Mr. President and Gentlemen,—The recent arrival of one of our well-known passenger ships from England with small-pox on board, has induced me to bring under your notice the results of some experiments which I commenced shortly after the introduction of small-pox into this colony, by the Avon Vale, about two years and a-half ago.

My object has been to discover, if possible, some means of perfectly destroying, under all circumstances, the germs by which small-pox is propagated. Before, however, I had arrived at any satisfactory conclusions, the disease had, fortunately, ceased to exist amongst us, and consequently I have had no opportunity of practically testing the value of the theory which I am now about to submit for your consideration. I have, however, sent to my brother, Dr. George E. Day, a short sketch of my views on this subject, with a request that he will obtain the opinion of the medical officers of one of the small-pox hospitals at home regarding their value.

I will now endeavour to explain to you the principles on which my theory is based, and shall commence by expressing my belief that the virus of small-pox is always associated with pus-cells; and further, that the only way in which it can be destroyed is by oxidation.

Now, for the purpose of rapidly and thoroughly oxidizing and destroying the virus-germs given off from the bodies of small-pox patients, I propose the use of peroxide of hydrogen, and for the following reasons, which I will presently illustrate by one or two very simple experiments:

Peroxide of hydrogen, which according to Schönbein is composed of antozone and water in a state of chemical combination, undergoes a remarkable change in the presence of blood, and by mere contact with the corpuscles, its antozone is rapidly transformed into ozone,—the oxygen of combination.
In the course of some experiments with blood and peroxide of hydrogen, I accidentally discovered that blood containing pus, effects this transformation much more energetically than blood alone; and I have since found that pus-globules possess this curious property in an immeasurably greater degree than blood-corpuscles.

Pus-globules, like blood-corpuscles, in effecting this change do not in themselves undergo very rapid oxidation, and therefore a large proportion of the ozone which is thus generated is in a free state, and ready to combine with any oxidizable substance which may be near.

These facts have led me to believe that if peroxide of hydrogen were brought into contact with pus-cells containing small-pox virus, ozone would be generated, and the virus oxidized and destroyed.

For the purpose of showing you that free ozone is really generated under these circumstances, I will make use of a little alcoholic solution of guaiacum resin, which has a strong affinity for ozone, by which it is oxidized, and changed from its normal colour to a bright blue, whilst, on the contrary, antozone, the oxygen of peroxide of hydrogen, is chemically indifferent to guaiacum, and produces no change in its colour.

As guaiacum, in this experiment, is the substance to be oxidized, we may suppose it to represent the small-pox virus.

On this sheet of paper, I have placed some very minute particles of pus, and over it I will pour some of the solution of guaiacum, which, as you will presently see, undergoes no change in the presence of pus, but on the addition of a small quantity of peroxide of hydrogen, bright blue spots will be developed around the pus-cells, and nowhere else.

This result is due to the catalytic power possessed by pus-cells of transforming the antozone, or positively polarized oxygen of peroxide of hydrogen, into ozone, or negatively polarized oxygen, which oxidizes and blues the guaiacum.

The particular form in which I would recommend the use of peroxide of hydrogen is that known as ozonic ether. It is prepared by Mr. Robbins, of Oxford-street, and is, in reality, a compound of absolute ether and peroxide of hydrogen. It is highly volatile and may be diffused, even through very large apartments, such as the wards of hospitals, by means of a spray apparatus. It quickly destroys sulphuretted hydrogen and other noxious gases, and when once diffused, it is very persistent in its action.

It is highly probable that letters written on paper which has been much exposed in houses occupied by small-pox patients, may become the means of communicating the disease to persons at a distance. I will, therefore, show you an easy method of disinfecting letters, without doing the slightest injury to the writing.

On the letter which I hold in my hand, I have placed three very minute specks of pus, which are intended, for the sake of experiment, to represent pus-cells containing small-pox virus.

Now, for the purpose of disinfecting it, all that is necessary is to diffuse over its surface a little ozonic ether, in the form of spray, which may readily be accomplished by means of a Rimmel's
Rafraichisseur. I will do this at once, and then lay it aside for a quarter of an hour, after which I will pour over it some of the solution of guaiacum, when blue spots will quickly appear around the pus-cells, thus showing that free ozone is still being generated.

Should it be found that peroxide of hydrogen really possesses the valuable properties as a disinfectant which I have ascribed to it, it may be used beneficially in a variety of ways. For instance, the bodies of small-pox patients may be freely sponged once or twice a day with a mixture of ozonic ether and tepid water. By this means a double advantage might be gained, for not only would the nauseous and offensive odour which always accompanies the suppurative stage of the disease be entirely removed, and the chances of recovery thereby greatly enhanced, but an enormous quantity of the virus by which small-pox is propagated would also be destroyed.

Professor Taylor, in his well-known work on chemistry, says, in speaking of peroxide of hydrogen: "There is no substance known which contains so large a proportion of oxygen as this. It amounts to 94 per cent. by weight, and according to Pelouze, in its maximum of concentration, it will give off 475 times its volume of oxygen." Under ordinary conditions, peroxide of hydrogen is very readily decomposed by heat, but when dissolved in ether, it forms a more stable compound, and can be mixed with hot water without undergoing decomposition. I have mixed ozonic ether with water at a temperature of 140 ° Fahr., in the proportion of twenty drops to the ounce, and after having exposed it to the air in an open vessel for three weeks, have found it still capable of freely generating ozone when brought into contact with pus-cells.

As collodion, cold cream, and lard are occasionally used as topical applications in the treatment of small-pox, I may mention that ozonic ether can be mixed with any of these substances, without undergoing any very perceptible change in its chemical properties.

The rather high price of ozonic ether may be urged as an objection to its general use as a disinfectant in small-pox, but this difficulty can easily be overcome by making use of the methylated ether of commerce, instead of pure ether, in its preparation. It is very cheap, and would answer quite as well for disinfecting purposes.

Oil of turpentine is a substance, among many others, which under the combined influence of air and light, rapidly absorbs antozone in the form of peroxide of hydrogen. It then becomes a powerful disinfectant and may, probably, be applied with advantage, either alone or mixed with methylated spirit, to the flooring, skirting, and other wood-work of public institutions, dwelling-houses, or ships in which small-pox has appeared.

The presence of peroxide of hydrogen in oil of turpentine, may be recognised by the following tests, all of which should have been applied with satisfactory results before it can be considered reliable as a disinfectant:

1st. In absorbing antozone, or oxygen as it exists in peroxide of hydrogen, oil of turpentine, undergoes a change which renders it soluble in all proportions in alcohol.
2nd. It acquires the property of liberating iodine from iodide of potassium.

3rd. Whilst producing no change in the colour of guaiacum resin alone, it oxidizes and turns it blue in the presence of blood or pus.

4th. When mixed with a little alcohol or ether and added to a weak solution of chromic acid, it will give rise to a beautiful blue reaction, due to the formation of what is supposed to be perchromic acid.

WEDNESDAY, AUGUST 2, 1871.

ORDINARY MONTHLY MEETING.

Present:—Dr. Wilkie, Dr. Cutts, Dr. Jonasson, Dr. Black, Dr. Tracy, Dr. Martin, Dr. Neild, Mr. Gillbee, Dr. Molloy, Mr. Avent, Dr. P. Smith, Dr. Fetherston, Mr. Gray, Dr. Liieniefeld, Mr. Blair, Mr. Lane, Dr. W. Smith, Dr. Clutterbuck, Mr. Hewlett, Dr. Burke, Dr. McMillan, Dr. Hunt, and Mr. Fletcher. Mr. Knaggs was present as a visitor.

The senior vice-president, Mr. Blair, in the chair.

NEW MEMBER.

Dr. O'Carroll, was elected a member of the Society.

CORRESPONDENCE.

A letter was read from Dr. Fulton, relating to a professional difference between himself and another member of the Society. On the motion of Dr. Neild, seconded by Dr. Tracy, the letter was referred to the committee for investigation and report.

The following paper was then read by the author:—

SIX CASES OF OVARIOTOMY.

By Richd. T. Tracy, M.D., L.R.C.S.I.

Lecturer on Obstetrics in the University of Melbourne. Physician to the Lying-in-Hospital. Honorary Fellow of the Obstetrical Society of London, &c.

In the Australian Medical Journal for February, 1869, I reported two cases of Ovariotomy. In former reports I had given the particulars of five cases, so that my last published statement showed my experience of the operation to be seven cases, of which five recovered, and two died.

I have now to report six other cases, and I shall do so exactly in the order in which they occurred: of these six, five have recovered, and one has died. It will thus be seen, at a glance, that I have now operated thirteen times, and of the thirteen patients, ten have recovered, and three died.

With such a report as this, I need hardly say I feel abundantly satisfied, not only for the special result as regards myself and my
patients, but from the fact of my being the first to operate on this
disease in Melbourne. I feel thankful that I have helped to firmly
establish this operation here, as it has been in Great Britain, as a
perfectly legitimate surgical operation, capable of saving many lives,
and as safe as most of the capital operations in surgery.

To those who are conversant with current medical literature, it
will be evident that the number of recoveries in my cases, is as
large as the averages given by those who have so assiduously
devoted themselves to the perfection of this operation in Great
Britain.

I may state that I have not in any way selected my cases, nor
have I met with any case that I have refused to operate on. I have
only once met with a refusal on the part of a patient to submit to
operation. The circumstances, however, were in every way most
favourable, except that the patient was over 60 years of age. After
relieving her by tapping, I urged her to let me operate when the
sac refilled, but she preferred the temporary relief afforded by tap-
ingen. I may state that she still lives, and bitterly regrets that she
did not submit to the operation before her general health broke
down; she has been tapped 26 times, and a large solid mass has
formed; her health is quite broken down.

Of the cases I am now about to report, five were in the infirmary
wards of the Lying-in-Hospital, and one in private practice.

Case 8.—J. D., aged 40, admitted to hospital 29th January,
1869. A very pale delicate-looking woman, married 16 years, has
had 6 children, the last two years ago; she suckled it eighteen
months. She states that she first noticed a swelling at the right
side, low down, about eight months ago, and that it has increased
rapidly of late. She now measures 36½ inches round the abdomen,
at the umbilicus, 8½ inches from the ensiform cartilage to the um-
bilicus, 7½ inches from the umbilicus to the pubes. Menstruation is
regular, and there is profuse leucorrhoea. On examination there is
evident fluctuation in portions of the tumour, as well as several
distinct semi-solid cysts. The next day the exploring needle was
introduced into the most prominent part of the tumour, a little to
the right of the linea alba; only a very small quantity of straw-
coloured fluid could be obtained. This was examined by the micro-
scope, and found to be free from any indication of malignant disease.
She next day left the hospital to make some domestic arrangements.

On re-admission, February 26th, she had increased some inches in
size, and had altogether lost ground. She said she had irregular dis-
charges of blood per vaginam, aggravated by exertion. She was now
kept at perfect rest, and every attention paid to diet.

28th February.—Tapped, and about five pints of very viscid coffee-
coloured fluid were removed. Two or three cysts had to be ruptured
by passing the stilette of the catheter through the canula. She was
much relieved, and though in a wretchedly low state of health, did
not lose ground, but gradually the sac refilled, and on April 13th,
she was again tapped by my colleague Dr. Martin, during my absence from town. The fluid was of the same viscid character, except a small quantity from a separate cyst, which was quite clear. It was quite evident that one large cyst was now developing. It is unnecessary to give minute details of the many symptoms this poor woman complained of; she was throughout in such a very low state, and the weather was so exceedingly hot and oppressive, that it required assiduous care to keep her up at all, and it was not considered advisable to operate until May 5th, at 2.30 p.m.

Dr. Motherwell administered chloroform, and I was ably assisted, as in my former cases, by my colleagues Drs. Martin and Fetherston, Mr. James and Mr. Avent. A large number of medical men were present. On opening the abdomen, the tumour was found to be very firmly adherent to the peritoneum all over its anterior surface, and some adhesions extended down into the right iliac fossa. These were all easily broken down, three cysts were tapped, and seven pints of thick fluid removed. The pedicle was of good length, and broad. It was transfixed and tied with fine hemp. A circular ligature also was placed behind the point of transfixion. The solid part of the tumour weighed four pounds. There was no bleeding from any point where adhesions had been broken down, sufficient to require either ligature or cautery. The pelvis and abdomen were carefully sponged out. About this period of the operation, the patient became alarmingly low, the wound was brought together with hair-lip pins, the lower one transfixing the pedicle, which was brought outside in the usual manner, and the patient was got to bed as speedily as possible.

She soon became conscious, but never rallied thoroughly after the operation, although every means were used to support her. Small enemata of essence of beef and brandy, champagne, &c., were given, but she gradually sank, and died at 11 p.m., on the 22nd, fifty-seven hours after the operation. A very careful post-mortem examination was made by Mr. James next day. The abdomen was opened by a transverse incision above the umbilicus, and reflected down. The inner margins of the incision made in operating were found firmly united. No inflammatory action was observed on the bowels. There were slight exudations of lymph over the various patches where the adhesions had been broken down. The pedicle included all the broad ligament of the right side. The left ovary was healthy, some reddish serum was effused in the pelvic cavity. On opening the thorax, the heart was found extremely thin, especially the walls of the left cavities. A firm clot was in the right ventricle. Neither my colleague, myself, nor Mr. James, had ever seen so thin-walled a heart. The muscular tissues throughout the body were much wasted, pale and greasy.

Remarks.—I take some blame to myself for not having operated sooner in this case, but I hoped with rest, tonics, and suitable diet, that her general condition would have improved. The hot summer weather was however against her, but still I believe she would have recovered, save for the abnormal state of the heart.
CASE 9.—C. C., aged 28, single, was admitted 18th September, 1869. She is a strongly-built healthy-looking woman, and a domestic servant; she states that she first noticed a swelling about the size of the clenched fist, about fifteen months ago. This has steadily gone on increasing. She menstruates regularly, but rather too freely. Complains of pain in the tumour. Examined next day, she measured round the body at the umbilicus 35\frac{1}{2} inches, from the ensiform cartilage to umbilicus 6\frac{1}{2} inches, from umbilicus to pubes 10 inches. Fluctuation is evident through every portion of the swelling. The sac is evidently unilocular. She was tapped at once, and nine pints of characteristic ovarian fluid removed. No solid tumour was felt after the tapping.

25th September.—Has gone on well, but the sac is rapidly filling; she is a most excitable nervous patient, inclined to take a very despondent view of her ailments. She required pretty frequent doses of aperient medicine. Vaginal examination proved the uterus to be healthy, and in the normal position. She did not increase rapidly in size. On the 21st October, a few days after her first menstrual period (in hospital), I proceeded to operate. The abdomen was opened by a small incision. The sac was found free from adhesions. Six pints of fluid were drawn off. The sac was drawn out easily. The pedicle was rather short, thick, and vascular. This was treated in the same manner as the last case, and brought outside, and fixed by the lowest pin.

No bad symptom occurred; all the pins, except the lower one, were removed on the evening of the second day, the remaining one on the fifth day. The pedicle came away on the ninth day, and the wound healed well and speedily. Menstruation slightly returned the day after the operation, and for two days recurred in proper course, on the 18th November. She made a perfect recovery, and remains in excellent health, following her usual avocations.

CASE 10.—S. T., aged 22, married, was admitted 25th December, 1869. A healthy looking woman, married four years; has two children, the younger two years old; suckled only 6 months. Noticed a swelling in the lower part of the abdomen, at the left side, 18 months ago. This was painful, but moved about freely. The swelling has gone on steadily increasing. She menstruates regularly. She measures round the body at the umbilicus 37\frac{1}{2} inches, from the ensiform cartilage to the umbilicus 11 inches, from the umbilicus to the pubes 10 inches. There is very distinct fluctuation through every portion of the tumour, giving the evidence of a very thin sac-wall. After the usual preliminary aperient treatment, she was tapped next day, and sixteen pints of thin red-coloured fluid were removed. The abdomen was perfectly flat afterwards. No solid tumour, nor even a thickened sac could be felt. She remained in hospital until the 12th January, 1870. There being no appearance of the sac refilling, nor any other bad symptom, she left the hospital for her home, at Buninyong, with directions to return if the swelling reappeared.
June 15th, 1870.—Re-admitted. States that no swelling recurred till about a month after she went home. It came on slowly at first, but had increased rapidly for the previous six weeks. Her general health was now impaired, and she was beginning to waste. The tumour measured very nearly the same as when she was tapped. Menstruation commenced on the 20th, and ceased on the 25th June.

On 30th June I proceeded to operate, assisted by the same staff of friends as in all my other cases, and in the presence of a large number of medical men, and several of the medical students from the University. Dr. Motherwell gave Chloroform. On opening the abdomen, several strong parietal adhesions were found over the anterior and upper surface of the tumour. These were broken down by the hand; fifteen pints of reddish-coloured fluid were drawn off. The pedicle was long and broad, this was treated in the same manner as above stated. The tumour was removed, the abdomen sponged out. Three bleeding points were now discovered where adhesions had been separated. They were tied with fine silk ligatures, and the ends cut off short. The wound was brought together as usual, with hare-lip pins, and superficial silver wire sutures. A suppository of 10 grains of soap and opium pill-mass was introduced into the rectum in this and each of the other cases, as soon as the patient was removed to bed.

1st July.—Had some slight vomiting, but slept fairly. Is much troubled with flatulence, and the belly is rather tympanitic. She passes urine freely. Small enemata composed of essence of beef (4 ounces) were ordered to be given every four hours. After the administration of two or three of these, the flatus came away freely and great relief was experienced. The pins were removed on the third day, except the lower one, which was removed on the fifth. The pedicle came away on the 10th day, and the wound healed rapidly, and she made a speedy recovery.

I saw the patient on July 16th, 1871, and she was in perfect health.

Remarks.—In this and every case when the patient has been troubled with flatulence, and the stomach is irritable, I have found marked benefit from the use of the beef tea enemata, with or without brandy, as indicated. They rally the patient, and leave the stomach quiet. Mr. Avent, our indefatigable resident surgeon, has called my attention frequently to their excellent results.

CASE 11.—A. F., aged 23, single, was admitted 24th March, 1870. A healthy looking young woman, a domestic servant. States that she first noticed a swelling in the lower part of the abdomen, almost entirely in the centre, about three months ago, and for the last few weeks she has felt it more to the left side, where she has much pain. Also down the left thigh and leg. She menstruates regularly but scantily, and has always had dysmenorrhea. On placing the hand over the pubes, a firm swelling is felt. Further examination was deferred until after menstruation, now soon expected. On 3rd April, menstruation having ceased three days, a vaginal examina-
tion was made. The os uteri was found high up and pushed forwards immediately behind the pubes. The posterior part of the vagina was filled with a firm non-fluctuating tumour, much resembling a retroverted uterus. She was ordered 10 grains of Bromide of Potassium ter die, in bitter infusion.

12th April.—She now measures round the abdomen, over the most prominent part of the tumour, below the umbilicus, 38½ inches, from the ensiform cartilage to the umbilicus 7½ inches, and from the umbilicus to the pubes 9½ inches. She left the hospital on the 16th, and was re-admitted on the 23rd of April. Has been exerting herself, and now complains of pain and tenderness all over the tumour; is feverish and excitable; the pulse is 114; the tongue dry and brown. Thirty leeches were applied to the abdomen, followed by linseed meal poultices. Small doses of Calomel and Opium to be given every three hours.

25th April.—Thirty more leeches have been applied since the last report. The pills were continued till the breath was fetid. She is much better; the belly is less tender, and she began to menstruate to day.

29th April.—Ceased menstruating; there is less tenderness; the poultices are continued. She had a return of the inflammatory attack in the tumour on May 7, lasting two or three days, and a very severe attack on the 30th May. Leeches were again applied, and the poultices continued, giving great relief. Her next menstruation ceased on the 4th of June. The discharge was freer and less painful than usual. She has increased about two inches in every measurement.

13th June.—Tapped; only about 12 ounces of characteristic ovarian fluid could be got. The tumour was multi-locular. No bad symptom followed the tapping. Careful examinations were now made from time to time, and the tumour in the vagina was found, as the disease developed, to rise somewhat from the pelvic cavity. The os was more easily reached, and the uterine sound could be introduced about half the normal length. It was now decided to operate.

September 8th.—I proceeded to operate with the same staff of friends assisting, and in presence of a number of medical men and students. There were no parietal adhesions, but there was a rather extensive one to the omentum, a portion of which was ligatured and removed. The tumour was found to be multi-locular. The cysts were broken down, and ten pints of fluid altogether were removed. There were extensive traces of inflammation, all within the tumour. One very firm cyst was found wedged firmly down into the pelvis, displacing the uterus upwards and forwards; but fortunately this cyst was not adherent to any of the adjacent parts. It was very firmly wedged in. The pedicle was brought outside, and fixed in the usual manner with the lower pin; the wound was closed with pins and superficial sutures. A suppository of soap and opium mass (10 grains) was administered. All the pins except the lower were
removed on the third day, the other one on the fifth day. The pedicle came away on the eleventh day, and the wound healed well. She progressed favourably until the 1st of October, when she had rigors and lost her appetite, and for three or four days she had smart attacks of fever. There was no pain. She was ordered a mixture containing Nitro-muriatic Acid and infusion of Calumba.

5th October.—Passed more than half a pint of fetid pus from the rectum, after which she felt much easier. Ordered enemata of linseed tea with four drachms of Tincture of Myrrh in each. Full diet; has taken a fancy to port wine in preference to any other stimulant, and takes it freely. She continued to pass small quantities of pus from the rectum nearly every day, until the 18th of October, when she had a severe rigor followed by profuse sweating, and became almost collapsed. The pulse was scarcely perceptible. During the day she passed three or four ounces of pus with much relief. A vaginal examination proved the uterus to be healthy and in normal position. A hard nodule could be felt at the upper part of the posterior aspect of the vagina. This was very painful on pressure. There was no discharge of pus from the vagina. Ordered pills, containing two grains of Quinine and the fourth part of a grain of Opium, three times a day. Continued the port wine and a liberal allowance of nutritious diet. After this, she continued to improve steadily, rapidly gained strength, and left the hospital on the 19th of December. She was seen within the last few days, and is now in perfect health.

**Remarks.**—The diagnosis of this case was not easy at first, and I much dreaded that I should find extensive adhesions in the pelvis, especially after such severe inflammatory attacks. This case shows the advisability of operating as soon as possible. The portion of tumour that was lodged in the pelvis would have caused much mischief if it had been left to grow larger. As it was, the evil effects caused by its pressure were shown by the consecutive abscesses.

**Case 12.**—Mrs. R., residing at Ballarat, consulted me on 1st of December, 1870. She is 25 years of age, healthy-looking, and has been married five years. One child was born a year after marriage, she suckled it 11 months, and menstruated during the time of suckling. Had a miscarriage at the second month, a little more than a year ago, and soon afterwards noticed a swelling all over the lower part of the abdomen, which continued to increase, until she was tapped three months ago in Ballarat. States that 15 pints of reddish-coloured fluid were removed, and that a solid swelling about the size of two fists remained chiefly at the left side. Menstruation is regular every 21 days. I had the benefit of hearing the history of this case from my friend Dr. Nicholson, of Ballarat, who had long known the patient.

December 19th.—I proceeded to operate, Dr. Motherwell gave Chloroform, Dr. Nicholson was present, and I had the able and kind assistance of Mr. James, Dr. Black, Dr. Graham, Dr. Fetherston,
and Mr. Avent. On opening the abdomen, the tumour was found to be free from adhesions. 21 pints of fluid were evacuated. Three semi-solid cysts in process of development were attached to the lower part of the tumour. The pedicle was of good length. The right ovary was found to be healthy. The pedicle was brought out and secured by pin; the wound closed by hare-lip pins and superficial sutures of horse-hair. A suppository was introduced as usual.

There is no need to give any detailed account of this case. There was never an unfavourable symptom. All the pins were removed on the third day, except the lower one. The pedicle came away on the ninth day, the wound healed well, and she returned to Ballarat in three weeks. I have heard to-day from one of the other patients, whose case is reported as No. 10, that she saw Mrs. R. a few days ago, and that she continues in good health.

Case 13.—M. D., aged 36, married, was admitted to the Lying-in-Hospital 9th of April, 1871. She is a somewhat worn, anxious-looking woman. States that she has been married 17 years, and has had 9 children, the last 11 months ago. Was unable to suckle this child longer than the first week. She menstruated pretty regularly for some months, but she has not at all for the last five months. Believes herself to be pregnant, and says she is getting very weak. She first noticed a swelling low down in the right side of the abdomen fully three years ago. This steadily increased. She was first tapped and a large quantity of fluid removed a little more than a year and a half ago. Since her last confinement, the tumour had to be tapped six times. This operation was performed in the hospital of the town where she resided, up-country, the quantity of fluid increasing each time. She positively states that when she was tapped last time, only two weeks before coming to Melbourne, eight gallons were removed; and to use her own words, "she was almost bursting." She now is enormously swollen, and measures 44 inches round the body at the umbilicus; 12 inches from the ensiform cartilage to the umbilicus; and 11½ inches from the umbilicus to the pubes. This great distension was attained in two weeks, and it was evident, from the flaccid state of the abdominal walls, that she had been much more distended on former occasions. A vaginal examination proved that the patient was correct in considering herself pregnant, and it became necessary to decide promptly as to the best course to pursue under the circumstances. The enormous secretion within the sac, requiring such very frequent tapping, was telling upon the patient's health. She was wasting, and her digestive functions were quite deranged. I felt that if I merely continued to follow out the treatment already pursued, she would sink before the foetus would have arrived at maturity. I therefore made up my mind to tap her, and at the same time to induce abortion; then, as soon as the sac refilled, to operate for radical cure. I summoned a consultation with my colleagues, and, after careful examination and hearing the history of the case, they agreed with me that this decision should be acted on at once.
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Medical Society of Victoria.  

[August,

12th April.—Tapped, and removed eleven quarts of viscid ovarian fluid. Some small solid cysts were felt after tapping. I then passed the uterine sound into the uterus and ruptured the membranes.

13th April.—As only very slight uterine pains had been felt, ordered 20 minim doses of Liq. Secale Cornut. every two hours.

14th April.—Labour pains came on early this morning, and the foetus was expelled at 11.30 a.m. Had rather severe haemorrhage, which ceased after careful removal of the placenta, which was partially adherent. After this she progressed favourably, but soon began to swell again, and had attained about half the size she was at the last time of tapping, in about three weeks.

13th May.—I proceeded to operate at 3 p.m. Dr. Motherwell gave Chloroform, and I was, as usual, assisted by my friends; a large number of medical men and several students being present. On this occasion, I adopted several modifications and improvements on the mode of placing the patient, and in the manner of closing the wound, which were explained to me by my friend and colleague, Dr. Martin, who had recently returned from a trip to Europe. These alterations he had noticed while seeing Mr. Spencer Wells operate, that gentleman having most kindly placed every facility in his way for seeing each part of his practice in this operation. I had also had the advantage of seeing Dr. Martin himself operate successfully in the hospital with these modifications, a few days before. Instead of having the patient's legs supported by two assistants, the legs were stretched out on the long, narrow table, well wrapped in flannel, and firmly strapped down to the table by means of a broad band of strong web, furnished with straps and buckles. The abdomen was covered with a large apron of thin Mackintosh cloth, having a heart-shaped opening, about 4 inches wide, reaching from the umbilicus to the pubes. This opening was kept in situ by adhesive plaster, previously spread for about an inch wide round its margins. Thus the patient was firmly fixed, kept warm and perfectly dry. On opening the abdomen, very strong adhesions were found on the anterior aspect of the tumour, especially firm a little above and to the left side of the umbilicus. I proceeded to separate these, but found the wall of the cyst so very thin, that it was impossible to do so without tearing it. A considerable quantity of viscid fluid escaped. Fearing that adhesions also existed behind, I felt the importance of keeping the sac somewhat distended, to enable me to separate it from adhesions with greater precision; I therefore secured the rent in the sac with a hemp ligature. I then proceeded to explore the lateral and posterior portions of the tumour, and found the strongest adhesions I have yet had to deal with at the back and right side. In separating these with my fingers, the thin sac wall again gave way. However, by patiently persevering, I at length succeeded in breaking down all the adhesions, without having to cut any, and, on drawing out the tumour, I found that no portion of it had been left behind. The pedicle was long, and fully 1½ inches wide. This was secured
by a clamp, and the tumour removed. The cavity of the abdomen and pelvis was now carefully and repeatedly sponged out, to remove the fluid that had escaped. The left ovary was examined, and found healthy. The surface of the peritoneum, where the tumour had been so firmly adherent in front, was now found to be bleeding very freely. Firm pressure with the sponges did not control it. Therefore freely applied the olive-bulbed actual cautery to about twenty bleeding points. This had the desired effect. I used firm pressure with sponges to the surfaces where the sac had been adherent behind. The pedicle was now brought outside, and fixed with the clamp. Following Mr. Well's present practice, I now closed the wound by means of deep silk sutures, instead of hare-lip pins, leaving the clamp on the pedicle. I used horse-hair superficial sutures. Broad strips of adhesive plaster were then carefully applied to support the abdomen, and were most useful, as the walls of the abdomen in this case were flaccid and pendulous to an extent seldom seen. A layer of cotton-wool, and a broad flannel roller were applied, but I have omitted to state that the pedicle was dressed with a mixture of Gypsum and Carbolic Acid, as used by Mr. Wells in preference to the Charcoal, which I had been in the habit of using. A suppository was applied as usual, and the patient placed in bed. She had no bad symptoms, and never complained of pain. The deep sutures were removed on the third day. The wound healed from end to end by first intention. On examining the pedicle, I found that it had prolapsed considerably, from two causes, first, in that it was a long pedicle, and was drawn out by the weight of the clamp; second, that the first deep suture was close to the pedicle; it secured the wound rather too perfectly at this point, so that the prolapsed pedicle could not retreat. It formed a mass about the size of a small orange.

On the 11th day the clamp came away, leaving the mass above alluded to protruding, and very vascular. I now transfixed the mass near its base with a needle, carrying a stout hemp ligature; then passed another in a similar manner at right angles to the first, then tied the ends, as in tying a vein. The tissues though dense and hard were exceedingly vascular. I therefore put a circular ligature round, below the points of transfixion, and tied it as tightly as possible. There was a good deal of oozing from the surface of the protrusion.

May 30th.—As the decaying portion had not come away, and as this was retarding recovery, which otherwise was perfect, I removed it with the single wire rope ecraseur. Just in front of the ligature there was some smart bleeding; I afterwards tied two vessels with silk ligatures.

June 3rd.—The ligatures all came away, and the opening rapidly closed.

June 8th.—Sitting up; convalescent.

June 24th.—Discharged quite well.
Remarks.—This case presents many points of interest. It is the first case that I have had complicated with pregnancy in such a way as to render prompt measures necessary to be taken. As afterwards proved by examination, the sac-wall was in several places as thin as tissue-paper, and must soon have given way. She had begged to have an operation done long before, but her medical attendants had not considered it a suitable case, and had told her that nothing could be done. After an interview with a patient on whom I had operated, she came to Melbourne in a very exhausted state.

This was the first case in which I had to use the actual cautery. We always have the irons ready in every instance, and I do not know any means that would have answered the purpose so well. Although the cautery was freely used, the patient never had pain or tenderness on pressure over that spot.

In cases of long and thick pedicle like this, I prefer the mode of fixing it by means of the hare-lip pin, to treating it with the clamp alone. The vitality of this stump of pedicle was astonishing. When removed, a section of it was like fibrous tissue, as elastic as indiarubber, and traversed by two or three larger vessels. The deep silk sutures cause less irritation and are more easily removed than the pins; and the carbolic powder is cleaner and more drying than the charcoal bag.

In conclusion, I have most warmly to thank Mr. Avent, the resident surgeon, for his unremitting attention, and the judicious way in which he carried out the after treatment. I found many of his suggestions very valuable.

In the discussion which followed:

Dr. Martin remarked that the paper was of a kind which hardly admitted of discussion. The Society, however, was necessarily interested in the results of these operations, which only quite recently had ceased to belong to tentative surgery. The profession in England, he had lately an opportunity of learning, was greatly interested in what was being done here in Ovariotomy, and he was proud to think that we kept good pace with the progress being made in the old country. It was significant to remember that the Ovariotomists in Great Britain, had received a very marked recognition in the distribution of honours and distinctions. Ovariotomy, in fact, had lifted itself into a grand success. It was creditable to Dr. Tracy that he was the first to attempt the operation in Australia, and still more that he had kept good pace with all the improvements which had marked its progress at home. Dr. Tracy’s late election as an honorary member of the Obstetrical Society of London was an agreeable instance of the favourable estimation in which he was held by the profession in London. The Society, therefore, must of necessity welcome every detail connected with the performance of this very grave surgical procedure.

Mr. Gillbee proposed the usual vote of thanks to Dr. Tracy, and in doing so took occasion to remark, that Ovariotomy offered a
signal instance of triumph over long-rooted prejudices. The late Professor Syme had long denounced it as an altogether unjustifiable procedure, but before he died he had confessed that his objections to its performance were quite removed.

Dr. Wilkie seconded the motion, and spoke of the time when, in Edinburgh, the practice of Ovariomy was strongly reprobated, and those who were hardy enough to perform it, denounced as criminal.

Dr. Tracy, in acknowledging the vote of thanks, which was carried by acclamation, said that when first he had operated, he had approached the task with considerable apprehension, knowing the prejudice there existed against it, and the necessary difficulties surrounding its performance at this remote distance from the old country, where the co-operation of those experienced in its performance could not be obtained. His first case had been in private practice, and great difficulty had been experienced in overcoming the prejudices of the patient’s friends, who had urged her not to consent to be “butchered.” This lady was operated upon in 1864, and was now in perfect health, and took great interest in the cases which had been operated upon in the Lying-in-Hospital.

The following paper was then read for the author by Dr. Neild:

ON A CASE OF HYPERTROPHY OF THE GUMS AND ALVEOLAR PROCESSES.

By P. H. MacGillivray, A.M., M.R.C.S.

Surgeon to the Bendigo Hospital.

A peculiar affection, consisting in an hypertrophy of the gums and alveolar processes, has been occasionally met with by surgeons. It is, however, so rare, that I believe only four cases have been hitherto recorded. The first occurred in the practice of Mr. Pollock, of St. George’s Hospital, and is fully described in Mr. Salter’s article in Holmes’ Surgery.* The subject of it was eight years old, and the enlargement of the gums had been noticed at five weeks, at which time she had cut six teeth. At birth there was an unusual quantity of hair on the head and limbs. The child was epileptic. In Gross’s Surgery† is an account and figure of a somewhat similar case, occurring in a lad ten years old, “remarkable for his stunted development, ill-shaped head, and large abdomen. It first began to attract attention at the age of nine months, but there can be no doubt, from its history, that it had existed from birth.” A third case occurred in University College Hospital, under the care of Mr. Erichsen,‡ in 1867. It is briefly alluded to by him, and is more particularly mentioned by Mr. Heath.§ The child was two and a half years old, and the affection had first appeared at the age of

§ Injuries and Diseases of the Jaws, p. 189.
seven months. A fourth case is referred to by Mr. Salter as having been described by Mr. Harrison, an American surgeon. Mr. Salter does not mention the age of the patient or give any particulars, and I have no opportunity of consulting the journal referred to.

The case here described is evidently of the same nature. Although, like the others, congenital, it is especially interesting as coming under notice in an adult. It differs from Dr. Gross's and Mr. Pollock's in the patient being in other respects perfectly healthy and well-formed.

Mary Jane J., aged 29, widow, admitted 22nd April. Her mother, who resides a few miles from Sandhurst, states that at birth both gums were broader and the chin was fuller than natural. At twelve months, two teeth appeared in the upper jaw, projecting forwards. The gums grew bigger, but no other teeth appeared. When four years old a doctor applied caustic, with no benefit. Nothing else was done until she was ten years of age, when the gums became so large that she could not close the lips over them. At this time, the late Dr. Bayer, of Adelaide, cut away part of the gums above and below, and extracted nine teeth which were buried in them. Five operations were required, owing to the severity of the haemorrhage, which was arrested by the actual cautery. There was a considerable enlargement of the roof of the mouth, which was not interfered with. The gums commenced to grow again soon afterwards. Various teeth were extracted at different times subsequently; and she has herself occasionally pared off small protruding pieces of gum with a razor. This, however, has been followed by so much haemorrhage, that she has latterly desisted from any interference.

On examination, a lobulated mass is found projecting from the upper gum, extending from the second premolar of the left side, to the posterior part of the alveolar process of the right side. It consists of botryoidal lobes, firm and hard, but some, principally in the incisive portion, deeply separated into long portions firmly pressed together. A large lobular mass, on each side, extends back under the palate. These are united in front, but separated behind by a fissure, the sides of which are, however, so closely adpressed that it is not readily discernible. They are attached by their bases to the whole of the hard palate, and project backwards under the soft palate. The latter and the uvula are entire, and quite naturally formed. On the left side, the wisdom tooth is in its position, decayed; the first molar and second premolar are close together; a little in front of this is the first premolar, nearly buried in the gum. The canines are seen on both sides; they are situated at the base of the tumour anteriorly, which projects from beneath them. On the right side no teeth are visible. The tumour seems to have originated mainly from the palatal portion of the gums, and in front the labial surface is comparatively sound.

Boston Medical and Surgical Journal, April 8, 1869, p. 167.
On the left side of the lower jaw, the gum and alveolar process are hypertrophied, principally towards the symphysis. The last two molars are in situ, decayed and nearly buried; the lateral incisor and canine are carried up on the summit of the gum. There is a deep fissure at the symphysis, on the left side of which is a distorted incisor turned inwards towards the median line. On the right side, the canine, two premolars and wisdom teeth are in situ and not buried in the gum which is not much enlarged.

There are no ulcerations, and there is no pain in any part.

From the altered form of the cavity of the mouth, the tongue is twisted and compressed so as to lie nearly on its edge.

The tumours project so much, that the mouth cannot be closed, and, viewed laterally, has much the appearance of a pig's snout. The lower jaw is large, very square, and decidedly hypertrophied on the left side.

The only possible treatment in such a case, is obviously that adopted by Pollock, Gross and Erichsen, and consists in removal of the hypertrophied structures. For its complete accomplishment, this required three operations.

On 26th April, the mass in the upper jaw was pared from the front, from the posterior edge of the alveolar process. The large masses in the palate were then cut off with a strong scalpel. They cut very hard. The teeth were then extracted, and the anterior portion of the alveolar process removed with bone forceps. There was a good deal of hæmorrhage all the time, so that the view was very much obscured. It was general, and there were only one or two distinct vessels of any size to be seen. The actual cautery was applied to the cut surfaces. After the cessation of the hæmorrhage, it was seen that the growth had not been entirely removed from the palate. As, however, the patient had been a considerable time under chloroform and had lost a good deal of blood, further proceedings were deferred.

17th May.—Two molars and incisors of left lower jaw having been extracted, the projecting expanded portion of the alveolar process, with its gum, was removed with ring forceps. The gum extending backwards was also cut off. The actual cautery was passed over the cut surface of bone. There was a good deal of oozing.

12th June.—The remaining portions of the hypertrophied gum in the upper jaw were pared to the palate, and the remaining enlarged posterior portions of the alveolar processes were removed with bone forceps. Several teeth were imbedded in the latter. As on the previous occasions, the hæmorrhage was arrested by the actual cautery. Chloroform was given on all three occasions.

About a week after the last operation, some small nodules were removed from the anterior angle of the palate.

25th July.—The cut surfaces are now almost entirely cicatrised, and there is no appearance of further outgrowth. The large size of
the lower jaw is now more apparent. The facial arteries are also noticed to be very large, especially the left.

Examined microscopically, the removed portions were found to consist entirely of an increased development of the ordinary gum structures. The roughness of the palatal lobes was owing to the large size of the papillae, which varied from being barely discernible to a length of half an inch. There were only three or four of this enormous size, but many were from an eighth to a quarter of an inch. These large ones were mostly situated towards the anterior portion. They were either fungiform or clavate. On the gum over the alveolar processes, the papillae were not nearly so large, and in greater part the surface presented a normal smoothness.

Some very well executed photographs, completely showing the situation and character of the disease, had been forwarded by Mr. MacGillivray, and were exhibited to the meeting.

On the motion of Dr. McMillan, seconded by Dr. Tracy, the thanks of the Society were given to the author.

**EXHIBITION OF MORBID SPECIMENS.**

Mr. Blair exhibited two fatty tumours and an epithelial cancer, and gave a brief history of them.

Dr. P. Smith exhibited an aneurism of the arch of the aorta, in which death had resulted by the combined influence of pressure on the phrenic nerve and exhaustion from empyema.

In a conversation which ensued, Dr. Tracy related a case of aneurism, in which very marked benefit had resulted from the free use of Veratrum Viride.

**SOUTH AUSTRALIAN MEDICAL ASSOCIATION.**

The first meeting of the South Australian Medical Association for scientific purposes, took place on February 9th, 1871, at 8 p.m. in the Board Room of the Hospital.

Present:—Dr. Whittell (in the chair), Mr. Benson, Mr. Butler, Mr. Clindening, Mr. Davies, Mr. Ellison, Mr. Fisher, Mr. Forster, Dr. Gosse, Dr. Gunson, Dr. Logan, Mr. Mayo, Mr. Moore, Dr. Paterson.

Some cases of interest were shown; one of chest disease, by Mr. Clindening.

Dr. Logan showed a case of skin-grafting, and also a case of occlusion of the upper part of the trachea after cut-throat.

Dr. Paterson read a paper on insanity, dwelling principally on the hereditary transmission of the disease, and bringing out strongly the fact, that insanity is as much a symptom of disease of the brain as albumenuria is a symptom of disease of the kidneys.
A long discussion took place on this paper, in which most of the members present joined.

Meeting March 9th, in the Board Room of the Hospital.

The President, Dr. Whittell, in the chair.

Dr. Whittell showed a case of rodent ulcer, which had eaten into the orbit. He had removed the eye-ball, and applied Chloride of Zinc paste; the patient appeared to be doing well.

Mr. Benson read the particulars of a case of noma pudendi. He also exhibited Kidd’s cephalotribe.

Dr. Logan read a paper on tetanus, alluding principally to the several new remedies which appear to have been useful in the disease, viz.:—Hydrate of Chloral, Calabar-bean, Conium and Nitrate of Amyle.

In the discussion which ensued, Mr. Benson, Mr. Clindening, Mr. Fisher, Dr. Gosse, Dr. Gunson, Dr. Whittell, and Mr. Ellison took part. On the motion of Dr. Gosse, seconded by Dr. Paterson, the thanks of the meeting were given to Dr. Logan.

Meeting May 11th, 1871.

The President, Dr. Whittell in the chair.

Dr. Paterson exhibited a specimen of wild cucumber, about which there had been some discussion of late, as to whether it was a poisonous plant or no. Dr. Paterson had fed a sheep on the fruit without any apparent effect, detrimental or otherwise.

Mr. Ellison read a communication on skin-grafting, and showed several cases; one of which was of peculiar interest, wherein he had grafted skin on to a syphilitic ulcer of the leg, and the grafts had adhered and extended, although the ulcer was spreading at the margin.

Mr. Butler, Dr. Gosse, Dr. Paterson, and Mr. Moore took part in the discussion.

Dr. Gosse read a paper on the origin of morbid growths. He finished at a late hour, and Mr. Moore therefore proposed, and Dr. Logan seconded, that the discussion on this paper should be deferred to the next meeting. This was carried.

The thanks of the meeting were given to Dr. Gosse and Mr. Ellison for their papers.

Meeting June 8th.

The President, Dr. Whittell, in the chair.

Morbid specimens were exhibited by Mr. Clindening, Dr. Whittell, Dr. Logan, and Mr. Ellison.

Dr. Gosse’s paper on morbid growths, was discussed; Dr. Logan Dr. Paterson, and Dr. Whittell taking part in the discussion.
In the Herald of the 5th instant, appeared the following:

"Medical Ethics.—We have heard a great deal, from time to time, about the 'ethics' of the medical profession, hence we are more than astonished to find the Australian Medical Journal, which is as pretentious as the Lancet itself, lending its columns to advertise a book of 'Instructions to Married and Unmarried of both Sexes,' by a Mr. Hargreaves, who is not on the medical register of Victoria. We have in our possession the book referred to, in which we find the following highly commendatory notice:—Dr. Hargrave on Marriage. This work is popular in every sense of the word, and its worth is untold to those who cannot, from a feeling of shame, consult the family physician.—Australian Medical Journal.' What honorarium could have extracted such an unqualified eulogium as this from that journal, is a marvel to the quidnuncs. Be it as it may, the puff is circulated for the benefit of the author of the book. It is no credit to the Medical Journal."

If the writer of the foregoing had actually seen in the Journal the notice upon which, with so much virtuous indignation, he is pleased to comment, both his virtue and his indignation would have been well timed. But the simple fact is, that, having found in a filthy book a handbill containing a string of laudatory testimonials, he regarded it as an excellent opportunity for throwing disparagement upon this Journal, and so made it appear as if he had first read the notice in the Journal, and had subsequently discovered the book. The source of this very foolish homily on medical ethics is so contemptible, as hardly to require any notice from us; but, in order to make the matter quite clear, it was perhaps necessary to contradict the statement that any mention whatever of the publication referred to had been made in these pages. The editor of the Journal, therefore, forwarded a short letter to the Herald, simply informing the conductors of that paper that the "testimonial" was an "impudent forgery;" but, as the letter was not inserted, the editor of the Argus very kindly permitted its insertion in his columns.

To the supporters of the Australian Medical Journal it is hardly required to say that no such book as "Instructions to the Married and Unmarried of both Sexes" could by any possibility obtain any notice from us, other than
that of the contemptuous reprobation due to all charlatan literature.

One of the publishers of the Journal has, with some difficulty, obtained a sight of the handbill advertising the book so unexpectedly fished out of its proper obscurity, and he finds that it contains a great many other “testimonials.” He also saw at the same time, a book on Spermatorrhoea, apparently by the same hand, in which are others professedly from Mr. Johnson, Government analyst, Dr. McCrea, Mr. Beaney, the Argus, the Australasian, and the Leader. We need scarcely remark that these testimonials are quite as genuine as the one allotted to the Australian Medical Journal. Why the indignant virtue of the person who wrote the paragraph in the Herald was expended only upon us, can be best explained by those who know the extent to which an impotent malice has carried a certain disreputable section of the profession, in their hatred of the Australian Medical Journal.

VICTORIAN MEDICAL BENEVOLENT ASSOCIATION.

The Sixth Annual Meeting of the Association took place in the Hall of the Royal Society, on Thursday, July 13, 1871. Mr. Knaggs, Vice-President, in the chair.

REPORT.

The Report of the Committee for the past year was read by Dr. Neild:

TO THE SUBSCRIBERS AND DONORS OF THE MEDICAL BENEVOLENT ASSOCIATION.

GENTLEMEN,

The claims upon the funds of the Association have been less numerous during the past year than during any similar period since the formation of the Association. It is only proper to state, however, that a good many inquiries have been made of individual members of the Committee by that class of persons, who, though always in need, are never deserving of relief, as to the possibility of their claims being recognised. The replies they have received, have helped to confirm the impression that deserving cases only will be recognised by the Committee. And herein the Committee desire again to call the attention of the profession to the use of the Association, in serving as a means of freeing them from the importunities of thriftless persons, who, being referred to the Committee, are made aware that no assistance will be given, save after the most careful inquiry into the circumstances of the applicant.
The subscriptions have somewhat fallen off; but as the disbursements have lessened in proportion, there is again a considerable sum to be added to the vested fund. It is believed that some of the subscribers entertain objections to the increase of this fund, as being beyond the original purpose of the Association. But the Committee cannot but regard as a desideratum of great importance, the accumulation of a sum such as may not only, in future years, render the Association almost independent of subscriptions, but may permit it to extend its means of relief more widely and efficiently.

It was last year suggested, that as soon as the permanent fund represented the sum of £500, a special meeting of the Association should be called for the purpose of vesting it in trustees. This amount has not yet been reached; but as soon as the fund represents the sum named, the meeting will be called as intimated.

The Committee have met five times, the attendance being as follows:

| Mr. Gillbee | 1 |
| Mr. Knaggs | 5 |
| Dr. Cutts  | 5 |
| Dr. Neild  | 5 |
| Dr. Martin | 1 |

Dr. Tracy ... 2
Dr. Black ... 3
Dr. Jonasson ... 4
Dr. Wilkie ... 5

LIST OF CASES.

CASE 1.—An M.D. 1865, M.R.C.S. & L.S.A. 1862, commencing practice in a poor country district, was granted the sum of £5 to enable him to meet some of his preliminary expenses.

CASE 2.—The wife of an M.R.C.S. 1848, was granted £5 to enable her to qualify in the Lying-in-Hospital as a monthly nurse. Her husband, it was shown, was a man of disreputable character, and separation from him had been unavoidable. She had taken legal proceedings against him in a neighbouring colony, but as he was unpossessed of means, there was no likelihood of any order for maintenance being complied with. For several years the applicant had maintained herself somewhat precariously, and she desired some regular occupation which would render her means of livelihood less uncertain. This applicant is now pursuing the vocation for which she was enabled to qualify herself.

CASE 3.—An L.S.A. Lond. 1820, who had practised for many years in this colony, but who had become incapacitated by impaired health, was granted £7.

CASE 4.—The sum of £1 was contributed towards a fund for defraying the passage-money home of the son of a medical man who had long practised in Scotland, and who was well-known to many persons in this colony.

CASE 5.—An F.R.C.S., Ed., 1826, and M.D., Ed., 1830, who though not practising, had been variously employed in this colony for many years, was granted the sum of £5 to relieve the pressure of urgent wants.
On the motion of Mr. Gillbee, seconded by Dr. Tracy, the report was adopted.

Dr. Cutts, the Treasurer, read the balance-sheet, as follows:

THE TREASURER IN ACCOUNT WITH MEDICAL BENEVOLENT ASSOCIATION.

Dr.
To Balance brought forward from previous year ... £360 11 4
Subscriptions as per list ... 70 7 6
Donations ... ... 12 12 0
Interest on Government Debentures ... ... 19 16 0

£463 6 10

Cr.
By Grants ... ... 18 0 0
Commission to Collector ... ... 5 15 0
Stillwell and Knight—printing copies of Report ... ... 2 0 0
Stamps (Treasurer) ... ... 0 10 0
" (Secretary) ... ... 0 10 0
Mason and Firth—printing Receipt Books ... ... 0 15 0
Bank charge for collecting cheques ... ... 0 2 0
Premium and Interest on £100 Government Debentures ... 12 9 10
Government Debentures ... ... 405 0 0
Cash in hand ... ... 18 5 0

£463 6 10

Examined and found correct,

P. SMITH.  
W. T. MOLLOY.  

Auditors.

July 13, 1871.

On the motion of Dr. Neild, seconded by Dr. Molloy, the balance-sheet was adopted.

The officers for the ensuing year were then elected with the subjoined result:—President, Dr. Howitt; Vice-Presidents, Mr. Knaggs and Mr. Gillbee; Treasurer, Dr. Cutts; Joint Honorary Secretaries, Dr. Neild and Dr. Martin; Members of Committee, Dr. Tracy, Dr. Joseph Black, Dr. Wilkie and Dr. Jonasson; Auditors, Dr. Molloy and Dr. Patrick Smith.

Dr. Martin then gave an interesting account of the Royal Medical Benevolent Fund Society of Ireland. It was founded in 1842. In 1843, it was determined by its promoters that before any disbursements were made, the sum of £2,000 should be raised. In 1848 it commenced to grant relief, from the interest of the vested fund and the current subscriptions. In 1859, its fund had reached the sum of £13,250. In 1858-9 the annual subscriptions amounted to £550, the interest on Government stock to £386, and the donations to £285, total £1,221. This he thought a most gratifying result, considering that the number of medical practitioners in Ireland was only 2,500. In 1859 the number of applicants was 89, of whom 27 had been subscribers. Of this number 11 were medical men, 67 widows, and 11 children. There was a branch Society at Bombay,
and in other places branch Societies had been attempted to be established, but Bombay appeared to be the only place where success had followed the attempt. From Bombay, the sum of £66 had been forwarded to the fund. As indicative of the interest generally shown in the Society, one medical man had directed by his will that at his death he should be buried in the dead of night, without any funeral obsequies, so that the sum thus saved, which would otherwise have gone to the undertakers, might be contributed to the fund. These directions had actually been carried out, the sum of £25 having been in this way realised. Of 78 medical men who had died while in the receipt of relief, 14 had died from typhus, 10 from lung-disease, 10 from heart-disease, 10 from liver or kidney disease, 17 from disease of the brain or spinal cord, 5 from cholera, and 1 from old age.

A conversation took place, as to the best means of increasing the permanent fund, and the most appropriate mode of employing it. It was eventually, on the motion of Dr. Tracy, resolved, that a Committee consisting of Dr. Cutts, Dr. Martin, Dr. Neill, and the mover, be and is hereby appointed to consider and report upon the most desirable mode of dealing with the permanent fund of the Association.

Thanks were given to the past officers, and to the chairman.

LIST OF SUBSCRIBERS

Of One Guinea to the Medical Benevolent Association, 1870-71.

Addison, George
Avent, Nicholas
Barker, Edward
Barrett, James
Beaney, J. G.
Bird, S. D.
Black, Joseph
Blair, John
Bowen, Aubrey
Bragge, J. D.
Brownless, A. C.
Carr, Robert
Carter, Ernest
Clandinning, George
Cutts, W. H.
Day, John
Dempster, J. J. C.
Dowling, F. J.
Fetherston, G. H.
Fitzgerald, T. N.
Fletcher, Edward
Gibson, James
Gillbee, William


DONORS.

Cutts, W. H. ... ¥2 2 0 | Martin, L. J. ... ¥2 2 0
Friend, A ... 1 1 0 | Morton, J. ... 1 1 0
Howitt, Godfrey ... 3 3 0 | Paley, Edward ... 1 1 0
Knaggs, Robert ... 2 2 0
LEADING TOPICS IN EUROPEAN AND AMERICAN JOURNALS.

THE MECHANICAL FORCE OF LABOUR.—The Rev. Prof. Haughton, M.D., whose researches on animal mechanics have thrown so much light on subjects previously obscure, has recently communicated to the Royal Society a study on the forces employed in child-birth. In the first stage of labour, the uterus contracts upon its contents, dilates the os, and usually ruptures the membranes; in the second, the foetal head presses upon the vaginal walls and produces reflex contractions of the abdominal muscles, which powerfully aid in the expulsion of the child. The problem to be solved is the amount of force supplied by the womb on the one hand, and the abdominal muscles on the other.

Dr. Haughton finds that the greatest pressure that can be obtained within the gravid uterus by the contraction of its fibres, is 3.4 lbs., and in a series of 100 experiments made by Duncan and Tait, it was found that the average force required to rupture the membranes was 1.2 lbs. The power of the womb alone is therefore sufficient to effect the rupture in nearly every case, and is usually three times as much as is requisite for that purpose. When the os uteri is dilated, and the uterine muscles can act on a circle 4.5 inches in diameter, the uterine power is 54.1 lbs., but at this time the abdominal muscles come into play, and the power they are capable of exerting, is found by rigid analysis to be no less than 527 lbs. This last result is so startling that Dr. Haughton put it to the test on living persons. He laid two men on their backs on a table, and placing a metal disc of 2.9 square inches on the naval of each, piled on weights till the limit of safety was reached; each subject was able to raise a weight of 113 lbs. placed on the disc, by the contraction of his abdominal muscles, giving a force of 38 lbs. to the square inch, a very close approximation to the results obtained by calculation. The total power available for the expulsion of the fetus is therefore 577 lbs. "Thus we see, that on an emergency, somewhat more than a quarter of a ton pressure can be brought to bear upon a refractory child that refuses to come into the world in the usual manner."

Prof. Haughton's statements have been warmly opposed in several quarters, and Dr. Duncan has attached them in a communication to the Royal Society of Edinburgh, in which he demonstrates that notwithstanding the enormous power of the abdominal muscles, but a small part of this is available for the expulsion of the fetus. Dr. Haughton calculated the power of the muscles from their weight and curves; Dr. Duncan, whose ability in such investigations is generally recognised, noticed the amount of force necessary to keep back the child during strong expulsive efforts, and then estimated it by pressing with the same force upon a dynamometer. This force he finds to be rarely more than 50 lbs. and at most 80 lbs., while in easy labours it scarcely exceeds the weight of the child. He acutely argues that the possession and use of such a power as a
quarter of a ton "would render the forceps and cephaloclast weak and useless instruments; the mother could bray the child as in a mortar, and squeeze it through a pelvis, which could, under other circumstances, necessitate Caesarian section. Such a power would, if appropriately applied, not only expel the child, but also the mother, the accoucheur, and the monthly nurse all at once. It would be dangerous not only to the mother and the child; it would imperil also the accoucheur. It has been calculated for me that if this force was applied just as the chief resistance to delivery was overcome, the child would be shot out of the vagina at the rate of thirty-six feet per second!"

CORRECTIVE INFLUENCE OF BROMIDE OF POTASSIUM ON OPium.

—The Medical Press calls attention to the practice of Dr. Da Costa of New York, who seems to have effected an improvement in the administration of opium in cases that bear it badly. All practitioners will recollect instances in which opiates produced such unpleasant effects, as practically to forbid their use. These effects are prevented, according to Dr. Da Costa, by the exhibition of Bromide of Potassium in doses of from twenty to forty grains or more, some hours before the narcotic is taken. Several cases are given at length, in which fainting, delirium, formication of the skin, &c., which had been previously very distressing, were prevented by the use of the Bromide.

RACE-DIFFERENCES IN BLOOD.—Dr. R. H. Bakewell communicates to the Anthropological Journal some remarkable variations that he has discovered in the microscopical characters of the blood of different races. Trinidad, where the observations were made, is an excellent station for such investigations, from the large numbers of negroes, Hindoos, Musselmans and whites, who are continually arriving there, and the results obtained by Dr. Bakewell (though they probably depend far more upon difference of feeding than of race) are of great interest. The red corpuscles of typical blood, are circular and well-defined, and quietly form rouleaux; the pale corpuscles are few in number,—1 to about 350 of the red. The blood of Hindoos contains a much larger proportion of pale corpuscles, while the red corpuscles are fewer in number and of irregular outline; they do not form rouleaux, but run together by the edges. In the flesh-eating Musselmans, who also come from India, the blood is redder and thicker, and forms rouleaux, while the red corpuscles are better shaped. Negro blood, even in the most malarious districts, is of a deep red colour; it is crowded with perfectly circular red corpuscles, which form rouleaux rapidly and completely. It is far richer than the blood of the white races; the creoles alone approach it in this quality, and in the only instance in which Dr. Bakewell supposed that he had found a Caucasian with blood having the negro character, it turned out that the subject was really a light quadroon. It is to the richness of their blood that he attributes the notorious insusceptibility of the black races to malarious poisons.
THE COMBINED ACTION OF IODIDE OF POTASSIUM AND OZONIC ETHER.—Dr. Day, of Geelong, contributes a short but most interesting paper on this subject to the Medical Times. In 1867, he had a case of neglected syphilis of eight years standing in a woman, upon which he failed to make any impression during a six months' course of treatment. He then gave small quantities of Iodide of Potassium, and followed each dose after the lapse of half an hour with from half a drachm to a drachm of Ozonic Ether, diluted with water. The patient then rapidly improved, and was soon restored to perfect health. Dr. Day had previously used the Iodide in doses of as much as ninety grains per diem. The explanation of the increased action probably is, that the Iodide meets the Ozone in the blood, and is decomposed there, instead of being nearly all eliminated by the urine and saliva.

SICKNESS IN PREGNANCY.—At a recent meeting of the Obstetrical Society of London, Professor Graily Hewitt read a paper upon this subject, in which he endeavoured to demonstrate its connection with flexions of the gravid uterus. He considers that the vomiting is reflex, and caused by pressure upon the nerves at the bend; the vomiting will therefore cease on the womb being restored to its proper position. Sometimes, he finds the horizontal posture alone sufficient for the purpose; in other cases, mechanical support to the uterus is necessary, and gives speedy relief. The reading was followed by a very sharp discussion, Dr. Hewitt's opinions being warmly disputed by Dr. Tilt, Dr. Braxton Hicks, Dr. Playfair and others, while Dr. Barnes stated that flexions of the gravid uterus were often present without any unusual degree of vomiting, and that most obstinate vomiting occurred when there was no flexion. The proposal to support the gravid uterus by pessaries excited most opposition and the general feeling of the meeting was, that such a practice would be highly dangerous.

STRANGE COURSE OF A UTERINE SOUND.—The Lancet gave in its Foreign Annotations, a case in which the point of a uterine sound was felt at the umbilicus. It was withdrawn and no mischief ensued. This statement has produced a very interesting correspondence, showing that this accident is not so rare as might be supposed. Dr. Matthews Duncan considers that the instrument passed along an unnaturally open fallopian tube. Mr. Lawson Tait says that he has twice perforated the fundus uteri inadvertently, and once intentionally for purposes of diagnosis, without any ill effects; he has also an indistinct recollection of an enthusiastic gynaecologist having proposed to tickle the diaphragm through the fundus in cases of hysteria. Mr. Whitehead, F.R.C.S., refers to the case of Foltz and Petrequin, in which a catheter used to induce premature labour escaped from the hand and could not be recovered; it was extracted through the umbilicus eighteen weeks afterwards. But he also states that he knew of a case in which death ensued from peritonitis caused by perforation with the sound.
HOMEOPATHY FOR RIRE:—The Chemist and Druggist extracts from the homeopathic Medical Investigator, the following valuable list of diseases and of medicines which infallibly cure them. The words in italics indicate the remedies.

Gnawing hunger: with empty sensation in stomach. Senega.
Greasy Food: repugnance to. Carbo an.
Ham-fat: longing for. Mex.
Hasty eating: with inclination to hate all around him. Plat.
Herrinig: longing for. Nit. ac.
Headache: from eating a little too much; hunger soon satisfied. Lyc.
Honey: longing for. Subad.
Hot: cannot eat anything. Ferr.

There are other statements of equal interest. A desire for dainties is to be treated by Ipecac; for eggs, by appropriate doses of egg-shell; and an aversion to coffee if not well-sweetened, can be removed by Rhubarb!

CORRESPONDENCE.

PAY PATIENTS IN HOSPITALS.

To the Editor of the Australian Medical Journal.

Sir,—In your Editorial Article of the June number, it is erroneously stated, that the committee of the Alfred Hospital “have determined to admit pay patients, the sum fixed being £2 a week,” you will therefore perhaps be so good as to allow me to correct this misapprehension on your part, by relating the facts of the case. The recommendation of the Medical Committee “that payments should be exacted from patients according to their means, and that poor people only should be admitted free,” having been referred to the admission committee was reported on as follows:—“The Alfred Hospital being erected for the sick poor, your committee would suggest that it would not be advisable to set apart any portion of the building especially for paying patients, but yet, as patients may be admitted, who upon inquiry are found to be in a position to contribute towards their maintenance, that the following rule be added to the constitution. ‘Every person obtaining the benefits of the institution under a plea expressed or implied of destitution, who shall in the estimation of the General Committee, upon a representation being made to them of the fact, be able to pay for such benefits, shall be liable for the same after the rate of £2 per week; and every person admitted on the ground of emergency to the benefits of the hospital, and well able in the estimation of the committee to pay for them, will also be required to pay for the same, after the same rate.’” The above report was adopted by the weekly committee.
more than a month ago, therefore the question was settled, as far as the Alfred Hospital is concerned, at all events for the present.

If not trespassing too much on your space, I desire, as one of the Medical Committee, to say a few words in defence of our recommendation, which you are pleased to stigmatize, *ex cathedra*, as "the latest instance of this professional suicide," an "undignified regulation," and the involuntary recognition of a "disparagement of medical services," &c. &c.

On looking calmly at this question, I am still of opinion that none of these dismal situations would be realised even if all hospital patients who are not absolutely poor, were compelled to pay something according to their means, towards their support, while receiving treatment, and I believe that the members of our profession would feel greater pleasure in their daily work if called upon also to help persons who are willing to help themselves. Moreover the moral tone of the patients would be elevated by an awakened feeling of honesty and self-reliance, and the institutions would gain in funds. But I quite agree that hospitals are not intended for the well-to-do classes, and as some people are mean enough to feign poverty in order to pick up a few crumbs when they can, there is no doubt that a very stringent law is required to exclude impostors, which can only be carried out by a searching inquiry into the merits and pecuniary means of each applicant for aid. Scrutiny must necessarily form part of a system that demands payment according to means, and it would not only save hospitals from spoliation, but it would divert a few legitimate fees into our own pockets from wealthy loafers who are now attended gratis. On the other hand the absolutely poor should of course be admitted free. Severe sickness combined with poverty should always be a sufficient recommendation to open the doors, but, in the words of a very able article on this subject, "above the pauper class we would not admit any patient without some kind of payment."* The class between the rich and very poor comprises a large number of persons, and as members of this class always occupy a very great many beds in our hospitals, it is on their account that payments are, as it appears to me, necessary. They cannot all afford to pay the expenses of medical attendance, medicine, and nursing, at home, when prostrated by some serious disease or accident, but many of them could pay from 10s. to 40s. a week, when obliged to enter an hospital, and would pay it, without a murmur if required to do so. If an examination were now made into the circumstances of all the patients in the Melbourne Hospitals, which are supported by charity, I believe that about half would be found to belong to a class, above the poor, and quite able to afford some payment, yet they have been taught by an established custom, that when they are ill, they must sue *in formâ pauperis* before they can gain admission into a hospital. Surely *their dignity* would be elevated, not only in their own, but in other people's estimation, if they contributed something towards their own maintenance, even

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although the eccentric committee who had advocated such a measure were doomed to suffer for their mental obliquity. Some respectable persons in humble circumstances must feel a sense of degradation in being constrained to apply for assistance, free of all charge, as if they were paupers, but the proportion such worthy individuals bear to the rest of mankind, does not appear to be on the increase. There are plenty others, not burdened with pride or too much conscience, ready to take advantage of free quarters, where no inquiries are made beyond a few stereotyped questions, answered on the spot by the applicants, who not infrequently represent themselves as utterly destitute, in order to facilitate admission.

It appears to be assumed by most managing committees that, by passing a law to prohibit payments from patients, all those who can pay will be excluded; if indeed the law had this effect, one point, right or wrong, would be gained; but such, we know from experience, is not the result of its operation; it does not exclude persons who can pay, nor even those who are comparatively rich, it simply declines to receive their money. In fine, under the very rule made for their protection, a premium is offered which actually encourages a system of deception that suppresses the proper feeling of independence among the working and other classes, and leads to the continual plundering of our charitable institutions.

I have the honour to be, Sir, your obedient servant,

T. M. GIRDLESTONE, F.R.C.S. Exam.
Surgeon to the Alfred Hospital, &c.

Collins-street east, July 13th, 1871.

THE DIGNITY OF MEDICINE.

To the Editor of the Australian Medical Journal.

Sir,—The enclosed unique advertisement is from the Ovens and Murray Advertiser. It is worth framing, as an evidence of professional hawking.

"John Richard Peels, Member of the Royal College of Surgeons of England; Licentiate of the Royal College of Physicians, Edinburgh; Licentiate of the Society of Apothecaries of London; Licentiate in Midwifery, of the Royal College of Physicians, Edinburgh; and Member, by examination in Arts, of the University of London, practises medicine, surgery, and obstetrics at Wahgunyah, and may be seen, any time, at Scott's Hotel. Registered in Victoria and New South Wales. In consequence of the exorbitant price charged for medicines in Wahgunyah, Dr. J. R. Peele will supply the same, dispensed according to any prescription that may be brought to him, at the following rates: until a druggist settles in the district who will charge the public more fairly: bottle of medicine, 2s. 6d.; box of pills, 1s. 6d.; lotion, 2s.; powders, 3d. each. A fine opening for a druggist in Corowa."

Why complain of druggists prescribing after this?

Yours obediently, Pestle.

[Why, indeed?—Ed. A. M. J.]
The following gentlemen registered their qualifications at the last meeting of the Medical Board:—Thomas Gray Archdall, Melbourne, L.R.C.P. and S. Edin.; William Frederick Ewington, Vaughan, M.R.C.S.E., L.S.A. Lond. The names of Severinus Guscetti and George Thomas Squier, deceased, have been erased from the register.

The following gentlemen have been appointed public vaccinators:—Joseph Ball Marr, L.F.P.S.G., and L.R.C.P. Ed., for the district of Koroit; Charles Lennox Cunningham, L.R.C.S. Ed., and L.S.A. Lond., for the district of Bellarine; Wm. Frederick Ewington, M.R.C.S. and L.S.A. Lond., for the district of Vaughan.

The City Council, on the motion of Mr. Alderman Wragge, have recommended that the Government should be solicited to introduce into Parliament a Bill embodying the clauses of the Contagious Diseases Acts of 1866 and 1869.

Mr. Walshe, M.R.C.S., Health-Officer for Geelong, has forwarded to the Town Council, an energetic protest against the continued pollution of the River Barwon, which, he points out, may, in a season of drought, become the only water-supply of the town.

A contemporary lately had the following:—"We learn that the health of the children at the Industrial School, Prince's-bridge, is in anything but a satisfactory state. This is attributed to the swamp surrounding it, and an attempt is to be made to induce the Government to drain the adjacent localities."

A telegram from Sydney, on the 18th ult., says, "A child of Dr. Taylor's was burned to death on Saturday night." Another telegram, from Adelaide, on the 26th ult., says, "During his examination before the Commissioner of Insolvency, Mr. Harrison, late a surgeon of the Adelaide Hospital, confessed to having committed bigamy."

Mr. Robert McGregor Robertson, L.R.C.S. Ed., of Ballan, committed suicide on the 6th inst., by taking Hydrocyanic Acid. The Ballarat Star of the 7th says, speaking of this event: "Intemperance is said to have led the deceased to take his life. It appears that Ballan and the surrounding district is now left without a medical practitioner, as the deceased was the sole representative of the profession there."

A prisoner died in a fit of epilepsy on the 22nd ult., at Pentridge. The jury in delivering their verdict at the inquest held upon the deceased, added as a rider, "The neglect of the authorities in not keeping prisoners liable to such fits in an associated ward, is highly reprehensible."

The Medical Association met on the 14th ult., in the board room of the Melbourne Hospital; Dr. Moore in the chair. Mr. Crooke read a paper on "Puerperal convulsions, and their treatment by chloroform and hydrate of choral." Dr. McCarthy read a paper on "The inebriate question, and the relation of intemperance to insanity."
Part of the business at the meeting of the Alfred Hospital Committee on the 26th ult., was the consideration of a complaint made by one of the patients, that he was not regularly supplied with the daily papers.

At the meeting of the Benevolent Asylum Committee on the 20th inst., a report was submitted from the medical officers, suggesting that a large number of medicinal plants in every-day use in dispensing, and for the growth of which this climate is well suited, might be grown in the grounds of the institution. If they were grown in the grounds, the report stated, they would be obtained fresher and altogether better in condition than those imported. The report further stated that the advice of Dr. Von Mueller had been taken on the subject, and he had offered to furnish most of the plants which would be needed, and urged that the matter should be taken at once in hand, so as to secure the carrying of it out this season. The committee accepted the report with thanks, and resolved to act upon it.

Mr. T. M. Wyly, Resident-Surgeon of the Hamilton Hospital, who died on the 24th ult., was a native of Dublin, where he was educated. He became a Licentiate of the Royal College of Surgeons of Ireland, in 1853, and soon after received the appointment of assistant-surgeon in the army of the Crimea, where he served during the whole of the campaign. At the close of that war, he came to Victoria, landing at Portland, at which place he joined Mr. Grier as assistant. He afterwards practised at Merino and at Casterton, and finally settled at Hamilton. A vacancy some time afterwards occurring in the resident-surgeonship of the hospital there, he was appointed to it. Mr. Wyly was personally much liked in Hamilton, and was regarded as a thoroughly capable practitioner. He was only 42 years of age.

DEATH.

WYLY.—At Hamilton, on July 24th, Thomas Manly Wyly, M.A., L.R.C.S.I., Resident-Surgeon of the Hospital, aged 42.

NOTICES TO CORRESPONDENTS.

Communications have been received from the following gentlemen: Dr. Wigg, Mr. Ellison (S.A.), Dr. Day, Dr. Tracy, Mr. MacGillivray, Mr. Pincott, “Pestle,” Dr. Von Mueller, Dr. Molloy, Dr. Fetherston.

Mr. Ellison is very warmly thanked for his abstract of the proceedings of the South Australian Medical Association. We shall be glad to receive regular communications of the same kind from him.
