalescent mucous fluid of a distended gall-bladder.

The operation was performed on February 29th, the tumour being exposed by a vertical incision through the abdominal parietes, immediately over it, from two to three inches long. After placing a couple of small sponges behind the distended gall-bladder, an aspirator needle was introduced at the fundus, and six ounces of opalescent fluid removed. The front wall of the

gall-bladder was now drawn forwards by two pairs of ordinary artery forceps, and opened sufficiently between them to admit easily my forefinger. Between fifty and sixty small round stones, the largest being no bigger than a pea, were scooped out with my finger, and washed out with a Higginson's syringe. The gall-bladder was sponged dry, the bile-ducts explored without finding anything, and the sponges removed from the abdominal cavity.

The only serious difficulty in the operation occurred at this time. One of the sponges was lost amongst the intestines, and before I could find it I was obliged to enlarge the incision. In future the sponges shall be under my control with ligature or forceps. The difficulty of finding them has to be experienced to be believed. The edges of the thickened gall-bladder were now fixed to the abdominal wall, including the peritoneum, by a continuous suture, the edges of the wound brought together above and below with interrupted sutures, a rubber drainage-tube left in the bladder, and the wound dressed with carbolic gauze and a wood-wool pad. The operation throughout was conducted with antiseptic precautions.

The after-progress was uneventful. The patient got up on the ninth day, and went home some distance by rail on the seventeenth day. The wound was entirely healed at the end of five weeks, and her health is now as good as it ever was, and better than it has been for years.

A CASE OF TRAUMATIC CEPHAL-HYDROCELE.

By F. A. SOUTHAM, M.B. Oxon., F.R.C.S.,

Assistant-Surgeon to the Manchester Royal Infirmary; Lecturer on Clinical Surgery in the Owens College.

As cases of traumatic cephal-hydrocele—the term now applied to a tumour formed by an accumulation of cerebro-spinal fluid beneath the scalp, occurring as a complication of simple fracture of the vault of the skull—are somewhat rare, the following instance is perhaps worthy of record.

The patient, a male child, aged 6 months, was admitted into the hospital under my colleague, Mr. Heath, on December 28th, 1887, suffering from an injury to the head, the result of a fall down a flight of stairs the previous evening. The mother stated that when taken up the child was in an unconscious state, and re-

mained so during the night. On admission the following morning he was sensible, though somewhat drowsy; there was right ptosis, with slight conjugate deviation of the eyeballs towards the right side; the pupils were equal, neither contracted nor dilated. On examining the head a fracture was found running obliquely across the parietal and occipital region on the right side, causing a deep, oval, gutter-shaped depression, two inches and a half in length, one inch in width. There was no bruising of the skin, and no