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

a clinical point of view, is a case of peritoneal hydatids where the tumours had been diagnosed to represent a case of extra-uterine foetation. It appears that there were two cysts, one of them being connected with the uterus. Two of the enormous hydatids taken from these cysts are preserved in the collection of the "Anatomy School of Oxford". Several of the preparations show to perfection the stages of natural cure produced by calcareous degeneration; and there is one liver showing three of these so-called ossified cysts. The disease in this case proved fatal.

Most of the entozoa displayed in the Charing Cross Hospital Museum have been contributed by Dr. Wiltshire; the series being particularly strong in tapeworms. There are four characteristic examples of hydatids of the liver, representing as many separate cases. Two were from abscesses of this organ. In one of these, Mr. Canton's case, the hydatid was, I believe, expelled after operation; but, in the other example (presented by Mr. Rose of Swaffham), the parasite was evacuated from an abscess which burst of itself, externally.

In the Museum at University College, I examined sixteen preparations of hydatid disease, representing almost as many distinct cases. One is a wax model. Eight of the specimens were from the liver, five from the abdomen (including those of the omentum and mesentery), two from the lungs, and one from the heart. The model displayed ordinary hydatids of the liver bursting into the lungs. The mesenteric example is particularly fine, whilst that from the omentum is undergoing calcareous degeneration. Probably the most interesting of all is the example showing an hydatid lodged in the septum of the heart. This was from a middle-aged female who died suddenly, whilst pursuing her ordinary domestic avocations.

The Museum of the Royal College of Surgeons contains a fine collection of parasites; its chief strength in this respect being due to the special series of entozoa. Were visitors to judge by the contents of the catalogue of this series (which I prepared some years ago at the instance of the Council of the College), they might be led to suppose that the hydatids were only feebly represented. Out of nine preparations of hydatids in this section, only six have come from the human body. However, scattered throughout the collection, I found that there were no fewer than thirty-five different preparations of hydatids belonging, apparently, to as many as thirty separate cases. Omitting, for the present, all mention of those derived from animals, I ascertained that, of the thirty human cases, thirteen were referable to the liver, four to the abdomen, three to the lungs (one of which was originally connected with the liver), and two to the brain. Five were of uncertain seat. With the abdominal cases, we may also include one case of hydatids of the spleen, and another where these organisms were found in the region of the bladder. There is a characteristic breast case. One of the original Hunterian cases (in which "a prodigious number of hydatids were found in the sac of the liver and dispersed throughout the cavity of the abdomen") appears, though it is not expressly so stated in the catalogue, to have been regarded as an ordinary example of abdominal dropsy. In one of the three lung cases, two small hydatids were separately expectorated at an interval of about a month. This occurred in a female.

I may here incidentally remark that many cases are on record where abdominal hydatids have been overlooked: the patient being supposed to be suffering from ascites. One such instance took place a few years ago at the Middlesex Hospital. I well remember, also, a case of supposed hydrothorax, where the *post mortem* examination revealed the presence of immense numbers of these formations occupying the right side of the chest. This last-mentioned case, however, occurred at the Norfolk and Norwich Hospital at the time when I was studying there, thirty or more years ago.

The pathological collection connected with St. George's Hospital displays several good hydatid preparations; the entire series representing at least twenty-two separate cases. Of these, fifteen are referable to the liver; that is, if we include Dr. Dickinson's case, already published, where hydatids were found within the hepatic duct. There are two renal cases; also one from the brain (Dr. Dickinson's case), and another where an hydatid was expectorated. Besides these, there are three other highly characteristic examples of echinococcus disease affecting the region of the neck, breast, and axilla respectively.

The Museum of the London Hospital Medical School contains a large collection of parasites. Out of fifty-seven preparations of entozoa, I found twenty-two referable to hydatids; and, so far as I could gather, all of them belonged to different cases. Only one case seems to have been published in detail. This, though a very old preparation, is a fine example of an hydatid, nearly three inches in length, occupying one of the cerebral hemispheres (*Edin. Med. Journ.*, vol. xv). There is a second brain case, where the vesicles were of small size, but very numerous. Of the other twenty cases, fourteen belong to the liver, two

to the spleen, one to the lung, one to the uterus; one being a very large hydatid of doubtful seat, and another being referable to the lumbar region, where it formed a tumour containing "a large number of small hydatids". Amongst the more remarkable specimens is that described in the MS. Catalogue as "a true hydatid cyst developed in connection with the broad ligament". This preparation, unique of its kind, shows no trace of the ovary, which, indeed, seems to have disappeared altogether. One of the liver cases should rather be classed as abdominal, since the large cyst is situated between the diaphragm and liver, pressing upon the latter organ below and also upon the lung above, but apparently not involving either of these viscera structurally. Another very striking case is that in which there is an external opening communicating with the cyst in the liver, and an internal opening through the diaphragm communicating with the lungs and bronchial tubes. The patient had actually coughed up liver hydatids by the mouth, and had passed others through the right wall of his abdomen. There is another liver case in which the hydatids, in place of escaping externally, had gained access to the inferior cava; and, if I understand the MS. record rightly, in the same patient, a second hydatid communicated with the portal vein, and a third with the hepatic vein. Lastly, I must add that there is yet another fine preparation of liver hydatids, occurring in a lad nineteen years of age. He had, it seems, met with "a slight accident, and died with obscure head-symptoms"; but the odd part of the case is that, at the *post mortem* examination, there was positively nothing found that could explain the patient's death. He was under the care of Mr. Luke (1834).

FAILURES OF MEDICINE.*

By T. COLE, M.D., Physician to the Royal United Hospital, Bath.

IT is acknowledged on all hands, and with some degree of justice, that medical science has of late made most wonderful progress. Never were her prospects brighter; never was her power of doing good and preventing evil more extended; never were her votaries more ardent, able, and illustrious. Her torch shines with unequalled brilliancy, and its healing rays illumine the darkest corners of misery and desolation. Her children are full of mutual congratulations, and those whom she benefits are not backward in their praise. The picture is pleasing, and we naturally view it with a sense of satisfaction and delight. We revel in all its bright touches, and, charmed with the general aspect of pleasure which it presents to us, forget the dark shadows which, equally with these touches, go to make up the whole. It suits us ill to compare them, when, by serious contrast, the shadows deepen and blacken; and we are forced conscientiously to confess, too, that the gay and splendid tints must, and do,

"Take a sober colouring, from an eye
That hath kept watch o'er man's mortality."

It is our business to keep watch "o'er man's mortality", and it is, therefore, our duty to allow nothing to interfere with that business; to permit no dazzling pictures to pervert our vision; to hinder every soft illusion from lulling us into a false and injurious repose. I willingly admit that our art has made much sure and steady progress in the past, and that it affords legitimate reason for rejoicing among the members of our profession. But are we not in danger of overestimating the degree of that progress, and of losing sight of our failures and retrogressions? Do we not pride ourselves too much on our advances in physiology, pathology, and therapeutics, and think too little of those ever-recurring scenes of agony which every death-bed furnishes, and which tell us, in terrible language, how ineffectual oftentimes are our best efforts, how feeble the weapons we employ? Should we not the rather calmly and seriously consider the reasons why our science proceeds with such slow and halting steps, and endeavour to find out how they may be quickened, and a more solid triumph ensured? The deep conviction that we are prone to lose sight of this, the graver aspect of the question, and a strong desire to obtain the matured opinions of those present upon it, must be my apology for intruding upon your time and patience to-night.

With your permission, I will briefly allude to a few of the more important causes which influence our failures. To understand the obstacles which impede our pathway, and the manner of surmounting them, is halfway to the end of our journey. Those which obstruct the road along which medicine travels are probably more numerous and difficult than any which lie in the course of other sciences. Some are peculiar to herself; others she shares with them. Moreover, her path runs close by and parallel with theirs. And, unfortunately, so scantily

* Read before the Bath and Bristol Branch.