with the physician or surgeon; and the visit, instead of being a carefully performed duty, is generally a hurried run through the wards, and a general acquiescence in the treatment of the house-surgeon, on whose shoulders rests the greater part of the treatment. How different is the visit of the teaching physician or surgeon! With him, to teach is to learn; and the daily visit to his wards is to him both the most profitable and the most pleasant period in his daily work.

A studentless hospital reminds me of a private picture-gallery: splendid pictures, but no one to look at them. A hospital with students is like one of our national galleries, through which thousands yearly pass. The pictures sustain no harm from being looked at; and the chances are, that they are better cared for than even the most valuable private collection. Your interests, the interests of your teachers, the interests of the managers as representatives of the general public, are one—the welfare of the patients. The more thorough the system of medical instruction, the greater is the public fame of the Infirmary.

Is it right that, during three of the four years of your student-life, only one hour daily is given by the authorities to clinical study? The hours from twelve to two should be sacred to the hospital. The result, as the classes are at present arranged, is, that the student spends about three-quarters of an hour in the Infirmary. It will, I think, be generally allowed that this time is too short. By careful consultation between the University professors and the extra-academical teachers, the classes could be arranged in such a way as to meet this want. There are many ways in which the change could be made. This, however, is not the place to discuss the question.

Might not the out-patients be utilised more than they are at present for the teaching of the elements of medicine and surgery? There is surely a quantity of material running to waste, which might be made use of for the teaching of the junior students. Before visiting the wards of the surgical hospital, the junior student might learn the elements of practical surgery; so also, in the medical house, auscultation and percussion could be taught in the medical waiting-room. Such preliminary study would lighten materially the labours of the surgeons and physicians.

One of the weak points of our School is the small number of beds, as compared with the large number of students. Our wards are uncomfortably crowded. An organisation of the out-patient department would undoubtedly lessen the number of students attending the wards.

When the new Infirmary is opened, the Sick Children's Hospital and Chalmers's Hospital will be within easy reach. I sincerely trust that every encouragement will be afforded by these institutions for clinical study. Practically, at present, they are studentless hospitals. In this way, also, the crush of students would be relieved.

The appointment of a special professor of Clinical Medicine appears to me another improvement worthy of consideration. Glasgow has taken the lead in this matter. Surely it is an anomalous position to have a professor of Clinical Surgery and none of Clinical Medicine. The professor of Practice of Physic must have wards to illustrate his systematic lectures; but there should be one man who is the acknowledged head of clinical medical instruction. Such an appointment would, I believe, directly benefit our School.

I cannot help hoping that the managers will be able to allot special wards in the new buildings for the study of diseases of the throat, diseases of the ear, and skin-diseases. At present, our students have to go to the Continent for such special clinical instruction. It is also absolutely necessary that the department for the study of syphilis should be thoroughly equipped.

I think that the time has now arrived when these points should be discussed. My wish is your good, as long as it does not interfere with the welfare of the sick poor. I have tried to show that your interests and theirs are inseparably connected. These remarks regarding certain changes which might, in my opinion, be advantageous to our Infirmary, are made in no complaining spirit. We are governed by an enlightened board of management; we are proud of our hospital, proud of our clinical teaching; but I feel that, to keep our place as the leading medical school in this country, we must not stand still. Progress in the right direction will result in greater fame, will directly benefit the patients, and will, if possible, still further widen the range of the grand motto laid down by the founders of our Infirmary—"This Hospital will be open to all the curable distressed, from whatever corner of the world they come, without restriction."

I have to-day avoided offering you advice regarding your duties and your studies. Any recommendations as regard your duty to yourselves and to your teachers are unnecessary to the great majority present. I am addressing men who have begun the business of life. For the few who, perhaps, require to be told their duty to themselves, any words spoken in general terms would, I feel, have little good effect. I could

not be particular enough. The advice given would not exactly fit each recipient, and the result would be an abandonment of what really was applicable. Instead of advice as to your general conduct, I might speak regarding the proper methods of study, the order in which you are to take your classes, your text-books, note taking, etc. The objections to this are that general advice is rarely followed. The student has to drop his individual sense, and merge into the common run of humanity. Such advice would directly interfere with what, in my opinion, is above everything else to be encouraged—your individuality. Any interference with this essential to your healthy existence would be as disastrous to our School as would be the loss of that essential amongst your teachers. All of you, perhaps, wish some point cleared up. To-morrow, meet your individual teachers as individuals, and explain your individual wants. More benefit will be derived by a few minutes' conversation than by listening to an introductory lecture teeming with generalities.

In conclusion, I have simply to bid you all welcome. We, as teachers, will try to do our duty; we expect you to try to do yours. Our sincere wish for you all is happy honest work. The teacher is your steersman; you are the rowers. Remember that a single bad oar spoils the whole boat.

Junior students, you have chosen a School with a name and a fame, with a reputation for work. The maintenance of these qualities depends on you. You have in your seniors many bright examples of how that reputation is to be maintained. Follow in their steps, and be prepared to take their place when another introductory comes round.

To the senior students I say—Go on as you have begun; do not abate your efforts. More is expected of you, the more your opportunities. Be proud of your School; endeavour that your School may be proud of you; and when you leave us, may your chief pleasure be in the recollection that you were once Edinburgh students.

THE TREATMENT OF OBSTINATE VOMITING CONNECTED WITH PREGNANCY.

By EDWARD COPEMAN, M.D., F.R.C.P.,

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SINCE the publication in our JOURNAL of the few cases which suggested to me the novel treatment I advise for obstinate vomiting connected with pregnancy, with its attendant effects of depression, emaciation, and all the symptoms of starvation, I have received promises, both at home and from abroad, that such an apparently valuable means of relief shall have a fair trial, and that I shall be duly informed of the results.

My paper in the JOURNAL has elicited from Dr. Graily Hewitt some valuable observations on the subject in a more recent number, in some measure corroborating my own views, although only partially according with my present ideas as to the cause of the disease; and, still more recently, Dr. Henry Bennet has been sufficiently attracted by it to repeat in the JOURNAL the valuable suggestions he had previously offered to the profession in his own published works. My paper has also been translated in a masterly style by M. J. Lucas-Championnière of Paris, and published in the *Journal de Médecine*, of which he is the chief editor; and in a private letter he says he was so struck with the great importance of it, that he translated it for the benefit of the readers of his journal, adding that he himself, as well as several of his hospital colleagues, intend to apply the treatment when opportunities offer, and communicate the results to me. Also, in a letter from Dr. G. Pacchiotti of Turin, he says, referring to my method of treatment of obstinate vomiting in pregnancy: "It is so simple and so extraordinary, that it is astonishing that it has not been found before. As soon as an opportunity comes, I will try it and tell you what happens."

I have always felt throughout my professional life that increased practical knowledge in the treatment of disease should be the principal aim of the physician, and that all other collateral studies should be ancillary to this chief object of the practice of medicine. No kind of work in our profession earnestly entered upon and diligently carried out can fail of doing good in some way or other, and producing beneficial effects directly or indirectly to suffering humanity; but the cure of disease is not only one of our primary objects, but one which has not been so carefully studied and worked out as its importance demands compared with some other branches of medical science.

Several different conditions of the uterus have been referred to as causes of sickness during pregnancy; for instance, Dr. Graily Hewitt

attributes it to version of the cervix, producing constriction of the inner os, and states that the rectification of these displacements will cure it. Dr. H. Bennet looks upon inflammation and ulcerations of the os and cervix as the cause, and the use of the proper remedies for these affections the cure. M. de Saint-Germain has related a case in which he used M. Tarnier's dilator for the purpose of producing abortion, and immediately afterwards the vomiting ceased and did not recur, although the expulsion of the ovum did not happen for many weeks after the sickness had subsided. My own opinions as to the cause or causes of this complication of pregnancy are not yet sufficiently matured to enable me with certainty to afford any positive explanation; but I am inclined to believe that in such cases there is always some irritating condition present which induces a strain upon the neck of the uterus, or perhaps also on other parts of the uterus, exciting that organ to a disposition, so to speak, to get rid of its contents. After further investigation of the subject, I shall hope to give my views more particularly, and meanwhile I will content myself with what further evidence I have had with reference to the value and certainty of the treatment.

Whilst I was waiting in the reception-room previously to the public dinner of the British Medical Association in Edinburgh, a gentleman introduced himself to me that he might relate a case of almost fatal vomiting during pregnancy which had recently occurred to him. He told me the case was an extreme one, that he thought himself that nothing but emptying the uterus would save the patient's life, and that her husband utterly despaired of her living many days. He then added: "I had recently seen your paper in the JOURNAL, and, in order to calm the utter despondency of the husband, I ventured, *solely on the strength of your published experience*, to promise him that, after a certain operation, his wife's life would not only be saved, but that she would be well in a few days. I dilated the os uteri as you recommend; her sickness immediately stopped; and, to the astonishment of the husband and to my own amazement, she went steadily on to recovery." This gentleman, whose name I forget, but think he lives at Swansea, promised to publish the case, and any others he might have; and, in our short conversation, I had not time to make out particulars as to age, duration of pregnancy, etc., but I hope they will appear in due time in the JOURNAL.

On my return home from Scotland, I found a letter awaiting me from Mr. Atkinson of Ripponden, near Halifax, to the following effect. "Dear Sir,—I think I have had a case during the last three days, the treatment of which carries out the idea of the good results of such procedure. It was a case of vomiting in a woman who has had eight children; and, during the last three days, had a fright from a sudden death occurring next door to her. I attributed the vomiting at first more to a bilious attack, and gave her the usual effervescent saline, with a dose of calomel, but the vomiting continued just the same. Forty-eight hours afterwards, I dilated the os with my fingers, left, and ordered a mixture of carbonate of soda, nitrate of potash, and dilute hydrocyanic acid. She has had no return; and now, two days afterwards, wants to get up. I may also state that she has never been troubled with vomiting before in her pregnancies, and has got up the day after her confinement. She had eight years ago two miscarriages; none since; and is now six months advanced. I do not attribute the allaying of the vomiting to the alteration of medicine so much as the manipulating the os, and I thought I would just mention it to you. I have no doubt it is a procedure which may be carried out without danger to the woman, and seems to be a remarkable antidote to vomiting occurring in pregnancy, primipara or multipara. Of course, this is only one case; but I am sure it may be put down to this treatment as being the means of relieving the vomiting."

I have recently had a case bearing strongly upon the subject in question. A lady, five months gone in her second pregnancy, caught a cold, had a chill, and was attacked with severe frontal neuralgia; at the same time, she became unable to retain her food, and for several days vomited everything she took. She is of a delicate, excitable habit, and had for some weeks previously been taking a great deal of exercise, rowing, etc. Latterly, she had been feeling her dress rather tight, but had not hitherto let it out, and remarked to me that no one would have known she was pregnant from her appearance. For her attack of neuralgia, she had taken aperients and quinine, which latter did not, as she said, agree with her; and she had had local applications over the brow of belladonna, aconite, and chloroform, none of which had relieved her. Hypodermic injection of morphia had been suggested, and, from the severity of the pain, I thought it very proper treatment in default of other remedies. I found the neuralgic pain intolerable, the left eye watering, and she was unable to bear even the pressure of the pillow upon the part. No local application appeared to relieve her. The constant vomiting after food (not a necessary result of neuralgia), coupled with what she described as a "riotous

motion of the child", led me to think the whole case might have an uterine origin. Perhaps the child was dying; but, on examination, I heard the foetal heart distinctly, and could mark out the position of the placenta by the peculiar *bruit*. I then examined *per vaginam*, and found the head low down in front, and the os uteri corresponding with the promontory of the sacrum; the pelvis was capacious; and it seemed to me that the uterus was anteverted, so as to allow the head to be felt below the level of the os uteri. The os was slightly patent, but there was no discharge and no particular feeling of bearing down, only a frequent desire to pass urine. By gentle continued pressure, I raised the protruding portion of the uterus with the head of the child out of the lower pelvis, and restored the os uteri to a more natural position; after which, I was bold enough to prognosticate that no further vomiting would occur. Some hours afterwards, I had a message to say that no further sickness had occurred, but that the pain in the brow was as bad as ever. On my visit the next morning, I found there had been no return of vomiting, that she had slept well during the night, and there was no pain, "only a feeling of having been bruised", as she expressed it, in the forehead. She had taken no medicine, neither had she used any local application, except warm water, since my visit the day before. She had taken simple nourishment and a little champagne to relieve the faintness which the excessive pain had occasioned. On visiting her the next morning, I found she had slept soundly all night, had neither sickness nor pain, had taken nourishment, partridge, etc., without any feeling even of nausea, and really appeared well, with a good pulse, healthy skin, clean tongue, and cheerful happy expression of countenance. After one day's interval, I have seen this patient again to-day (October 5th), and found her in every respect perfectly well and contemplating a journey into Scotland in the middle of next week.

I do not think I have a theoretical mind, and I have no belief in any theory that is not based on facts. I have not as yet appended any special theory to the subject under consideration, but have no doubt, as facts multiply, there will be found good reasons, both anatomical and physiological, for the phenomena observed. I am very sanguine that much good will arise from the discovery of this "novel treatment", as it is called, and that lives not a few, of both mothers and children, may be saved by its adoption.

P.S.—I have since been informed that the contemplated journey took place; that the patient travelled all night, arriving at her destination at four o'clock in the afternoon, and was so little fatigued as to be able to join the party at dinner the same evening.

HYDATID DISEASE:

AS ILLUSTRATED BY SPECIMENS CONTAINED IN THE PATHOLOGICAL MUSEUMS OF THE METROPOLIS AND IN OTHERS ELSEWHERE.

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II.

THE museum connected with King's College contains at least a dozen good specimens of liver-hydatids, several of the cases being of special interest from a pathological point of view. There are two remarkably fine examples of hydatids contributed by Dr. Hooper; the parasites in one case affecting the spleen, and in the other involving the ovary and uterus. The spleen contained numerous encysted hydatids, whilst the uterine organs exhibited "an immense collection" of the same growths. In this place, also, I may refer to an hydatid-like entozoon, taken from a cyst in the ovary of a female who had been under the care of Dr. Johnson (December 15th, 1860). It is, apparently, a genuine example of the slender-necked hydatid (*Cysticercus tenuicollis*); and if so (as might be determined by dissection), is, so far as I am aware, the only specimen of the kind in existence from the human bearer. There is a renal hydatid (presented by Dr. Pass of Warwick) which was obtained from a lunatic, its presence being "quite unsuspected during life". Amongst the liver cases (the majority of which are from Dr. Hooper's collection), there is one enormous hydatid that was obtained from a young woman who had died during a fit of laughter. The tumour had pushed the diaphragm up to a level with the fourth rib; and it is stated that, on puncturing the cyst, the fluid contents were ejected "in a jet nearly two feet high". There is one case represented where numerous hydatids were excoerated after hepatitis, whence it was concluded that they were originally connected with the liver. There is a large solitary hydatid that was removed from a young female who died of phthisis, and in whom the consequent swelling had formed in the neighbourhood of the navel. Especially instructive, also, from