particular doctrines. That you will so far run against common notions as to look for perfection—even relative—I do not expect; but what I would especially impress on you is, never to take up the history of medicine with the preformed idea that all you are going to read is so much nonsense, the perusal of which is an absolute waste of time. Where you find doctrines laid down, and practices inculcated, which the enlightenment of the present age refuses any longer to recognise as binding upon the practitioner of medicine, judge of them temperately and charitably. Examine, as far as opportunity is afforded, the sources of each error with which you meet. If it be traceable to moral obliquity on the part of the individual committing it, and to no other assignable cause, pass on it what mental condemnation you will; but at the same time always reflect whether our profession, in the nineteenth century, is altogether free from men who, in future ages, if their names and deeds survive, will be mentioned but with the voice of warning, as examples for the avoidance of all true and honest followers of medical science. If the error be plainly one of the judgment, condemn it not hastily. Examine well the intellectual atmosphere in which the man lived who committed it; recall the opportunities which he possessed; bear in mind the popular prejudices which operated in retarding any desire he may have had to obtain a more perfect knowledge of things relating to medical science. And if, notwithstanding all the allowances to be made for the disadvantages under which the ancients laboured, you still feel disposed to judge harshly, ask yourselves whether medical science is in the present time so free from intellectual error, and its disciples so learned, that the errors of the past can, with good conscience, be pointed at with the finger of scorn. But I believe that hasty condemnation can never be uttered by those who are really advanced in sound knowledge; for it is an essential attribute of true wisdom to be moderate in judgment. Mark, then, the errors, not for ridicule, but with charity; and take them for instructive lessons, as pointing out courses to be avoided. Value the records of them in history, as the mariner values the markings of the shoals and sunken rocks on his chart.

When you meet with records of improvement in medicine, note down these, too, in the tablets of your memory; and take them as lessons in regard both to the science and to individuals. For our science, they teach hope; they encourage us to look and work onwards to its perfection. To the individual modern practitioner, the records of the deeds of the fathers of medicine teach lessons of industry and perseverance. Consider well what they did, and under what conditions. Weigh here again the circumstances surrounding the ancients with those surrounding the moderns; and remember that the same patience and perseverance which overcame obstacles in times past, when they were great, ought to overcome them now, when they are much less.

Honour, then, the great among the ancients in medicine; and take them as your examples. Yet, while you render them this filial duty, beware of hero-worship. Nothing, perhaps, tends more to retard the progress of science than hero-worship: the system, I mean, of setting up some noted individual as the exponent of all that is good and worthy of admiration in his time—of all progress. Do not let all the medical knowledge of an age be merged in one man. Rather let the man be merged into the science, except so far as you derive instruction for your personal advantage from their example. Give their due to the men whose names stand forth less prominently; and, while Hippocrates and Galen and the Arabian physicians are in distinct outline before you, do not neglect to recognise the numerous others in the background: for each of them did something, small though it might sometimes be, to advance the progress of medicine.

I will conclude this lecture by some extracts from a work of an English physician who lived a century and a half ago, and whose opinions on the value of the history of medicine give additional force to the arguments brought forward in this lecture. I allude to Dr. Freind.

"I am satisfied, that a thorough acquaintance with the writers in physic, especially the old ones, is the surest way to fit a man for the practice of this art. And if this may seem too strong an assertion to some, who can taste nothing but their own reflections on their own practice, I desire it may be observed, that there are some cases at least, which do but seldom happen, and when they do, I dare venture to say that they will be less surprising to one, who has a familiar acquaintance with the good authors in physic; nay, that they will be more readily discerned, and more clearly distinguished by

him, than by the greatest genius that despises these assistances.

"Every physician will make, and ought to make, observations from his own experience; but he will be able to make a better judgment and juster observations, by comparing what he reads and what he sees together. It is neither an affront to any man's understanding, nor a cramp to his genius, to say that both the one and the other may be usefully employed, and happily improved in searching and examining into the opinions and methods of those who lived before him; especially considering that no one is tied up from judging for himself, or obliged to give into the notions of any author, any further than he finds them agreeable to reason, and reducible to practice.... There is as large and fruitful a field for sagacity and good judgment to display themselves in, by distinguishing between one author and another, and sometimes between the several parts and passages in the same author, as is to be found in the greatest extent and variety of practice.... 'Tis true, that no one ought to run implicitly into another's notions, merely upon account of his name or his antiquity, how great soever either of them may be; but surely 'tis as true, that a long and established reputation is a sufficient reason why any of the ancients should be heard and try'd, before they are condemned: and I am apt to believe, upon an impartial inquiry it will appear that it was upon very good grounds that Hippocrates, and Galen, and their successors, have been all along reckoned the great lights and fathers of the faculty, and that such an universal deference has been paid to their writings through an uninterrupted succession of many centuries. In some of which times, it is possible, there may have lived men of as great talents, and of as large experience, as even the present age, renowned as it is, can produce."

Having thus placed before you some of the advantages derivable from the study of the history of medicine, and the motives for its pursuit, I shall, in the next lecture, enter on a sketch of medicine among the ancient Greeks anterior to the time of Hippocrates.

Original Communications.

ON MORNING SICKNESS: ITS SIGNIFICANCE AS A SYMPTOM.

By THOMAS INMAN, M.D., Liverpool.

THERE are many phenomena of disease so common that we fancy we know all about them, and this prevents our thinking; yet no sooner do we begin to examine into them than we find not only that our knowledge is scanty, but that they involve considerations of the highest interest, and lead us into the most recondite problems of physiology. Morning sickness is one of these. We are as familiar with its occurrence as with that of pregnancy; yet few, if any, understand its full significance. What an array of questions we may ask respecting it!

1. Why are pregnant women sick? 2. Why does the sickness occur in the morning? 3. Why does it occur during the early months more frequently than the later? 4. Why does not morning sickness attend a distended bladder, bowels distended by flatus, ovarian dropsy, or fibrous or other tumours of the uterus, as often as it attends pregnancy? 5. Does morning sickness attend any other complaints? if so, what have these in common with pregnancy? 6. What is the proximate cause? is it to be sought in the stomach itself, the brain, the uterus, or all combined?

In answering these questions, we light upon an interesting series of facts. All pregnant women do not have the symptom in question; many escape it entirely; others have it at one time and not at another; some of those who escape it have flatulence and other signs of dyspepsia; others, simple faintness. If we dive still deeper, we find it common amongst town-bred women, and rare amongst the healthiest of the rural population. We find, as I have had repeated opportunities for observing, that a lady who suffers from it in a town is comfortable the day after she resides in the country, and is ill again the day after her return; and that, for such an one, a prolonged residence in a pure air prevents morning sickness altogether. It is clear, then, that women are not sick simply because they are in the family way; there is something required in addition to that, to produce the vomiting.

We next note that the sickness is most common in the morning; but it is not generally present so long as the woman is lying down; nor, if the recumbent posture is continued, will it come on. But no sooner is the erect posture assumed, than nausea comes on, and increases until vomiting follows. Now, as we cannot see any material difference in the circulation through the stomach when a person is standing and lying down, we infer that we must carry our observation to some other part of the body likely to be influenced by change of posture.

A moment's consideration points us to the brain, as being the organ most affected by change of posture. A hundred cases occur to our recollection of faintness and sickness being produced in delicate individuals by assuming the erect posture; and we also remember that vomiting is a common sign of "water in the head". But it is a tolerably certain fact that very few delicate people do have morning sickness when they get up; consequently, a change in the cerebral circulation alone will not be sufficient to account for it.

We now attempt to get some farther insight into the causes which produce it, by examining under what circumstances it comes on in males, children, and elderly people. A gentleman, with his wife (who was not *enceinte*), when crossing the Atlantic, both had this symptom to a marked degree. During the day, they could stand the motion of the steamer pretty well; they never could do so before breakfast. Champagne did more to relieve them than anything else. The sickness came on invariably, as soon as they attempted to stand up. Mr. W., aged 56, consulted a friend of mine for what he called dry vomiting. It came on regularly every morning as soon as he got up; and he facetiously observed that, if he were a woman, people would say he was pregnant. The man was an habitual spirit-drinker, and indulged heavily over night; and there was reason to believe that he had an ulcer in the stomach. A few days ago, I was consulted by a clergyman living in the country; and one of the most prominent of the symptoms complained of was nausea as soon as he got out of bed, which was very frequently (twice or three times a week) accompanied by actual vomiting; and, as is common in pregnancy, a little mucus alone was ejected, and some flatus. In his case, the disease seemed to be ulcer of the stomach, or atonic dyspepsia. Turning to Dr. Brinton's interesting treatise on this complaint, we find: "Lastly, in those rarer instances in which the act of vomiting comes on quite independently of the ingestion of food, for example, shortly after rising from a night's sleep . . . the vomiting, which is often periodic, is frequently connected with habitual drunkenness, especially with the collapse that follows a debauch" (p. 76). The clergyman was on his way to Southport when he consulted me, and he has subsequently called to say that the morning sickness has left him since his residence there.

We may next remark, as a matter of fact, that children and delicate people generally have anorexia in the morning, even if they have not vomiting; and sometimes they are totally unable to eat anything at breakfast, from a feeling of faintness or sickness. This is a tolerably sure indication of deficiency of digestive power in the stomach and in the body generally, and is best met by the use of some mild stomachic and fluid food.

When we inquire how much the condition of the uterus influences the vomiting, we find that the sickness is not produced by simple enlargement of the organ; for it is not a common sign during the gradual distension that takes place from accumulation of the catamenia in cases of imperforate hymen; nor is it from pressure in the pelvis, direct or indirect, for the symptom is generally absent from first to last in ovarian dropsy; nor is the sickness produced by growths within the cavity of the uterus, for it is not a common sign in cases of uterine polypus, etc.

We cannot lay much stress upon these facts; yet we may remark, that morning sickness accompanies the formation of moles, etc., which are supposed to be the result of an act of generation; and that it also accompanies *extrauterine* pregnancies, as far as we can judge from the few cases recorded, quite in the same proportion as the intrauterine.

In the causation, then, of morning sickness, we infer that "uterine sympathy" does not hold so prominent a place as the formation of a new being. But neither the one nor the other hold sufficiently prominent a place to give to them the most important rank, inasmuch as neither one nor other produces the sickness, unless other conditions are present.

We ask, next, what these are? As the symptom in question does not occur in perfectly healthy and strong women, we infer that its occurrence depends upon some deterioration of vital

power. As deterioration of vital power involves, to a greater or less extent, deterioration in all organs of the body, we infer that, in the cases in question, there is deficiency of vital power in the brain, and in the stomach.

If this inference be true, we shall find that the best remedies for morning sickness will be those which improve the condition of the patient generally, those which improve the steadiness of circulation in the brain, those which improve the tone of the stomach, those which deaden the sensibility of the organ which has been preternaturally increased by debility.

Of the influence of change of air upon morning sickness we have already spoken. If this cannot be adopted, we must act upon the principle, "Diminish the daily work gone through as far as possible, and increase the power to do it."

The following case illustrates the value of this principle so well that I do not hesitate to give it in full:—

CASE. John Johnson, aged 30, a strictly temperate man, manager of a large spirit retail, came to me, five weeks ago, complaining of severe inframammary pain on the left side, which, he said, he could cover with his thumb. I found, on questioning him, that he suffered also in other parts of the trunk from myalgic pains at night, and that for some weeks past he had suffered from cough, and was beginning to lose flesh. I could detect, however, nothing wrong in the lungs. His appetite and digestion were good, and the bowels regular. *Every morning, however, for the past nine months he had had sickness and vomiting.* This came on generally about five minutes after he got up; he merely passed some flatus and stringy mucus. He had no signs, so far as I could discover, of ulcer of the stomach. Considering that the man was simply suffering from debility and overwork, I recommended a glass of milk, with some rum in it, to be taken before getting up. Tincture of iron, with cod oil, three times a day. Ale or porter at dinner, a good supper about an hour before bedtime, and as much rest, in the horizontal position, during the day as could be attained. He adopted this plan, and had no return of the sickness for four weeks. At that time he one day felt so much better, so thoroughly well, as he thought, that he not only returned to his ordinary work, but exceeded it; he felt, he said, at bedtime that he had done too much. The next day the morning sickness came on as usual, and the curd of the milk he had taken was vomited in a long lump. He at once took the hint, kept himself very quiet the whole of that day, and has been careful of himself ever since, and the morning sickness has not returned.

A similar plan must be adopted for pregnant women. They should take something ere they get up, and allow sufficient time for this to have its influence on the stomach in dispelling flatus, on the circulation generally, and on the heart's power, enabling the latter to keep up the necessary volume of blood in the brain when the erect posture is assumed. I believe the best thing which can be adopted is a tumblerful of milk with a tablespoonful of brandy or rum in it; it is food and stimulant combined. If this be objected to, hot coffee, cocoa, or tea will be of service, though all are too poor in quality to effect all we wish. Where the sickness is very distressing, champagne (or sparkling gooseberry) answers better than anything else. Throughout the day, everything in the way of work must be carefully noted, and its effects marked; so that the patient may ascertain whether or not it is beyond her strength to do it. If the strength permit, exercise in the open air is useful up to a certain point, beyond that it fatigues, and makes the sickness worse. In bad cases, rest in bed is absolutely necessary for a time. Such tonics as steel, quina, glycerine, and alcohol in medicinal doses, are each useful. Opium, from its influence on the brain and stomach, is specially advantageous. Of the special remedies I need scarcely speak, they are more or less familiar to all.

The preceding observations go far to explain those curious cases we occasionally meet with where husbands suffer from morning sickness as well as their wives. I was once seriously consulted, by a recently married gentleman, for morning sickness. He wished to know whether it was usual for husbands to be affected sympathetically with their wives, and, if so, whether it was best to let it alone or try and prevent it. His own wife, he said, was pregnant, and suffered much pain from this symptom, and latterly he had suffered too. I ascertained that he was a man of nervously anxious temperament, unable to see suffering with equanimity; that he was passionately fond of his wife, and greatly distressed at witnessing her morning suffering. Hence he became first faintish, and then sick. I recommended something for his wife, which had the desired effect; and when her suffering ceased, his sympathy being no

longer roused, his stomach was quiet. Such an explanation, however, does not apply to an account I have received from a very trustworthy medical friend, who told me that a lady patient once told him in sober, serious earnest, that in two out of four pregnancies, she was first made acquainted with her condition, by her husband suffering from morning sickness, herself being quite free therefrom. There was no evidence to account for this curious state of things, and he could only surmise that the affair was accidental—due either to some temporary anxiety, casual marital excess, or some transient cause enfeebling the condition of the stomach.

Hence we see that a consideration of so common a symptom as that we have referred to brings us to that most recondite of all subjects—vital power. It leads us to speculate upon the condition of such power in a *woman* who is beginning to impart some of her life to a new being. We cannot speculate upon this without turning our thoughts to her partner, and as we do so memory heaps up a vast number of instances, amongst the lower animals, in which the act of generation has been followed at once by the death of the male, as it is subsequently by death in the female. It is true that in the higher animals such occurrences are rare, yet I have met with no less than three cases, in man, where immediate death followed connexion. Once after great loss of blood; another during a transient improvement in phthisis; in a third the man was weak, from diabetes, and got up from his marriage bed only to return to it to die before evening. But however interesting these speculations may be, it will be unprofitable to carry them farther.

CASE OF EXTRAUTERINE FŒTATION.

By FRANCIS WHITWELL, Esq., Shrewsbury.

HARRIET MADELEY, an unfortunate, aged 19, admitted into the Atcham Union House on November 13th, 1859, for an injury of the ankle, was seized on the morning of January 26th, 1860, with partial syncope and severe intermitting pains in the umbilical and hypogastric regions.

On my arrival, she had a pale anxious face; the pulse was scarcely perceptible; the surface of the body was cold; and the abdomen was distended and extremely painful. Stimulants, external heat, and small doses of turpentine, etc., were ordered; but she never rallied, and died on the morning of the 29th.

AUTOPSY, twenty-four hours after death. The body was well formed, and loaded with fat. On laying open the abdomen, a fetus of about four months, enveloped in its transparent membranes, was seen floating in the liquor amnii, and cushioned on the intestines. On tracing the funis downwards, the pelvis was found filled with clots of blood, and the um-

A. Uterus laid open. B. Left Ovary. C. Left Fallopian Tube. D. Right Broad Ligament. E. Right Ovary. F. Right Fallopian Tube. G. Placenta. H. K. Funis. I. Fœtus.

bilical cord terminating in an irregularly shaped placenta, the central portion of which was attached to a fibrous looking membrane continuous with the right Fallopian tube, which, on careful examination, clearly demonstrated that the sac originally containing the fetus, etc., was formed by the gradual expansion of that tube. The posterior surface of the placenta

was in places ragged and torn, no doubt indicating the part from which the hæmorrhage had been poured out. The uterus was somewhat enlarged, and presented on its anterior surface and fundus evidence of recent inflammatory action. On being laid open, the interior was found to contain a small quantity of fibrinous looking matter—probably the deciduous membrane—the removal of which seemed to carry with it the softened mucous lining. The os was closed with a thick jelly-like substance. The other organs of the body were not examined.

I have since been informed that, during her residence in the Union House, she frequently complained to the other women that “she had something alive in her belly, which moved from side to side”.

Had this remark been communicated to me, and a careful examination made, prior to the bursting of the Fallopian sac, how far such a case might have been diagnosed with sufficient accuracy to justify an attempt being made, when the sac gave way, to save the patient by removing the extrauterine fœtation, through an incision in the abdomen, I shall leave to the consideration of others.

The woodcut which illustrates this case is from a photograph taken by Mr. Groom of Shrewsbury. The pathological specimen is deposited in the museum of the Middlesex Hospital.

Periscope.

PRACTICE OF MEDICINE AND PATHOLOGY.

CLINICAL EXPERIENCE OF PNEUMONIA.

In the *Edinburgh Medical Journal* for March 1860, Dr. W. T. GAIRDNER, Physician to the Edinburgh Royal Infirmary, has published a paper under the above title, of which the following is an abstract.

While acting as pathologist to the Royal Infirmary from 1848 to 1853, Dr. Gairdner had become convinced that the tendency to death of many inflammatory diseases, and, in particular, of inflammation of the lungs and pleura, when uncomplicated, was very much overrated. This he inferred from the rare occurrence of deaths due to pneumonia and pleurisy (and also to pericarditis, peritonitis, and acute meningitis), apart from those organic diseases or surgical accidents, which might be said naturally to terminate in one or other of these acute affections. He also inferred, from his experience as pathologist, that this tendency of inflammations to a favourable result was on the increase; or rather, that, in proportion as we were getting rid of the severe forms of epidemic disease (fever, dysentery, scurvy, influenza), which had deteriorated the health of the population previously to 1848, we were also getting rid of the more severe and unmanageable types of acute inflammation; especially the inflammations of the serous membranes of the chest and abdomen, which he had seen in fearful activity during a few months of the year 1847, and pneumonia, which, within his own experience as a student, had been a much more fatal disease in hospital practice than it ever became after 1848.

Into the causes of this favourable change, he does not propose at present minutely to inquire, although the inquiry is one of great importance. He believes, however, that the acute inflammations are quite as much, or very nearly as much, within the domain of the sanitary reformer as the more obviously epidemic fevers; and further, that some even of the chronic organic diseases have already yielded, and may be expected still further to yield, to the improved habits, the better clothing, the greater abundance of food, and the diminished destitution of the population generally. Looking back over thirteen years of almost continuous hospital experience, he feels assured that chronic affections of the kidney and liver, and perhaps also of the heart, have diminished in frequency, as causes of death, to a most material extent.

In his paper, Dr. Gairdner proposes to illustrate the actual state of the case as regards pneumonia, or rather pleuro-pneumonia, by submitting a brief report of the mortality in his wards, in so far as it bears on this disease, during five complete years ending in December 1859. There is only one way of doing this so as not to mislead; viz., to give an account of all the deaths, whether directly from pneumonia or not, in which decided pneumonia formed part of the disease existing at the time of death. He enters a caution against using the