SPORADIC CEREBRO-SPINAL MENINGITIS.

BY LONSDALE HOLDEN, M.R.C.S.

House Surgeon, General Hospital, Hobart.

Cases of subarachnoid meningitis, of which the tubercular origin is not evident either ante or post-mortem, occur with a certain frequency; this idiopathic type is well known; yet a well marked example and a note of the morbid appearances are perhaps worth record. I have been led to suspect that the disease is not so rare in Tasmania as in England, as the instances coming under notice in the Hobart Hospital seem to bear an unduly large ratio to the total number admitted for other causes. I do not of course imply that they have been frequent enough to suggest an epidemic origin.

R.S., aged 11, was admitted on April 8th, and died on April 18th. For the following excellent note of his history I have to thank the sister of the ward:—"On the 2nd of April was quite well in the morning; in the afternoon came in and complained of pains in his head and back. Had not had any blow or fall, so far as his friends know, to account for the pains. Has not had heavy perspirations. Grinds his teeth whilst asleep. Starts up from sleep with a cry. Lies on either side with equal ease, but cannot lie on his back. Patient has at present considerable swelling of throat, but this is positively stated to have developed since his illness. Had no goitre previously. Has a decided squint on admission, which has also developed since his illness. Has been unable to stand since Sunday night last (two days). Has been slightly delirious at nights. Bowels have not acted for the last seven days. Passes urine unconsciously. Has had no..."
vomiting. Four years ago was badly burned about the legs from his clothes catching fire; was not burned about head or back. Three years ago had jaundice. Has always been a delicate boy. Is an illegitimate child. Father’s history unknown. Mother living, healthy. Family history good so far as can be ascertained. Grandmother asthmatical, no phthisis in family. Patient has had difficulty in swallowing for last five days.”

This history, with the appearances on admission, made the diagnosis easy. His head was drawn back nearly to a right angle with the spine, a swollen thyroid projected very much in front. He was restless, could not bear to be moved, touched, or uncovered. Could not well explain where his pain was. Had no spasm or trismus. There was slight double internal strabismus. Conjunctiva sensible; pupils equal and acting. At times was quite conscious, at others seemed confused, or a little delirious. He swallowed with difficulty, and only fluids. He had intervals of increased pain. The temperature was 101°, the pulse 100, the respirations 44. Four days after admission the pulse was 140; two days before death it was 148. The highest breathing rate noted was 52, four days before death. There was an extensive herpetic eruption round the mouth,

There was no material alteration during the ten days he was in the hospital. The temperature kept between 99° and 101°, till just before death, when it reached 104.2°; the symptoms however varied in intensity, and chiefly for the better, that is his head was less drawn back, his neck less swollen, his intellect clearer, he could swallow better, the squint disappeared. But there were ptosis and slight trismus. On the day before death he seemed easier and stronger than on any day, asked for bread and butter, if he might be taken into the verandah, and so forth, and he had become much more tolerant of being moved. Throughout he had no cough; the bowels had to be opened with calomel and enemata, and he passed urine freely and wittingly. The urine had a specific gravity of 1035, was highly alkaline, contained no albumen, and a small amount of sugar. On the day of his death it was noted “condition much more grave than yesterday, pulse scarcely perceptible, pupils fixed, conjunctiva barely sensible, limbs limp, comatose.” The treatment adopted was the application of freezing lotions to his shaved head, the painting of liquor iodi down his spine, and three drops of liq. opii sed. with potass bromid. gr. v.,
every two or four hours, according as his sufferings seemed to require.

On the sixth day after admission his pain was so much relieved that the sedatives were discontinued, and brandy in drachm doses given at frequent intervals. I was not able to obtain a post-mortem till four days afterwards, and then could only examine the brain and the cord. The brain generally was large and very hyperaemic; its substance and that of the cord were soft and pulpy, so much so that the pons tore readily in removing it. A quantity of thick yellow pus was seen on the base and along the medulla, and welling up out of the foramen magnum. The upper six or eight inches of the cord were removed, and nearly the whole of the rest of its extent was examined in situ. Everywhere there was a thick lining of pus beneath the dura mater. There was also a diffused abscess among the lumbar muscles close to the spine, above the sacrum on the right side. The ventricles were large and full of pus and serum, and their walls extremely hyperaemic. Nowhere could be seen any tubercular appearances, though they were carefully looked for. The lymph-like matter covered all the parts from the optic commissure backwards, and between the two middle lobes.

The absence of spasm in this case is to be noted as unusual; otherwise one may consider it typical, both during life and at the autopsy. It is to be wished that so good an example threw some light on the etiology of this very rare disease.

GERMAN TREATMENT OF TYPHOID.

By Charles Schleicher, M.D.

The present, or as we hope, past epidemic of typhoid drew my attention to a pamphlet by Dr. Turner. It shows great experience and objective views of this disease, and represents fairly the present opinions of the medical world in England, of the great majority of it in France, but only of a small minority of it in Germany. The more radical views on typhoid treatment, which have gained ground in Germany, and begin to do so in France, deserve the full attention of the medical profession in Australia, as treatment and results are very different.
A few critical remarks and statistics will show this.

Dr. Turner begins with strong condemnation of any grasping after and relying on specifics, and I heartily endorse his opinion. There is perhaps no disease where ignorance and easy dealing have severer and sadder results; even the harmless domestic remedies (aperients) are decidedly wrong. A good dose of calomel (5 to 10 grains) is the best beginning of real or suspicious cases of typhoid, in virtue both of its aperient and its disinfecting power. It gets transformed by the chlorides of the system into sublimate in insignificant amount. But we know that sublimate in solution of 1 in 300,000 stops the growth of bacilli. The remarkably favourable result has proved calomel to be the best beginning of treatment; but we prefer it pure, without the addition of any other drug, and give it irrespective of diarrhoea. To saline aperients we object; have seen bad consequences, and the decay of the epithelium following saline aperients may facilitate the entrance of the bacillus present in the bowels.

To digitalis we object as a heart-poison, but readily agree to acids of any kind, as generally used; further, we object to salicylates. They have sent patients to the lunatic asylum; and their proper use is restricted to acute rheumatic affections. Sedatives we want very seldom in modern treatment; we know that hydriatic procedure is the best sedative; if absolutely wanted, we give morphia. To chloral we object in this disease, being a heart-poison. Against vomiting we give ice pills; to poultices we object; iced champagne—no drugs. Diarrhoea is seldom troublesome with our treatment, and the same may be said about pneumonia or bronchitis. These both are consequences of fever and weakness of the heart, and not due to over-ventilation. We draw the reins of hydriatic procedures a little tighter, but object to drugs and spirits. Tympanites and ill-consequences of ulcerations in the bowels are very uncommon with modern treatment.

Quinine and spirits form the basis of treatment with the old school. Although extremely valuable in miasmatic fevers, quinine is rather powerless in typhoid. Of course it is easy to reduce temperature a few degrees, but in severe cases it is of no use, and we can do without it.

More difficult is the question about alcohol, but I may put down as a rule, that we never give alcohol in high fever, only in moments of imminent collapse. As long as the heat paralyses
the action of the heart, only hydriatic treatment we consider justified. Generally we want alcohol very seldom.

In Dr. Turner's section on treatment by baths, we find the same errors as in English and French literature, and as we made in Germany many years ago. I saw hundreds of typhoid cases treated according to old ideas with quinine and alcohol, and perhaps the same number in strict accordance with what we call Brand's method, but never heard of one patient complaining about dislike or cruelty of a cold bath; on the contrary the thankful eyes of the patients, just awakened from their stupor after the cold bath, convinced everybody of the good done to them, besides everybody enjoys a cold bath best when he feels hot; why not the typhoid patient? I never saw any danger in it, and I believe nobody did. A case, mentioned as having received 400 baths during typhoid fever, is the best proof of this in my opinion, and if these 400 baths were really wanted by the severity of the case, I am sure, the patient would have died before the third week of his illness without.

We administer a bath or equivalent procedure as soon as the temperature reaches 103° F. (taken in the axilla), on the ground of experience; besides which, new observations tell us that the infecting typhoid-bacilli thrive and germinate with increasing temperature, thus leading to increased temperature again and danger. We see the danger in the absence of baths.

What we call Ziemssen's modification is far less effective, but indicated in cases where, through anæmia, neurasthenia, age, or other causes the action of the heart is weak, and therefore the distribution of the blood to the surface not sufficient, and less still through contraction of the skin-muscles. In these cases we give a tepid bath of longer duration, or warm bath cooled down, or better still, general packings changed according to temperature.

A further mistake is the belief that we use this or that—now a cold bath, then a packing, then perhaps sponging or so. The essence of modern German typhoid-treatment (and feverish infectious diseases generally, consumptive ones excepted) is the use of methods for withdrawing heat, water, and the products of combustion, in the modern conception of fever, its three essential components; and it is at the same time in perfect accord with what we know about the vital qualities of the typhoid-bacilli. From the very first beginning of the disease we know that, if we
can keep down the temperature, the sensorium keeps free as a rule, the heart remains vigorous, pulse never goes high, tongue remains moist and soft, the power of the muscles does not sink, patient can take deep breath, and change his position. Meteorism, diarrhoea, and bronchial catarrh keep within safe limits, and the patient seems rather slightly affected; but as soon as we change in such a case, as I often have seen during the years of uncertainty about treatment, the patient will fall into high fever with all its adynamic consequences. And besides these, there is the danger of fatty degeneration of the muscles during high typhoid fever. Of two cases of equal severity beginning at the same time, when the hydriatic treated patient may be able to be out, the patient treated with quinine and alcohol will still linger in the sick-room. Heart and other after diseases are very seldom under our treatment.

Our whole method consists in packings, and warm and cold baths; and the stricter the treatment the better the result; but this anti-pyretic treatment must be begun at once, for reasons stated above. After a few doses of calomel we begin with packings, and here is the chief point in our treatment in Germany; and the reason of our good results is—systematic method. The cold bath is essential when adynamic symptoms are present, the cold packings changed often enough, and continual withdrawing of heat will be sufficient in most of the cases if done from the beginning. But when there is danger, or when 102° or 103° is reached, we resort to strict bathing, and many lives have been saved after the failure of the quinine and brandy treatment, almost, if not at the last moment.

The thorough introduction of the system in Germany needed many years, and will do so here; and the best advice I can give to a medical man taking a trip to Europe is, to spend some time at any German hospital, and get thoroughly acquainted with Brand’s systematic method. Its convincing power is very well characterised by a French physician (Glenard) who introduced it into the Lyons hospitals some ten years ago; he says: “It is the privilege of this method, so contrary to prevailing errors, that the simple fact of having it applied, and even only once, presses upon the physician a firmer conviction (plus inébranlable) than the most beautiful statistics or the best arguments. For my part, I would not allow myself nor anyone dear to me to be treated in any other way than according to Brand.”
Table showing the Influence of Cold Bath Treatment on Typhoid-Mortality in the German Army.

<table>
<thead>
<tr>
<th>Medicinal Treatment until 1867.</th>
<th>Cold Bath Treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1867-1874.</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>In the whole Prussian Army (1820-1844)</td>
<td>11,898</td>
</tr>
<tr>
<td>II. Army Corps</td>
<td>1,035</td>
</tr>
<tr>
<td>Five Garrisons of the 2nd Corps, Scolt Brand</td>
<td>1970</td>
</tr>
<tr>
<td>Stettin Garrison (1849-1866)</td>
<td>186</td>
</tr>
<tr>
<td>Coblentz Garrison (1877-1882)</td>
<td></td>
</tr>
<tr>
<td>Stralsund Garrison (1877-1882)</td>
<td></td>
</tr>
<tr>
<td>French Army (1875-1880)—Quinine and Alcohol</td>
<td></td>
</tr>
<tr>
<td>Austrian Army—Quinine and Alcohol (1870-1878)</td>
<td></td>
</tr>
</tbody>
</table>

These figures need no comment. Different treatments—different results, the more strictly Brand’s method is carried through the better the result; a fearful mortality reduced to almost nothing.
Medical Society of Victoria.

MONTHLY MEETING.

WEDNESDAY, JULY 2, 1884.

(Hall of the Society, 8 p.m.)


Dr. W. C. Sparrow was also present as a visitor.

The President, Dr. Haig, occupied the chair.

The minutes of the preceding ordinary and special meetings were read and confirmed.

The Hon. Secretary announced the receipt, through the Chief Secretary, of a set of the works of Dr. Sibson, presented by Mrs. Sibson.

NEW MEMBERS.

The following gentlemen were elected members of the Society: Mr. A. S. Aitchison, M.B., CH.B. Melb., Melbourne Hospital, and Mr. A. A. Fletcher, M.B., CH.B. Melb., Melbourne Hospital.

Six gentlemen were nominated for election at the next monthly meeting.

Dr. Williams gave the following notice of motion:—"That the recent development of the system of interviewing, and publishing the statements of medical men on ordinary medical topics, by a portion of the daily press, is disapproved of by the Society."

Dr. Woolley also gave notice of motion to the following effect:—"That a special meeting be called as soon as possible to consider the diagnosis between small-pox and chicken-pox, especially in connection with the recent cases, and to publish a formal report upon the subject."

A short discussion having arisen, as to the desirability of the Society taking action in the matter at the present stage, Drs. Neild, Jamieson and Willmott expressed the opinion that it was the duty of the Society to take it into consideration, though there was not agreement as to the date which should be fixed for the meeting.
Dr. Williams thought that business of this kind should certainly be undertaken by the Government, which ought to appoint a certain number of medical men to conduct a thorough investigation into the nature and origin of the disease which is now occurring in the city. They would report the result of their inquiries, and if it were then thought proper a discussion could be initiated and carried on with some prospect of a useful result. The difficulty would be for ordinary members of the Society to get useful material on which a discussion could be based, and without some authoritative reports to go on there would simply be further expression of differences of opinion, which would not be to the credit of the profession or the benefit of the public.

Dr. Allen said that it was the intention of the Central Board to isolate all doubtful cases, either in private houses or in some special place, and to put them under the care of a medical man who would have to report fully about them. In that way authoritative documents would be obtained, and he thought that, with the permission of the Board, these would, when ready, be laid before the Society.

Dr. Woolley said that he did not wish to hurry the matter, but at the same time he thought the public were looking to the Society for some definite statement on the matters in dispute.

The following paper was then read:—

NOTES OF A CASE OF POISONING BY SOLANUM PSEUDO-CAPSICUM.

By Charles Bage, M.D.

A boy, three years old, was caught eating the berries of the Solanum pseudo-capsicum on the afternoon of the 7th June. A dose of castor oil was given the same evening as he did not look well. All next day he was very pale, and at 11 p.m., after having slight twitching in the hands and feet, he had a violent general convulsion for several seconds; after that he went to sleep, but had twitchings now and then all through the night, without waking.

On the morning of the 9th more castor oil was given, and when the bowels acted some of the seeds were passed. At 5.45 p.m. he fell down in a fit, and had twitchings and fits at short intervals for an hour or two. At this time I saw him first. His eyelids were widely open and the eyes turned upwards; the pupils dilated, not very widely, but enough to give a staring glassy look to the eyes. The mouth was shut and teeth clenched; no frothing at the
mouth. His face was pale, but there was a faint purple tinge around his mouth and in front of his neck, which betokened insufficient respiration, perhaps from spasm of the respiratory muscles. The hands were clenched, and the wrists flexed, the insteps arched, and there was opisthotonos now and then. This went on at intervals until 8 p.m., each fit lasting about half a minute or more. He was again dosed with castor oil, and under the influence of chloral and bromide of potassium, given with the object of diminishing susceptibility to outward sources of irritation, he slept all night without any more spasms. Next morning, the 10th, he was convalescent.

All these symptoms might arise in a child from other causes besides poison; but in this case I was unable, after a careful examination, to find any other adequate explanation. There was no evidence of gastric disturbance, no dentition in progress and no known predisposition to convulsions. So I am led to suspect that this fruit contains a neurotic poison; more especially as the symptoms in this case resemble those caused by certain congeners of this plant, viz., S. Dulcamara, or bitter-sweet, and S. Nigrum or garden nightshade. Solanin, the active principle of these plants, occupies an intermediate position between strychnine and atropine, and may be regarded as a cerebro-spinal poison.

The skin and pulp of the fruit in question are soft and succulent, and would be quickly digested, and the seeds are not of such a nature as to give rise to gastric irritation from mechanical difficulty, and so to convulsions secondarily. In the above case there were no symptoms of gastric disturbance; the convulsions came on 32 hours after the berries were eaten, and lasted off and on for 21 hours; so that it would seem reasonable to refer the mischief to the seeds rather than the pulp; for the latter, if poisonous, would have produced its effects much sooner, while the former, which seem incapable of complete digestion, would after an interval yield up their soluble portions gradually and continuously.

The plant is grown in gardens for ornament, and it thrives about rubbish heaps and in neglected places. It is two or three feet high, and has woody branches, dark green foliage and white flowers. In winter it is covered with round berries, rather more than half-an-inch in diameter and orange or red when ripe. They contain a juicy red pulp, and a great number of yellowish-white flattened reniform seeds. The taste is not unpleasant.
Shortly after the above case occurred, I showed my notes of it to Baron von Mueller, and he very kindly sent me an interesting letter on the subject, which I quote at length.

"The Solanum pseudo-capsicum, of which you forwarded some fruiting branchlets, is regarded as a native of Madeira, but it may be originally a South American plant; it became naturalized in various of the warmer regions of the globe, and it is likely to spread also gradually through Australia in spontaneous growth, as the seeds from scattered berries would readily germinate wherever carried casually about. It is therefore important that some warning of the deleterious properties of this plant should be given after you establish the poisonous effect of the berries, particularly so, as the bright colour of the latter would be enticing to children.

"I can find no actual literary record of poison cases from this shrub, although the fruits of most species of the very large genus Solanum must be looked on with suspicion, while those of their numerous congeneres are really known to be hurtful. The few kinds which can be eaten with impunity, at least in moderate quantity, I have mentioned in my volume on "Select Plants for Industrial Culture," Sydney edition, p. 319-321. Curiously enough, Dr. Rosenthal, in his "Synopsis Plantarum Diaphoricarum," p. 462, enumerates Solanum pseudo-capsicum among the plants yielding edible berries. This discrepancy from your observation can be reconciled by the fact that a very small quantity of the fruit, when eaten, may not cause any marked ill-consequences, whereas a larger lot taken might produce even lethal effect. Thus our own Solanum aviculare, the "Kangaroo-apple" of the colonists, received its specific name because the surgeons of Captain Cook's second expedition noticed birds in New Zealand devouring the berries; but in the menagerie of the Botanic Garden of Melbourne, many years ago, a big monkey died who had been eating a large quantity of the berries, as I found when searching for the cause of the death of the animal.

"The main poisonous principle of various Solanum species is solamin. Whether any other alkaloids exist in some of the Solana remains to be ascertained, as the chemical constituents in the several hundred species of this genus may be different, that of Solanum pseudo-capsicum having never yet been fixed by analysis. As you justly observe the effect of the pulp of the Solanum berry may be less harmful than that of the seeds; but on this point no
careful observations are extant, so far as I am aware. Spasmodic affections, particularly of the voluntary muscles, are observed to be caused also by other solanaceous plants; thus jerking and convulsions are produced by the action, in advanced stages, of Belladonna, Stramonium, Hyoscyamus and even Dulcamara. The dilatation of pupils, noticed in your case, is also in accord with the effect of various other Solanaceae. Under these circumstances there can be no doubt that the poison case recorded by you arose really from the particular Solanum under notice, and I can therefore much encourage you to give publicity to this case."

Dr. Williams said that till notice was given of the reading of this paper he had no acquaintance with the properties of the plant mentioned. He found, however, that it was mentioned in the United States Dispensatory, where it was stated to have the popular name Jerusalem Cherry. Several cases of poisoning by it were reported in the same work, but it was interesting to have a similar case for the first time reported here.

Dr. Haig said that, though he had no particular remarks to make on the paper, he could not help congratulating the Society on the fact that it had on its list of members such a distinguished botanist as Baron von Mueller, to whom members could apply for advice or assistance on points such as those referred to in Dr. Bage's paper.

Dr. Moloney said that in the Melbourne Hospital, a few years ago, he saw a case of a young woman who was brought in supposed to be suffering from typhoid fever. She was in a comatose state, with dilated pupils, difficult respiration, and almost pulseless; in fact in a state of collapse, not unlike that of cholera. She died soon after admission, and on post-mortem examination the bowel was found dilated, with its lining membrane of a slaty colour, and showing marked signs of irritation. The intestine was filled with a pulpy matter, and it was discovered that she had eaten a great many tomatoes while engaged in boiling them down for some purpose. He raised the question whether, as the result of mere intestinal irritation from undigested material, severe brain symptoms might not be produced.

Dr. Bage, in reply, said that the plant was popularly supposed to be poisonous, and more than one gardener to whom he had spoken had declared that they had known of cases of poisoning from it. He did not know, however, that such statements were always very reliable, the popular tendency being to regard all
unknown fruits and berries, especially if bright coloured, as dangerous.

Dr. Backhouse then exhibited a specimen, and has supplied the following notes:

**Exhibit by John B. Backhouse, M.B., Alfred Hospital.**

**Case of Sacculated Aneurism of Abdominal Aorta, Rupturing into Left Pleural Cavity.**

J. C., æt. 31, umbrella maker; admitted into the Alfred Hospital on December 11th, 1883, under Dr. Adam. Two months previous to admission he was seized with severe lancinating pain in the left iliac region, following the course of the anterior crural and genito-crural nerves. The left leg was flexed on the abdomen, and he was quite unable to walk. His bowels did not act for eight days. Since that time he had been unable to walk, except with great pain. He had, as a rule, enjoyed very good health. Twelve years previously he contracted syphilis, but had only a mild attack. He has always had some pain on defaecation since the attack, two months before admission. There was a family history of phthisis, from which his father died.

On Admission.—Patient is of spare habit, ill-nourished, complains of dull aching pain in left iliac and lumbar regions, and along the anterior and outer aspect of thigh, and of great pain on defaecation. Had involuntary contractions of the quadratus lumborum muscle. Left testicle smaller than right one. Heart and lungs normal. No difference in the femoral arteries.

About eight weeks after admission a small pyriform pulsating tumour, about the size of a pigeon's egg, was noticed midway between the anterior superior spine of ilium and the umbilicus. Lateral pulsation well marked. No bruit to be heard about site of tumour, nor along the femoral artery.

The tumour gradually increased in size; a coil of intestine could be felt lying over its anterior surface.

June 2.—The tumour has greatly increased in size, is elongated, and occupies the iliac fossa from an inch from crest of ilium to half an inch from umbilicus. There is still no bruit. Pain much easier. Impulse strong when the patient is in the horizontal position, but is very weak when he is in the erect posture. Bowels regular.

June 11.—A consultation being called on the case, it was decided to make a rectal examination. The patient having been
placed under chloroform, Dr. O'Hara passed his hand up the rectum and could feel the tumour distinctly through the bowel. The sac seemed to empty itself, from the external pressure of hand in rectum, and after withdrawal the pulsation was much diminished, but increased again soon.

The same day it ceased almost altogether, and from this time to the date of his death, fourteen days afterwards, pulsation was hardly perceptible in the tumour, which seemed to be almost consolidated.

On the night of June 24th the patient suddenly died, showing all the symptoms of internal haemorrhage.

At the autopsy, on removing the sternum and exposing the thoracic organs, the left pleural cavity was found to be filled with a huge blood clot, and on further examination a ragged aperture was found in the diaphragm on the same side, about three inches from its attachment to the ribs. A large ovoid tumour was found to be occupying the left side of abdomen, from the diaphragm above, to which it was firmly adherent, to Poupart's ligament below.

Below the cæliac axis an oval aperture was found, in the posterior and outer wall of the aorta. The aperture was about 1\(\frac{1}{4}\) inch long, and 1\(\frac{3}{4}\) inch in diameter, and on introducing the finger the vertebrae were found to be eroded. The tumour was intimately adherent to the ribs, the eleventh and twelfth being much eroded.

It was covered, on the lower part anteriorly, by fibres of the psoas muscle; and the sigmoid flexure lay right across the anterior surface, to which it was adherent.

The external iliac (L.) was deflected considerably out of its normal course.

**Dr. Allen** also showed a number of specimens.

**Special Meeting.**

A Special Meeting was then held for the consideration of the following motion: "That, as it has been stated, on the authority of the morning papers, that the Government has under consideration the appointment of a layman as President of the Central Board of Health, the Medical Society of Victoria expresses its decided protest against such a course, its opinion being that the Health Act can be efficiently administered only under the direction of a Medical Man as Chief Executive Officer."
After the Hon. Secretary had read extracts from the daily papers in justification of the action of the Committee in bringing the matter before the members of the Society,

Dr. Graham proposed the resolution, saying that he was sorry that such a resolution was needed. When the new Health Act came into operation, it was expected that a fully competent and properly paid Board would have been appointed, and particularly, that a thoroughly capable and well-paid President would have been placed over it. On no other terms could the Act be properly administered. Under any circumstances, the President should be fully competent as regards acquaintance with the latest investigations on all matters concerning the public health, and have a good knowledge of disease generally. Only such a man could be expected to perform efficiently the duties of such a difficult and responsible office. There had been a good many errors committed by Governments of this colony in their dealings with the profession, as in the removal of Dr. M'Crea from the position of Chief Medical Officer, and of Dr. D. J. Williams from that of Health Officer at the Heads. The Society should do its utmost to prevent further errors of a similar kind, and he was decidedly of opinion that a vigorous protest ought to be made against the present unwise and unwarranted proposal.

Dr. Neild seconded the motion, saying that such matters often came up, and the Society had repeatedly protested, and had its protest regarded. He was inclined to think that the suggestion, brought forward in the press, was simply a kind of feeler, and it was known that some members of the Government were not friendly to the profession. At the time the Medical Act was passed, an attempt was made to place on the Register the names of men, not only destitute of any legal qualification, but unable to give any proof of ever having received a medical education or passed any examination. Protest from the medical profession prevented that being done. Proposals of a similar nature had been made at various times since, and objections taken had generally sufficed, as in the recent case of the proposed appointment of a layman as head of the lunatic asylums. There was good reason to hope that protest in the present instance would also have effect. Considering the duties and responsibilities resting on the Central Board, the proposal to appoint a layman to a position at the head of it, was an affront to the profession, and threatened serious injury to the public.
The motion, when put to the Meeting, was carried unanimously, and the Hon. Secretary was instructed to forward a copy of it to the Chief Secretary.

NOTICE BY THE HON. LIBRARIAN.

The following numbers are wanted to complete the sets in the Medical Library:

*Lancet.*—March 11th and 25th; April 1st and 22nd, 1876.

*London Medical Gazette.*

*Medical Times*—
- Vols. I. to X.
- Vols. for 1852 and 1853, bound or unbound.
- Vol. II. 1858, Nos. 440 to 443.
- Vols. I. and II. 1859, in numbers.
- Vol. I. 1860, Nos. 506 to 509.
- Vol. II. 1860, in numbers.
- Vol. I. 1868, Nos. for June.

*London Medical Journal.*—Nos. 1 to 15.

*British Medical Journal.*—Numbers or Volumes between the years 1854 to 1863, and 1872 to 1879 inclusive.

*Medico-Chirurgical Review.*—April 1852; October 1854; October, 1855; April, 1858.

Several numbers of the *Edinburgh Medical Journal* and the *Dublin Journal of Medical Science* are required, a list of which will be at once furnished to any donor who may have odd numbers to dispose of.

Contributions of Books, Periodicals, Transactions of Societies, &c., will be gladly received and acknowledged by the Librarian, Dr. Webb, Collins Street East.

**BENDIGO MEDICAL SOCIETY.**

MONTHLY MEETING, JULY 3, 1884.

The following paper on Bronchocele was read by Dr. J. C. McKee:

Goitre may be a simple hypertrophy, or it may be cystic, fibroid or fibro-cystic enlargement of the thyroid gland. It is said to depend on some impurity in the water supply of the localities in which it occurs, but what that impurity is medical science has not yet elucidated. Some authorities set it down as an excess of lime and magnesia in the water; others attribute it to some salt
of iron, or more rarely, of copper, but whatever the cause may be, goitre seems to be very prevalent in this district.

It is unnecessary for me to discuss at length its pathological characters or its symptoms, but I will relate shortly three cases which I have treated successfully.

_Case I._—An unmarried lady, 30 years of age. She had a large goitre involving the right lobe and the isthmus of the thyroid. It appeared to be simple hypertrophy. She had been treated with ferruginous and iodine preparations internally, and iodine had been applied externally. She had been under treatment at various times for a period of five years, but had for some time given up all treatment as there was no apparent benefit received. When I saw her, in consultation with another medical man, she was suffering from a simple attack of febricula. The tumour was then very large, and caused marked dyspncea and dysphagia. When the febrile symptoms subsided we ordered Parrish's syrup internally, and applied a 20 per cent. preparation of oleate of mercury to the tumour, with the result that the goitre disappeared in a fortnight, leaving only a little looseness of the skin to show where it had been. I may mention that beyond a tenderness of the skin after the second or third application no pain was experienced.

_Case II._—A married lady, 45 years of age. When she consulted me she was suffering from nervousness, and the general derangement of the system common at the change of life. She had a large goitre at the left side of the neck, and complained of a choking sensation in the throat. The tumour was of about ten years' growth and was evidently of a fibroid nature. It had been painted with iodine, and tincture of iodine had been administered internally with no benefit.

I prescribed Easton's syrup internally and ordered a 10 per cent. preparation of oleate of mercury to be applied night and morning, without reducing the size of the tumour. I then increased the strength of the oleate to 20 per cent. and had the satisfaction of seeing the goitre disappear in a month.

_Case III._—This was of a very similar character to the first case, except that the tumour was double, both lobes being affected. I adopted the same treatment, and with as good a result.

In advocating the treatment of goitre by the external application of oleate of mercury, I do not wish it to be understood that I consider it a specific, or that it should take the place of all the old methods of treatment. I think, however that it is well worth
trying in most cases, especially as it is not liable to cause pain, and is quite free from danger.

The following paper was read:—

PATHOLOGICAL SPECIMEN OF DISCOLOURED LUNGS.

BY DR. F. J. OWEN.

H. G., male, æt. 62, admitted to Bendigo Hospital, June 19th, 1884, and died a few minutes after admission.

History not obtainable. Said to have been a miner, and addicted to drink. Found on the bank of a creek. Lower part of the body wet; head and face dry.

Body well nourished, and muscular development good. Brain substance tougher than natural. Serous fluid abundant in all the cavities. Trace of calcareous degeneration of basilar artery.

Heart.—Left side contracted; right side a little relaxed and containing a small quantity of dark fluid blood. Inner surface of aorta quite clean; calcareous patches at the attachments of the aortic valves, and in the substance of the mitral valves; right cavities enlarged. Substance fairly healthy. Weight 11 lbs.

Lungs.—Adherent to the chest walls, especially at their upper parts and on the left side. Old cavities, surrounded by consolidation, giving a tough woody feeling at both apices and in upper halves of both lungs, especially the left. Bases emphysematous, not consolidated, nor containing much fluid. Both lungs of a deep black colour throughout their substance, but rather darker above than at the bases; feeling quite gritty between the fingers. Small grains of black substance like powder or charcoal could be picked out. Fluid escaping from the lungs had the appearance of tar. Bronchial tubes calcified and thickened, their inner surfaces being red. The little gritty particles were distributed nearly uniformly throughout the lungs, and, excepting the old cavities at the upper parts, the tissues were not broken down as if there had been extravasation into them. Under the microscope the little masses looked like carbon. They were not soluble in water, though imparting a blackish colour to it.

Liver slightly congested and friable. Kidneys rather small, with slightly adherent capsules. Spleen fairly healthy, not congested. Stomach and intestines pale coloured, not pigmented. Large quantity of fat in omentum and lining the abdominal wall.

The condition of the lungs described leads to the consideration of two diseases—diffused pulmonary apoplexy and miners' phthisis;
circumscribed haemorrhages or passive hyperaemia, the latter by the absence of congestion or oedema at the bases being obviously excluded, as also any form of pigmentation not arising from the inhalation of foreign particles.

The absence of any breaking down of the tissues, as by extravasation into them, and the fact that the colour was deepest in the consolidated portions of the lungs, while the bases showed only the characters of emphysema, excepting in their blackness, seem to be against pulmonary apoplexy; and this view is further strengthened by the very general distribution of both the colour and gritty particles throughout the lungs, as well as by the fact that the old cavities were not filled with blood. Though the general character of distribution is also against miners' phthisis, which would seem to show itself usually rather by patches of discolouration, yet I think that the condition of the lungs in this case is better explained as an aggravated form of this disease than in any other way.

The post-mortem examination was made a few hours after death, and there were no signs of decomposition.

Hospital Reports.

Under the direction of R. A. Stirling, M.B., L.R.C.S.E.

MELBOURNE HOSPITAL.

Three Cases of Head Injury.

Under the care of Mr. R. A. Stirling, Acting Surgeon.

Reported by Dr. A. A. Fletcher, House Surgeon.

Case I.—Fracture of Base of Skull—Recovery.

John W., æt. 48, laborer. Admitted May 20th, 1884; was engaged driving piles in the Sandridge Lagoon, when he fell a distance of over 20 feet, striking his head against a beam during the fall, and alighting upon some planks which were floating beneath. He was taken out insensible, and conveyed to the hospital an hour after the occurrence.

State upon Admission.—He was pale, and deeply comatose, with stertorous breathing, the radial pulse imperceptible, and cold
extremities. Pupils at first equally dilated, afterwards the left one alternately contracted and dilated; the dilatation of the right pupil constant. Free bleeding from left nostril and left ear. He had vomited once before, and shortly after admission; on the last occasion principally blood. On examining him we found extravasation of blood beneath the ocular and palpebral conjunctiva of the right eye; a cephal-hæmatoma of large size over the right temple, and a lacerated wound on the back of the right fore-arm, due, as far as we could learn, to the fall upon the planks, the head injuries being partly caused by striking the beam.

May 20, 8 p.m.—Temperature 99.2°. Still unconscious, and breathing stertorously, although not so markedly as at first. Pulse small, 90.

May 21.—Passed a very restless night—with constant tossing of the arms about, although the lower limbs are motionless. The insensibility is not so profound now, as on questioning loudly he turns his head away. Breathing not stertorous. Pulse 60, almost imperceptible. Involuntary relaxation of sphincters. Traumatic partial ptosis of right upper lid. Left pupil contracted—the right one as before; the direct reflex action of both imperfect.

May 22.—Oozing of blood still continues from left ear. Pulse 72.

May 23 (4th day).—Blood-oozing from ear ceased; in its place a profuse flow of watery fluid, at first tinged with blood, but afterwards serous. This was unfortunately not examined chemically. Conscious. Able to swallow. Muttering delirium at times.

May 24.—Can protrude tongue, which has a decided bias to the left; the paralysis of the right orbicularis very marked. Right leg under control, but suffers from severe muscular spasms in the left leg.

May 25.—Speaking rationally.

May 27.—Improving. Discharge from ear is now becoming sero-purulent.

June 1.—Delirious occasionally, but the pareses of eyelid and tongue disappearing.

June 27.—Can sit up in bed, and is quite rational. The discharge from the ear, which latterly had become quite purulent, has ceased. Pupils normal. Cannot hear watch in contact with left ear; can hear watch two feet from right ear. Can hear tuning-fork on vertex of skull and on teeth only with right ear.
REMARKS BY MR. STIRLING.

The particular symptoms which led me to the conclusion that the base of the skull was fractured were the profuse escape of blood from the left ear and the left nostril; the discharge of what was probably cerebro-spinal fluid for some days; and the paralysis of the tongue on the left side. The co-existence of ptosis and a dilated but slightly movable pupil is curious, but two such cases are mentioned by Mr. Prescott Hewett. Vision was unaffected in either eye. Tinnitus aurium and labryinthine vertigo were absent.

The case is reported somewhat fully, as being the only recovery (in an adult) on record at this Hospital, after a similar array of symptoms. No local treatment was used beyond syringing the ear with an antiseptic lotion. In another case of the same injury I should be inclined to follow out Mr. Godlee's suggestion and dress antiseptically; "for if a fracture of the skull ruptures the membrana tympani, and also passes across the internal auditory meatus, it constitutes not only a compound fracture of the skull, but a compound fracture of the skull which communicates directly with the arachnoid cavity." No condition can be more favourable for originating a septic meningitis.

It would seem that recovery after this injury is not so rare as is usually laid down by authorities.

Dr. Lidell contributes an elaborate article on the subject to the American Journal of Medical Sciences, and mentions 158 cases of recovery during the civil war in the United States, chiefly gunshot injury.

Dr. Hilton Fagge relates a very instructive case, illustrating repair of this fracture, in the Medical Times and Gazette. A patient was admitted into Guy's with obstinate vomiting. Five weeks previously he had fallen from a ladder and had struck his head; he had the usual discharge from the ear. There was no evidence of cerebral lesion beyond insensibility for a time. After a time ascites came on and it was clear that the vomiting was abdominal. He died three months after the injury of cancer of the duodenum and pylorus. On examining the head both anterior and left middle lobes were discoloured. On stripping off the dura mater, lines of fracture were seen—one passing across the petrous bone and the middle fossa of the skull. This was a very rare case. Two such cases had been recorded in
France, but in neither had the petrous portion of the temporal bone been affected.

Case II.—Compound Fracture of Frontal Bone (outer table.)

James C., æt. 21, groom, admitted May 20th, 1884. He states that while grooming a horse, the animal kicked him in the centre of the forehead, rendering him quite insensible. He remained unconscious about an hour.

Condition on admission.—He is quite sensible, was able to walk to his bed from the stretcher; pulse 60; cold extremities but no head symptoms whatever. There is a deep triangular wound exactly in the centre of the forehead nearly an inch long, extending through the pericranium and outer table, laying bare the inner table of the skull. There is no trace of injury to the inner table. The injury to the bone is as limited as the external wound.

Antiseptic dressings were used, and the patient made an uninterrupted recovery, without suffering from any head symptoms nor inflammation of the diploe.

June 30.—Well.

Case III.—Concussion and Contusion of Brain—Recovery.

Alexander O., æt. 25, was admitted June 13th, 1884, in a semi-unconscious condition. We were informed that he fell a distance of over thirty feet, alighting upon his back, and that while falling he struck his head against a piece of scaffolding.

Condition an hour after the injury.—He is not altogether insensible, and can be roused by loud calling, even to answering questions, though very slowly. He can turn in bed, and does so when spoken to. Extreme pallor of the face; pulse very rapid; spasms and restlessness of the limbs. The pupils are equally dilated; the reflex action of the conjunctiva is diminished. He is very drowsy and complains of a very severe pain in the head. Two small shallow insignificant scalp wounds at the back of the head are the only injuries to be perceived externally.

8 p.m.—Pulse 80. Much less frequent. Reactionary vomiting.

June 14.—Restless all night, and unable to sleep. Is more sensible this morning, but still speaks very slowly. Complains of pain in the occipital region of the head; and the local temperature of the head much increased. Pupils still dilated. Has had several rigors. Constipation. Urine has to be drawn off by catheter; pulse rapid and full.
June 16.—The general temperature has not risen, but the heat of head noticeable; complains of headache. Delirious at times, and unable to sleep; marked intolerance of light and sound.

June 25.—Patient this morning is quite rational, and states that the headache left him after a sound natural sleep last night. Previously he required hypodermic injections of morphia several times daily to relieve the pain. The emunctories are now working naturally.

June 30.—Quite convalescent. Mental faculties unimpaired. To remain in bed.

Note.—This patient, after a mild concussion of the brain with contusion, denoted by the restlessness, the spasms of the limbs, and the dilated pupils, seemed at one time to be threatened with symptoms of traumatic intra-cranial inflammation. He was treated actively by the application of cold (ice) continuously applied to the head, powerful purgation, and the usual accompaniments of the antiphlogistic regimen. The temperature (general) which for a day or two after admission and reaction rose to 101°, never reached 100° after the first application of the cold. He is at present (July 2) to all appearance quite well, but will be detained in bed for some weeks longer as a precautionary measure.

Case of Compound Comminuted Fracture of the Patella, with Extensive Laceration into the Knee Joint.

Under the care of Mr. E. M. James.

Reported by T. J. Owen, M.B., and Ch.B.

C. M., æt. 35, married, a half-caste, from Corranderk Station. Admitted May 25th, 1883. About 24 hours before admission jumped out of a vehicle while the horse was bolting, falling on to a small heap of loose metal, against which her left knee struck with great violence. Patient had her twin babies, one in each arm, while jumping, and both of them escaped unhurt. She was found to have a compound fracture of the patella, which was greatly comminuted, with a large lacerated wound across the front of the knee joint; this was thoroughly washed out with carbolic lotion and dressed antiseptically, the limb being fixed on a back splint and suspended from a cradle.
May 26th.—Slept pretty well during the night, and has not much pain in the knee. Tongue slightly coated and inclined to dryness; bowels confined; pulse full, 120; temp. 100.2°

May 27th.—Was restless through the night; complains of pain in the knee; temp. 101°. Under chloroform—An incision was made along the outer side of the joint, the lower part in front being all lacerated; the flap over the joint thus formed was raised, and the fragments of the patella, which were widely separated and covered with decomposing clots, were removed. The extensor tendon and ligamentum patellae were then approximated by means of two gold wire and one kangaroo tendon sutures, their edges remaining about half an inch apart. A large drainage tube was placed across the joint at the upper part of the flap, and, after thoroughly washing out the joint with carbolic lotion, antiseptic dressings were again applied.

May 28th.—Slept well last night after hypodermic injection of morphia. Temp. 102.6° at night; 100° in morning. Pulse rapid, 160, fairly strong; tongue moist, slightly coated; skin hot and dry; bowels not open since admission; has pain in knee occasionally.

May 29th.—Temp. 102° at night; 101.4° in morning; pulse 124; tongue clean; skin hot and moist; copious discharge, with offensive odour; washed out with Condy’s fluid and carbolic lotion, and dressed antiseptically; to be dressed twice a day for a few days.

May 30th.—Temp. 103° at night; 101.6° in morning; bowels freely open; wound sloughing; pus collecting on the outer side of the joint; drainage tube inserted there.

June 1st.—Temp. 102.2° at night; 100.2° in morning; pulse 124; skin hot and dry; tongue moist, slightly furred; healthy granulations appearing in the wound; odour much less offensive.

June 10th.—Temp. still up. 102.4° at night; 98.4° in morning; pulse 124; skin hot; tongue red and clean; sloughs have nearly all separated; sinus on outer side tending to extend upwards and backwards.

June 12th.—Temp. still high at night; tongue slightly ulcerated; pus burrowing along the outer side of the joint; counteropening made, and drainage tube passed through; granulations florid; synovial membrane bulging at the wound; very little discharge.
June 18th.—Temp. 100° at night; 98·4° in morning; tongue less irritable; ulcers healed; wound looking rather irritable; discharging freely.

June 22nd.—Temp. 101° at night; 99° in the morning; not so well; small collection of pus over the patella; drainage tube inserted; granulating surface not bulging so much.

June 26th.—Temp. 100° at night; 98·4° in morning; small ulcers at the corners of the mouth and inside of the cheeks; wound looking healthy; limb fixed in plaster of Paris; strengthened by wire gauze; large trap-door cut over the knee joint.

June 29th.—Temp. 100° at night; 98·4° in morning; general health improving greatly; slept well last night; hypodermic of morphia left off for the first time since the accident.

June 30th.—Temp. normal night and morning; margins of wound approximating.

From this onwards the case progressed favorably, and being anxious to see her twin infants she was allowed to go home for a few weeks.

Re-admitted October 29th, 1883, with slight abrasion on outer side of the leg, which is healing well. There is a superficial sinus a little above the joint on the outer side obliquely downwards and inwards. There is pain on pressure over the centre of the lower part of the joint.

November 4th.—Another small sinus on the inner side of the knee; another on the outer side through which grating can be felt.

November 12th.—Gold wire removed, which had been evidently keeping up the suppuration.

December 10th.—Sinus almost closed.

Note by Mr. James.—This was a very severe case, owing to the comminuted condition of the patella, the extensive laceration of the soft parts, and the joint being so thoroughly exposed and filled with road dirt. The question was whether to give the patient the chance, or resect the joint at once. So many hours had elapsed since the accident—and the distance travelled—led me to the opinion that I should do better to wait, and give the patient the chance. The reason I used gold wire was that I felt the kangaroo tendon would become absorbed too soon; at the same time I did not expect the gold wire would give as much
trouble as it did. From the present condition I have good reason to believe she will have fair joint motion in time.

**Case of Cystic Tumour of the Right Ovary and Fibroid of the Uterus.**

Under the care of Mr. E. M. JAMES.

Reported by F. J. OWEN, M.B., Ch.B.

Resident Medical Officer.

M. J., æt. 40, was admitted June 18th. Had been married 13 years. Had no family, and no abortions. Her face was pinched, complexion sallow. Lower extremities oedematous, especially the right. There was great prominence of the whole abdomen, but most marked at the lower part of the right side; surface smooth; no distinct tumour to be felt; superficial veins well marked; umbilicus everted; wave impulse detected all over the abdomen, but less distinctly at the lower half; dulness everywhere except at the lower part of the left side, which was slightly resonant; change of position made no difference in the dulness on the right side, but with patient on the right side there was resonance in the left flank; the liver dulness was not increased upwards, and the apex beat was normal in situation.

**MEASUREMENT IN INCHES.**

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girth at umbilicus</td>
<td>44</td>
</tr>
<tr>
<td>From ensiform appendix to umbilicus</td>
<td>9½</td>
</tr>
<tr>
<td>From umbilicus to symphysis</td>
<td>9½</td>
</tr>
<tr>
<td>From right anterior spine to umbilicus</td>
<td>12½</td>
</tr>
<tr>
<td>From left anterior spine to umbilicus</td>
<td>11½</td>
</tr>
</tbody>
</table>

Patient first noticed, about 2 years ago, some swelling of the abdomen at the umbilicus, with sensation of something dragging it downwards. Swelling increased gradually until about six months ago, but more rapidly since, patient being unable to be on her back or left side. General functions of the body fairly healthy. Catamenia regular but profuse, and attended with pain. During the last fortnight the legs became oedematous. The catamenia more frequent, and micturition difficult.

Patient had usually enjoyed good health. Had ague about 7 years ago, and a return of the attack a year after.

Mother always healthy; father gouty; two brothers, a sister, and a nephew died of phthisis; no history of any tumour.

Urine: Pale, amber-coloured, specific gravity 1010, containing no albumen, and no casts.
On examination per vaginum the os was found to be flattened out and thin, and a sound could not be passed. A solid mass was felt low down in front of the uterus, Douglas's space being comparatively free. Fundus felt through the rectum? Consultation held, and it was decided to tap the ascitic fluid, and examine further.

At 2.30 p.m. on the 21st the abdomen was tapped below the umbilicus, patient being under chloroform, and 11 pints of ovarian fluid drawn off, no ascitic fluid escaping. A vaginal examination showed the same condition of things as before; Decided then to operate on the following morning; girth round umbilicus after tapping 40\(\frac{1}{2}\)in.

June 22nd, 9.30 a.m.—Abdominal section performed under the spray. Temperature of room between 60° and 70° (Fahr.) On opening the abdominal cavity a quantity of blood-stained ascitic fluid, partly viscid, escaped. A large cyst was then found connected with the right ovary and adherent to the viscera. This was emptied, the adhesions torn away, and removed, after securing the pedicle with a clamp. The solid tumour was then found to be connected with the anterior wall of the uterus, the bladder being free. An ecraseur was placed round its base, with long harelip pins behind it to protect the bladder and intestines, and an attempt was made to strangle the tumour, but on making an incision through the latter to relieve the strain it was found that it could be enucleated. The capsule and the pedicle of the ovarian cyst were then secured by carbolised whipcord ligatures, and all bleeding stopped by the use of the actual cautery. The clamp was then removed, and the abdominal cavity sponged out. The edges of the wound were brought together by deep silk and superficial horsehair sutures, the whipcord ligatures being brought through the lower end, and the pedicle fixed by means of a harelip pin at the same part. Antiseptic dressings were applied, and patient put to bed, her pulse being fairly strong and regular.

At 2 p.m.—Patient had been sleeping. Had morphia gr. ¼ before the operation subcutaneously injected. Urine ordered to be drawn off every two hours. To have enemata of brandy and beef tea, and ice to suck.

At 4.30 p.m.—Has been sleeping, but complains of abdominal pain. No vomiting. Pulse full and frequent. Complains of thirst and dryness of the lips. Temp. 101.8°.

June 23rd, 5.30 a.m.—Passed a good night. In pain. Troubled greatly with flatulence. Abdomen distended and tympanitic. No vomiting. Is cheerful. Urine drawn off clear. Temp. 102.4°. Pulse 130 (not so full or wiry.) Respiration 22 (spasmodic.)

11.30 a.m.—Has passed a little flatus by the bowel. Pulse 144. Temp. 102°. Respiration short and jerky. Temp. at 10 a.m. was 103°.

1 p.m.—Vomiting dirty brown colored matter. Escape of a quantity of blood-stained fluid from the wound. Rectal tube passed, and followed by escape of a little flatus. Pulse 160, regular but small. Respiration short and spasmodic. Temp. 102.2°.

2 p.m.—Delirious. Pulse thready. More fluid escaped from the wound. Sinking.

Died at 3.30 p.m.

At the post-mortem examination there was found some signs of recent peritonitis, and other old adhesions. The abdominal cavity contained little fluid and no blood. The bladder and rectum were quite free. The capsule of the fibroid was found to spring from the inner walls of the uterus, the cavity of which was free, and of about the normal size. Two small fibroid growths were forming in the walls.

Aneurism of Innominate Artery—Consecutive Deligation of Carotid and Subclavian Arteries—Recovery.

Under the care of the Hon. J. G. Beaney, M.D., F.R.C.S.

[We are indebted to Mr. J. W. Florance, M.B. et Ch.B., House Surgeon, for this report.]

J. R. M., wt. 33, veterinary surgeon, admitted March 8th, 1884. He states that for some months he has noticed a small swelling in the neck just above the breast bone, and extending outwards and to the right. For two years past dysphagia has been complained
of, with some trouble in breathing, increased when lying down. Palpitation and troublesome pains in the right shoulder of a shooting character have also been at times severe. He has never had syphilis but gives a history of subacute rheumatic and gouty troubles. There is a distinct family history of gout. Furthermore, he relates that four years ago he was garotted.

Examination.—He is a muscular, light complexioned man. There is a dilatation of the veins, and the various capillaries on the right side of the chest. Small cicatrices are seen in the episternal notch and below the right ear, the result of abscesses some years ago. The sternal end of the clavicle is displaced upwards and forwards, and rises and falls with the pulsation of the tumour. The tumour extends from half an inch to the right of the right sterno-clavicular articulation nearly to the opposite left joint, a distance of two inches. Above it terminates about one inch beyond the end of the displaced clavicle. The pulsation of the tumour is expansile.

The cardiac appearances and sounds are normal, save that at the base a rather muffled bruit is heard with the first sound, with accentuation of the second sound. Over the tumour the murmur is distinct. The right radial pulse is much stronger than the left. No difference in the temporal pulses. Pupils equal. Pressure on the tumour causes some dysphagia and a slight cough.

April 4th, 1884.—The first part of the distal operation—viz., ligature of the carotid beyond the aneurism was performed. Chloroform was the anaesthetic used. Some smart bleeding was encountered during the earlier part of the operation from branches of the sterno-mastoid artery, but was readily controlled. The ligature used was the prepared kangaroo tendon, the wound irrigated with a 20 per cent. solution of carbolic acid, edges brought together by silver wire, and the whole dressed with styptic colloid. Towards the latter part of the operation the face became much congested.

April 5.—Has progressed well since, without appreciable pain or increase of temperature till now, when he complains of retention of urine.

April 7.—Wound dressed for the first time; is all but healed.

April 23.—Patient made an uninterrupted recovery, the wound healing by first intention. The clavicle is not so prominent, and
the tumour seems firmer, its pulsation less. The bruit is still distinct, pupils equal, radial pulses markedly different.

April 28.—The second part of the operation completed by the ligature of the subclavian artery in the third part of its course. Kangaroo tendon was again used. The same method of dressing practised.

May 2.—Wound dressed for the first time, and is looking well.

May 6.—Again dressed; there are some slight signs of irritation about the wound which disappeared.

May 9.—Wound all healed.

The tumour is now very firm and resistant and much more consolidated than when last examined; pulsation much less. The size of tumour is rather increased, owing possibly to its walls being thickened. Bruit much less distinct. No dyspnoea. No dysphagia. Sleeps well.

Remarks by Dr. Beaney.

The clinical features in the case are somewhat remarkable and deserve careful consideration. These are:—1st, the rapid recovery of the patient after undergoing two operations of such magnitude; 2nd, the comparatively slight disturbance of the cerebral functions following the application of the ligature to the carotid; 3rd, that the arm regained its normal temperature within thirty-six hours after the subclavian had been tied; 4th, the progressive consolidation of the aneurismal tumour; and 5th, the rapid healing of the wounds, the carotid operative wound having united soundly by first intention. The question may be asked, what have been the factors at work in the causation of this arterial lesion? He is a young man, only 33 years of age, and has never suffered from syphilis or alcoholism. He has had frequent acute attacks of rheumatism, and his father suffered much from gout. He is a veterinary surgeon; has often received blows on the chest from restive horses, and has had to use considerable exertion in throwing them for operative purposes; and four years ago he was garotted. There may have been an inflammatory softening of the artery due to rheumatism, which only awaited some mechanical violence, or extreme blood pressure, to dilate the vessel at its weakest point, and so lead to the formation of an aneurism.
LYING-IN HOSPITAL.

Ovariectomy.

Under the care of Dr. BALLS-HEADLEY.

Reported by FELIX MEYER, M.B., Ch.B., Resident Medical Officer.

M. A., aet. 38, married, was admitted to the institution on May 2nd, with the following history:—She had enjoyed perfect health as a girl, the catamenia coming on shortly before her twelfth year, and (with the exception of a period of amenorrhea for five months in 1870, following on a violent blood discharge from nose, mouth, and vagina, leaving her almost anaemic at the end of a few hours) recurring painlessly and at regular intervals of four weeks till marriage four years ago.

She had had three children, the last three months ago, getting up on the ninth day with a good convalescence, the only abnormality being an undue fulness of abdomen, attributed by her to improper binding. She continued well, though growing rapidly larger in the abdomen, till twelve days ago, when she felt severe pain in the hypogastrum for an hour.

On the 24th April, Dr. Schlesinger in consultation, drew off from the abdomen a large quantity of dark, bloody, offensive fluid. Her condition was one of high fever, pulse 160, temperature 105°.

From the 24th April to 2nd May her temperature fluctuated between 99° and 103°, and Dr. Balls-Headley, diagnosing an ovarian tumour with twisted pedicle, sent her in for immediate operation.

On admission, of healthy appearance, spare habit, fair complexion, highly nervous; heart and lungs healthy; pulse 88, full; skin moist; temperature 99°-6; extremities cool; appetite fair; sleep good. Feels cool and comfortable, complaining only of pain in the abdomen which will not allow her to turn on the left side.

The abdomen is enlarged by a smooth, soft, round tumour, bulging a little on the right side, dull everywhere except immediately below the ensiform cartilage. Fluctuation well marked. No ascites. No enlargement of the superficial abdominal veins.
Palpation detects a slight crepitation in the left iliac region, pointing to adhesions. Microscopically the fluid contained Drysdale's ovarian cells. Ordered quin. sulph. gr. v., 4 tis horis.

May 3.—Pulse 100; temperature 98°-6, rising to 100°-6 in the evening. A warm bath and quin. sulph. gr. v.

The temperature remained normal till the 7th May, when ovariotomy was done by Dr. Balls-Headley with antiseptic precautions. The incision was three inches and a half long in the median line, beginning two inches below the umbilicus. The tumour was black and almost shiny (semi-gangrenous). It was emptied by trochar and canula of its dark-red fluid contents. There was general peritonitis.

The adhesions to the omentum and left side of the abdominal wall were easily broken down, and the cyst drawn through the abdominal opening. The pedicle was then seen to be twisted and almost blue from progressive gangrene, nearly up to the right cornu of the uterus.

A clamp was applied, the cyst snipped off, the pedicle ligatured close to the uterus, the clamp removed, and the pedicle dropped in. A small bleeding vessel in the omentum (the only hæmorrhage) was torsioned.

The abdomen was well washed out with a 1 in 80 solution of tepid carbolic acid, and sponged dry; and the edges of the wound were brought together with deep silver and superficial horse-hair sutures.

The operation lasted half an hour. At its close there was no shock; pulse good, 116. A hypodermic injection of morphia, gr. ¼, was given, the only other medication being occasional 20 minim doses of liq. opii sed. (Battley) to relieve some slight pain complained of in the left iliac fossa up to the sixth day. The highest temperature was 101°-6, six hours after the completion of operation.

The diet for the first week consisted of milk and lime-water, chicken-broth, cocoa, and arrowroot.

The bowels were opened by enema on the sixth day, the silver sutures were removed on the seventh day, the wound having healed by first intention. Patient was up on the twentieth day, and discharged well on the 4th June.
THE LYING-IN HOSPITAL.

At the last meeting of the committee of the Medical Society the following letter was read:

To the Hon. Secretary of the Victorian Medical Society.

Sir,—We have read the article of June 15th, and deeply regret that a paper, holding the position and having the objects of the Australian Medical Journal, should have adopted such a tone of criticism on the management of the Melbourne Lying-in Hospital, and especially in leading the public to think that the honorary committee and the medical staff of an institution of this kind would "not be explicit, or do anything which would have even the appearance of attempting to mislead or burke inquiry."

The committee and medical staff have always given every information they possibly could, as well as devoted much time and thought to the management and improvement of the institution.

Referring to another part of the article, we find the following: "About the same time the matter was brought in some way before the Central Board of Health, which obtained from the resident medical officer a report to the effect that the mortality among the lying-in patients was not high. . . It is clear that the mortality, instead of being low, was excessively high."

The resident medical officer did not state in that report that the mortality among the lying-in patients was "not high." He used no such expression.

The article continues:—"At the same time he wrote to the Argus, explicitly stating that no puerperal fever existed in the institution. . . . On the whole, we think it would have been better if the resident medical officer had not conveyed what most practitioners will look on as a wrong impression, by using merely the term 'puerperal fever,' which has yet some vagueness of application."

At the time the resident medical officer, by direction of the hon. medical staff, wrote the letter stating that there was no
puerperal fever, there had been for a month no death of any patient confined in the Lying-in Hospital. The article assumes that deaths were occurring, which is contrary to fact.

We will only draw your attention to one more statement in the article, which not only conveys a false impression, but, in our opinion, most unjustly throws a stigma on the committee and medical staff:—"The anomalous state of things into which the committee and medical staff have allowed themselves to drift is that they have decided to limit admissions to the utmost, and to close some of the wards altogether, while at the same time protesting that there is no disease which can be considered contagious, and that the wards are in as healthy a condition as is possible under the circumstances."

The following are shortly the facts of the matter:—Occasional deaths having occurred, the committee, early in May, took outdoor rooms, and limited the admissions as far as possible. In May there occurred no death of any woman confined in the hospital, and on May 31st the letter was written stating that there was no puerperal fever in the hospital. In June the patients again became unhealthy, and some wards were closed; but the medical staff was not then "protesting that there was no disease which could be considered contagious," nor "that the wards were in as healthy a condition as was possible under the circumstances." This statement, therefore is altogether erroneous, and contrary to fact.

We trust you will publish this letter in your next issue, in justice to the hon. committee and the medical staff, as we consider the article written in a spirit unjust and hostile to the institution, and without that honest and careful inquiry which should characterise a scientific paper.

We are, Sir, your obedient servants,

G. H. Fetherston, M.D.
Thos. Rowan, M.D.
W. Balls-Headley, M.A., M.D. (Cantab.)
S. J. Burke,
Hon. Physicians to the Melbourne Lying-in Hospital.

Felix Meyer, M.B., Ch.B.
Resident Medical Officer to the Melbourne Lying-in Hospital.

23rd June, 1884.
After the reading of the letter, the following resolution was unanimously adopted:

"A letter from the medical staff of the Lying-in Hospital, commenting upon an article in the Australian Medical Journal, having been addressed to the Honorary Secretary of the Medical Society, this committee refers the letter to Dr. Jamieson, Editor of the Australian Medical Journal, to be dealt with at his discretion; and, in doing so, desires to express an opinion that the article complained of dealt with the matter in question with a careful attention to disclosed facts, and without any undue severity."

After this expression of opinion by the committee, which may safely be taken as also conveying the verdict of the Profession, it is perhaps unnecessary to remark at length on the letter itself. The article complained of was written with studied moderation, and really in the best interests of the hospital. If it had been intended as an attack on the institution, ample grounds for comment, of altogether a different character, could have been found in the dangerous condition of things revealed in the report by the President of the Central Board.

---

Review.

BARNES' SYSTEM OF OBSTETRICS.*

Of this handbook of obstetrics, which has been long announced as in preparation, the first volume has recently appeared. There is no doubt that a completely new book, up to the level of the times, was wanted in England. The works with which it has chiefly to compete are those of Leishman and Playfair, and whatever may have been the merits of these text-books when published, they have not been subjected to proper revision in later editions. Playfair's book was a really creditable production originally, in our opinion far superior, as regards thoroughness and acquaintance

with the newest literature, to that of Professor Leishman. But its author, having made a success, has not been even fairly just, in making the changes needed by the progress of knowledge since the first edition was issued. In some of the more scientific and theoretical parts it has in fact become lamentably deficient. Considerable expectations were naturally excited by the promise of a new book, based largely on original materials, and with such an account of the latest enquiries as would place English students more nearly on a level with those who can consult such works as those of Schroeder and Spiegelberg.

It may be interesting to consider shortly in how far the expectations so excited have been fulfilled. To begin with, the subjects taken up in this volume are much more copiously treated than in the other English treatises mentioned, and, unless the second volume is to be considerably larger than this, the theoretical part will be out of all proportion to the practical. This section gives merely the anatomy and physiology of the parts concerned in generation; a history of gestation, and of the development of the embryo, including its malformations and diseases; and an account of the diseases and abnormalities of pregnancy. We venture greatly to doubt the wisdom of entering, with such fulness, into anatomical and physiological questions, since much of the matter must be simply a repetition of what the student or practitioner already has in his text-books of anatomy and physiology. There is an advantage, doubtless, in presenting the whole subject fully, under one cover and connectedly, but the boundary has, in our opinion, been overpassed in this book, as it has, though in less measure, even in the other English books. Not that the matter as presented is not good in the main, the section on embryology by Professor Milnes Marshall, based on the most recent publications, particularly deserving praise. It is chiefly in the physiological part that most opening is given to criticism. The account of the processes of ovulation and menstruation, and of the relation supposed to exist between them, is on the whole good and full, but there are points in regard to which rather obsolete views are retained. Thus, on page 35: “Having attained a certain development the menstrual decidua stops, and then begins to retrograde, its cells undergoing fatty degeneration.” The investigations of Wyder, Mörcke, Sinety, and others, have clearly shown that not only is there, in normal menstruation, no fatty degeneration of the swollen mucous membrane, but that there is
the very minimum even of exfoliation. In fact the continued use of the term *decidua menstrualis* has been given up by many of the best authorities, on the simple ground that the exfoliation is not a necessary accompaniment of menstruation. With reference also to ovulation and its supposed periodicity, the statements made are not quite so accurate as the present state of knowledge warrants. The reasoning is as follows: “It has been ascertained by direct observation, that one or both ovaries swell and become tender every three or four weeks. It has also been ascertained that the enlargement commences, as a rule, shortly before the menstrual period, that it attains its maximum about the time of this period, and subsides after the menstrual haemorrhage. *As the ovary is known to become congested just before the rupture of a Graafian follicle and the discharge of an ovum, it would appear a fair inference that this discharge occurs about the same time as, or shortly before, the menstrual flux; i.e., that ovulation and menstruation occur simultaneously*” (p. 36.) “We have seen above that the discharge of the ovum from the ovary probably occurs, as a rule, at or about the same time as the menstrual flow” (p. 37.) By a little substitution of terms in the words which we have put in italics, the thing to be proved has been assumed as true, and the rest is of course easy. That the ovaries become enlarged and tender at the menstrual period has long been noticed, and has lately been established, as a nearly constant occurrence, by the clinical observations of Meyer of Dorpat. But that the escape of the ovum takes place, with anything like regularity at the same time, has never been proved, though it has been accepted more or less tacitly. Lately Professor Leopold has shown (*Archiv. f. Gynaekologie, XXI. 3, 1883*) by the examination of a large number of pairs of ovaries, from women who had died suddenly, or who had been castrated, that the rupture of a follicle may take place on any day during the menstrual interval, and that there is not evidence of any marked coincidence between that occurrence and menstruation. It may be true that the menstrual congestion tends to hasten the rupture of a follicle; but the proof of a close or constant interdependence is not shown by making any substitution of terms, in the manner adopted by our authors, and it might have been better if more weight had been given to the earlier observations of Köllicher and Coste, which are incidentally referred to. The account of the *corpus luteum* (p. 12-13) and its significance is a little inconsistent, inasmuch as it is stated
first, that there is a great difference between the so-called *corpus luteum spurium*, and the *corpus luteum verum* or that which forms when pregnancy takes place; and then, that there is no infallible sign or character by which the *corpus luteum* of pregnancy can be distinguished from that of the non-fertilised ovum. On the truth of this latter statement authorities are now generally agreed, and the discrepancies, which still to some extent exist among them, are best explained perhaps in the following way: The size and characters of the body, which is or becomes the *corpus luteum*, depend on the time of the rupture of the follicle, with reference to menstruation as well as to the occurrence of pregnancy. If the extrusion of the ovum takes place at an interval of some days from the occurrence of menstruation, the effusion of blood accompanying it is likely to be insignificant, and absorption rapid and complete, while, if near to or coincident with menstruation, the body formed will be larger and more persistent. Further, if there is the continuous afflux of blood to the parts, accompanying pregnancy, the *corpus luteum* will increase still more, and disappear even more slowly. Having its formation dependant on such mixed conditions, it must be apparent that no reliance can be placed on the characters of the *corpus luteum*, as useful evidence for or against the existence of pregnancy. Though we have pointed out what seem to be defects in this part of the book, it must be said at the same time that, taken altogether, it supplies the best and fullest account of the points discussed accessible to the English student.

The history of gestation, including its diagnosis, is given with great fulness, and with an attempt to give a kind of encyclopaedic character to the discussions of special topics. We are doubtful, however in how far the authors have been judicious in the choice and arrangement of their matter. Many of the sections have the appearance of having been compiled from rough notes, collected in a miscellaneous way and transferred without much sifting or weighing of evidence; facts and theories old and new, and authorities good, bad, and indifferent being ranged side by side, generally without references to the source from which the statements have been taken, which ought to have been given more frequently in a work of such pretensions. This section of the book, valuable as it is, as containing a large collection of facts and theories, has not nearly the value it might have had to the scientific student, and to the practitioner much of it will have
little value. In fact it is a very marked instance of what is rather a weakness on the part of the senior author, the habit of making a show of erudition of rather a crude and undigested sort. Chapter VII. might, in our opinion, have been greatly condensed to the advantage of most readers. The chapter on the diagnosis of pregnancy is good but also wordy. The method of arranging the signs and symptoms is in periods of three months, which has some advantages, as bringing out prominently the cumulative character of the evidence, and impressing strongly on the student the absolute necessity of being content with nothing less than positive and absolute proof, before forming or expressing an opinion. On the question of the duration of pregnancy, and its possible prolongation considerably beyond the recognised average period, the position taken up seems to be oversceptical. One of the most recent elaborate discussions of the question, by Schlichting, (Archiv. f. Gynækologie, XVI. 208,) based on observations in Hecker's Clinique at Munich, goes to show that, in a considerable proportion of cases, pregnancy exceeds the maximum which Dr. Barnes seems to be ready to admit, viz., 290 days from the fruitful coitus. In fact the clear tendency of recent enquiries is to show that the duration of pregnancy is far more variable than is commonly supposed, or as is admitted in this work. Schlichting was able to collect 456 cases, in which the date of fruitful intercourse was known, and in 36 birth took place after the forty-first week, viz., 18 in the forty-second, 10 in the forty-third, 3 in the forty-fourth, 3 in the forty-fifth, 1 in the forty-sixth, and 1 in the forty-eighth, his results agreeing closely with those previously published by Ahlfeld. The following is not quite the way to settle objections summarily:—"Cases of children alleged to have been carried more than 290 days must be regarded as apocryphal, until verified by absolutely unimpeachable evidence. It is difficult to fix the ultimum tempus pariendi. It is more difficult to fix the limit of audacity prompted by cupidity. The function of science and of law is to take care that the duration of pregnancy shall not be extended to suit the end of interested audacity" (p. 315.) Neither does it seem to us that justice is done to the analogous instances of the domestic animals, in which the interval can be readily determined, and which is of unmistakable use as to the existence of anything like a natural law, fixing the duration of pregnancy within fixed and almost invariable limits. In fact into this whole question there is imported something which looks like
passion, as if there lurked behind the statements made the lingering heat of some old controversy. The very remarkable outburst about detectives and ladies' maids (pp. 312-13), is difficult to explain on any other supposition, and is certainly very much out of place in a systematic treatise such as this.

The diseases and abnormalities of pregnancy get also a large amount of space, puerperal convulsions being for some reason considered here, instead of, as is usually the case, among the complications of labour. It is in this chapter that Dr. Barnes especially develops the doctrine, to which he has frequently given utterance, viz., that in pregnancy there is a storing up of nervous energy, for use in labour and during the puerperal period. It leads him to see, in what some look on as diseases of pregnancy, mere discharges of this bottled up nerve force, which, without some such outlet, would, or might cause serious harm, especially by leading to abortion. This theory has not got, and is not likely to receive any considerable amount of adhesion, and, as used to account for the vomiting of pregnancy, is not put in a way to commend itself to physicians who seek for a guide in physiology. "This familiar symptom of physiological gestation is simply the expression of the concomitant high nervous tension. When a new motive force is created, there must be a provision for the maintaining the balance between the quantity generated and the quantity applied to its destined use. Any excess must be discharged. Vomiting helps to perform this regulating function." . . . The stomach may be perfectly healthy. It is simply the seat of election for the discharge of superfluous nervous energy" (p. 362). To most persons this will seem a very remarkable attempt to explain the origin, and account for the persistence of a condition, which is surely essentially pathological, and leads to exhaustion such as may endanger life. When Dr. Barnes comes to the more direct and appreciable causes he is more reasonable, and the directions for treatment do not differ from those ordinarily recognised.

It would be impossible, within anything like reasonable compass, to consider and criticise the whole of this volume. The indications given of the mode of treating certain topics may serve to show our opinion of the way in which this first instalment has been executed. In some respects it is good, and in others it is eminently disappointing. There is a want of proportion, and a grievous lack of literary power, which would have enabled right use to be made
of the extensive materials accumulated. The illustrations are good, for, although a good many of them are taken from such accessible books as Quain's Anatomy, many more are borrowed from works less known and not so easily within reach of the ordinary English reader, and as a whole they are not the stock lot of the usual manuals. We hope that there will not be very great delay in the issue of the second volume, which is to be taken as in some respects a substitute for a new edition of that useful book, the "Obstetric Operations."

J. J.

---

**Extracts from the Medical Journals.**

Under the direction of F. D. Bird, M.B., M.R.C.S.

**Rupture of the Bladder.**

Dr. Robert Weir, in the New York Medical Record, makes some pertinent remarks on the diagnosis and treatment of rupture of the bladder, and cites a case of his own in which recovery ensued. Recoveries from this injury amount to only 26 out of 226 recorded cases. There seem to be a broad line of division, separating ruptures implicating the peritoneum from those in which the peritoneum escapes, owing to the rupture existing anteriorly or below. The intraperitoneal cases are almost invariably fatal. Dr. Weir thinks that it is possible to diagnose these two classes, and believes there is one symptom pathognomonic of intraperitoneal rupture. If the catheter, after entering the bladder (to be determined by the finger in the rectum) and evacuating its contents if any, then passes farther in, upwards and backwards, giving exit, in an ebb and flow movement corresponding to the respiration, to an additional quantity of urine, possibly of a different colour from that first drawn, then we may safely state that intraperitoneal rupture exists. Unfortunately it is not always possible to introduce the catheter into the rupture, which may be small or blocked by mucous membrane or intestine. On the other hand Dr. Weir believes that dulness in either iliac
regions, increasing rapidly, and giving urinous fluid on aspiration is a sign of extra-peritoneal rupture. Again, when fracture co-exists, the opening in the bladder is probably extra-peritoneal. It is evident from examination of the cases collected by Rivington and from the experiments on dogs by Vincent, that surgical interference to do any good in the intra-peritoneal variety must be prompt—i.e., within a few hours of the accident. Dr. Weir teaches that when the extra or intra-peritoneal nature of the rupture cannot be made out, a perineal section should be performed as well for diagnosis as treatment. Though it would be generally impossible to recognise intra-peritoneal ruptures, we could nearly always exclude extra-peritoneal ones by the finger in the bladder from the perineum. In the case of his own which he cites, a heavy bank of earth fell on the patient’s back. The bladder was presumably not full. On admission there was little shock, but considerable ecchymosis of the scrotum and bloody urine, which had to be drawn off. There was pain over the suprapubic region on pressure, but no evidences of pelvic fracture. In two days’ time there was marked suprapubic dulness extending across into each iliac region, and two days later the temperature rose over 100°F. Patient restless, abdomen tympanitic and tender, aspiration in the hypogastrium drew off urine. An incision 3½ inches long was then made midway between the symphysis and umbilicus, and a large cavity was found containing about a pint of bloody and decomposing urine. The patient’s urethra was then tapped from the perineum just anterior to the prostate, and digital examination revealed a rent in the left side of the prostate running up into the wall of the bladder. Through the suprapubic incision a silver catheter was then passed, emerging through the rent in the side of the bladder and out by the perineal wound. A large rubber drainage tube was pulled up into the rent by withdrawing the catheter and attached to the skin of the abdomen and perineum. A second tube was also passed into the bladder. The cavity of extravasation and the bladder were both well washed out with a warm sublimate solution (1:2000) and iodoform gauze placed over each wound. In five days the tube in the bladder was removed and the other daily shortened. All the parts were washed out daily until the wounds healed, and in five weeks from admission the patient left the hospital capable of passing his urine by the natural way.—*Medical Record*, New York, March 29, 1884.

F. D. B.
THE LONDON MEDICAL RECORD 1883.

A case is related by Angelini of aneurism of the brachio-cephalic trunk, cured by injections of ergotin.—(p. 41).

Dr. Landolt relates remarkable beneficial effects following the use of peroxide of hydrogen in cases of diphtheritic ophthalmia, in suppuration of the lachrymal passages, in purulent conjunctivitis of every variety, and in all simple or serpiginous ulcers of the cornea. Mr. James Adams highly recommends this treatment.—(p. 80.)

Dr. Leistikoff has found the treatment of gonorrhoea by injection of corrosive sublimate, 1 to 30,000, used three times a day, very successful after the acute inflammation has subsided.—(p. 138.)

Deininger on the Symptomatology of Oxyuris Vermicularis.—He cites a case in which severe convulsive attacks entirely ceased after the removal from the lower bowel of a large mass of ascarides, and recommends examining the bowel for the oxyuris in all cases of infantile convulsive disorders, where the exciting cause is not apparent.—(p. 141.)

Dr. L. Cane reports a case of cancer of the pancreas, accompanied by phlegmasia dolens, illustrating Trousseau's statement that the presence of phlegmasia dolens serves as an aid to diagnosis of the existence of deep-seated visceral cancer, in which there is no discoverable tumour.—(p. 143.)

Dr. P. J. Murphy, after a careful study of statistics, finds that the operation of tracheloraphy is usually followed by sterility, and that, when pregnancy does occur, the labour is usually severe and protracted, and in a large percentage laceration occurs a second time. The state of the cervix, in those cases which have been operated on, should be carefully examined months and years after the operation, before the benefit of surgical interference in this direction can be ascertained.—(p. 154.)

P. B. B.

Melbourne University.

At a Meeting of the Senate, on the 17th ult., Dr. Springthorpe, pursuant to notice, moved: “That, considering the present unsatisfactory nexus between the University and the various hospitals, whose co-operation is necessary for a sound medical education, and the damage the present want of system entails upon our medical
degree, our University prestige, and the public welfare, the Council be requested to take such immediate steps as may best tend to its reconstruction and improvement." After some discussion the motion was adopted.

At the ordinary monthly meeting of the Council, on the 7th inst., on the motion of Professor Hearn, Bishop Moorhouse was elected Chancellor by a majority of 9 votes to 2.

The council proceeded to the appointment of a junior assistant in the physiological laboratory. There were two candidates—Mr. James Halford, of Melbourne University, and Mr. Roberts, of the Aberdeen University—and they were introduced to the council, and answered questions as to their qualifications. On a division being taken, Mr. Roberts was elected. According to a report in one of the newspapers, the very remarkable ground was taken, that, though Mr. Halford was the better qualified candidate, he should not be elected for the sole reason that he was the son of Professor Halford.

---

Hospital Intelligence.

MELBOURNE HOSPITAL.

At the Meeting of Committee, on the 17th ult., Dr. Murphy applied for leave of absence which was refused, and as he had not attended since 5th May it was decided to declare the position vacant, unless attendance was renewed before next meeting. Dr. Lalor was appointed to take temporary charge of Dr. Murphy's patients. Dr. Harbison was appointed as resident medical officer in charge of isolated cases. Dr. Griffiths' application for beds in the medical wards was refused. Dr. Moloney wrote, stating that he had made arrangements which would enable him to attend regularly at an early hour for the purpose of giving clinical instruction.

At the meeting on the 1st inst., a telegram was received from Temora from Dr. Murphy, resigning his office in connection with the Hospital. The resignation was accepted, and the superintendent was directed to take the usual steps to fill up the vacancy, as specified in bye-law 56. A communication was received from Professor Halford, in reply to one sent from the hospital, with
reference to medical students acting as dressers. The communication was to the effect that if the students were detained from lectures through carrying out their duties as dressers, credit would be given them for having attended the lectures.

LYING-IN HOSPITAL.

At the Meeting of the General Committee, on the 20th ult., a sub-committee was appointed, on the motion of Dr. Jamieson, to consider the desirability of establishing an out-door maternity department in connection with the Hospital.

A deputation, consisting of a number of members of Committee and honorary medical officers, waited on the Treasurer to ask for a grant of £5000 for building purposes. Mr. Service promised to give the matter consideration, but could not hold out any hope of such a large sum being granted. He also asked for additional information about the working of the Hospital, which, it was promised, would be forwarded to him.

VITAL STATISTICS.

The Government Statist's Monthly Report for May 1884 shows that the births of 997 children, viz. 520 boys and 477 girls, were registered in Melbourne and suburbs during the month of May. In the month of April 881 births were registered, or 116 fewer than in the month under review. The births were 212 above the average of the previous nine years, but only 109 above that average, if allowance be made for the increase of population.

The deaths registered in May numbered 547, viz. 276 of males and 271 of females; the births thus exceeded the deaths by 450. The deaths outnumbered those in April by 29, and exceeded the average of May during the previous ten years by 96. If, however, allowance be made for the increase of population, they will be found to have exceeded the average of those ten years by 31 only.

To every 1000 of the population of the district the proportion of births registered was 3·27, and of deaths registered 1·80.

Males contributed 50 per cent. and females 50 per cent. to the mortality of the month. Children under 5 years of age contributed 36 per cent. to that mortality as against 34 per cent. in May 1883; 30 per cent. in May 1882; 31 per cent. in May
1881 and May 1880; 39 per cent. in May 1879; 26 per cent. in May 1878; 34 per cent. in May 1877; 38 per cent. in May 1876; 37 per cent. in May 1875; and 39 per cent. in May 1874.

The deaths of 22 persons who had attained or exceeded the age of 75 years were recorded during the month, 14 being over 80, and one 94 years of age.

Twenty deaths were ascribed to external causes during the month, of which 17 were set down to accident, 1 to homicide, and 2 to suicide.

One hundred and eighteen deaths, or 22 per cent. of the whole, took place in public institutions, viz.:—55 in the Melbourne Hospital, 10 in the Alfred Hospital, 1 in the Homœopathic Hospital, 2 in the Children's Hospital, 18 in the Lying-in Hospital, 6 in the Immigrants' Home, 9 in the Benevolent Asylum, 5 in the Yarra Bend Lunatic Asylum, 5 in the Metropolitan Lunatic Asylum, 1 in the Austin Hospital, 3 in the Melbourne Gaol, 2 in the Protestant Refuge, and 1 in the Infant Asylum.

The deaths of children under five years of age numbered 198, of which 103, or 52 per cent. were of males, and 95, or 48 per cent. were of females. Of those who died, 143 were under one year of age, 27 were between one and two, 16 were between two and three, 7 were between three and four, and 5 were between four and five.

The following table shows the causes of death of persons of both sexes, and the proportions per cent. of deaths from each cause in Melbourne and suburbs during the month under review:

<table>
<thead>
<tr>
<th>Classes</th>
<th>Causes of Death</th>
<th>Number of Deaths</th>
<th>Total</th>
<th>Proportion per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Males.</td>
<td>Females.</td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Zymotic diseases</td>
<td>54</td>
<td>70</td>
<td>124</td>
</tr>
<tr>
<td>II.</td>
<td>Constitutional diseases</td>
<td>47</td>
<td>51</td>
<td>98</td>
</tr>
<tr>
<td>III.</td>
<td>Local diseases</td>
<td>118</td>
<td>98</td>
<td>216</td>
</tr>
<tr>
<td>IV.</td>
<td>Developmental diseases</td>
<td>42</td>
<td>47</td>
<td>89</td>
</tr>
<tr>
<td>V.</td>
<td>Violent deaths</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>All causes</td>
<td>276</td>
<td>271</td>
<td>547</td>
</tr>
</tbody>
</table>

In the month of May, as compared with the previous month, deaths from diphtheria increased from 3 to 7, those from croup from 5 to 7, and those from whooping-cough from 7 to 13. On the other hand, deaths from typhoid fever decreased from 36 to 30, and those from dysentery and diarrhoea from 41 to 28.
Deaths of childbearing women were unusually frequent during the month, no fewer than 10 having been set down, viz: 4 from metria or puerperal fever, and 6 from other circumstances attendant on childbirth. As the registered births numbered 997, 1 death of a mother occurred to every 100 children born alive.

During the weeks ending 14th, 21st, 28th June, and 5th July, the births registered in the Melbourne and suburban registration districts numbered 193, 237, 198, and 189 respectively. The deaths numbered 119, 122, 105, and 128 respectively. Of children under three years the deaths numbered 34, 36, 37, and 49, those of children under one year numbering 22, 24, 27, and 34 respectively in the same weeks. In the week ending 28th June some cases of measles were reported at Prahran, and one case of scarlet fever at Williamstown.

**Local Subjects.**

At the last meeting of the Medical Board the following qualifications were registered:—No. 1143, Charles Henry Deguer, Sandhurst, States Exam. 27th January, M.D., Goettingen, 1844. Additional qualifications:—No. 1042, Herbert Augustus Embling, L. Mid. F.P.S. Glas. 1883; L. Mid. R.C.P. 1883.

The following gentlemen have been appointed public vaccinators: Ararat, James Charles Weld, Esq., L.R.C.S., vice E. H. B. Barker, Esq., M.B., resigned; Lilydale, Arthur Vincent Henderson, Esq., M.B., vice J. B. Elmes, Esq., M.B., deceased; South Fitzroy, Benjamin Fyffe, Esq., M.R.C.S.E., vice J. McLaurin, Esq., M.D., resigned; Minyip, Hugo August Hermann Schiel, Esq., M.D.; Frankston, William Henry Johnston, Esq., L. Ch. et L.M.


The resignation by Surgeon H. G. Brewer, M.D., of his commission in the Victorian Militia, has been accepted.

Doubts as to the nature of the cases of supposed small-pox are being gradually dispelled. After the case of Barker, the origin of which has not been traced, others occurred at Malvern, four in all. The worst was that of a man named Freeman, who was admitted to the Melbourne Hospital, where he was isolated as soon as possible. In the meantime, however, the
contagion had been communicated to Mr. Macgill, a student, and to patients named Davies and Hardes. All three have been removed to the Sanatorium. Mr. Macgill had a sharp attack, but Davies has been actually in a dangerous condition for several days. There is now little room for doubt that the complaint is actually modified small-pox, and precautions are being taken by the Central Board to prevent its spread. Great complaints have been made about the imperfect condition of the buildings and furnishings at the Sanatorium, and an unfortunate conflict arose between the Central Board and the Local Boards of the District, as to the duty of making the needed improvements at once.

The Central Board has agreed to erect four wooden cottages at the Sanatorium, and it is reckoned that these will be sufficient for any ordinary emergencies, tents being provided if more accommodation comes to be needed.

Dr. Porter has accepted the position of Health Officer at the Heads, with a salary of £400 a year, with permission to carry on private practice by consultation at the Quarantine Station. It is very doubtful whether there has been wisdom on the part of the Chief Secretary in fixing the salary at so low a rate. No man of capacity and energy will be content to remain long at such a place as the Quarantine Station, unless the pecuniary consideration is of a more liberal kind.

Nothing has been done to improve the water supply of Clunes, the local bodies being unable to expend the necessary amount, said to be over £30,000.

Typhoid fever is still prevalent, no fewer than twenty-six cases having occurred within a short time.

The outbreak of Cholera at Marseilles and Toulon has caused the Central Board to make a recommendation, that all vessels arriving from French ports should be held liable to quarantine.

BIRTHS.

Bennie.—On the 30th ult., at 126 Collins-street east, the wife of Peter Bruce Bennie, M.D., of a daughter.

Woolley.—On the 29th ult., at 113 Collins-street east, the wife of Geo. Talbot Woolley, M.R.C.S. Eng., of a son.

MARRIAGES.

Broad—Ray.—On the 12th ult., at Trevethan House, Hanson-street, Adelaide, Alfred Scott Broad, to Emmeline Fanny, third daughter of late Dr. Robert Ray, Collins-street, Melbourne.


DEATHS.

Mount.—On the 30th ult., at Albert Park, Emily Catherine Le Lièvre, relict of the late Edward Henry Majesty Mount, M.D., M.R.C.S.L., aged 77 years.

Simmons.—On the 25th, at High-street, St. Kilda, Mary Beatrice, the beloved daughter of E. L. Simmons, Surgeon.

Mackin.—On the 6th inst., at Latrobe Terrace, Geelong, Charles Travers Mackin, M.D.