NEW MEMBERS.

Dr. Sweetnam of Mortlake, and Dr. Gardner of Adelaide, were elected respectively ordinary and corresponding members.

The following paper was read by the author:

A CASE OF EXTRA-UTERINE GESTATION.

By OLIVER PENFOLD, M.R.C.S. Eng.

The subject of these notes was a lady of about 35 years of age, the mother of thirteen children.

She generally had good health, but lately suffered from anaemia and dyspepsia, supposed from over-lactation. When first seen, about five weeks ago, she stated that she had not menstruated, and that she felt sick at different times of the day; that she had a sense of fulness of the abdomen, and seemed generally unwell. I prescribed iron and bitter tonics, which seemed to do her good. What was thought by her to be the menses appeared soon after, and a slight coloured discharge continued for three or four days.

As she still complained of the fulness after the discharge stopped, I examined the abdomen and found increase of subcutaneous fat, flatulency, and some slight tenderness on pressure in the left iliac region, but not marked. Per vaginam, the os was a little patulous, not particularly soft, central, not pushed to one side or the other. There was some fulness of the anterior vaginal roof, and therefore I
did not use the sound, but decided to watch the progress of the case, not feeling certain that pregnancy was excluded. During the next few days she continued to improve in health, and two days before her death she went out for a drive. On Saturday, 20th January, about 10 p.m., she retired to her bedroom, saying that she did not feel well, and some time afterwards she was found there writhing with pain.

Domestic remedies were used first, and no improvement following I was sent for in the night.

I found her in bed, sensible, lying on her back, looking blanched, and complaining of intense pain, which she described as commencing in the bowels and ending in the stomach. The groans she made resembled those of a person in labour, so much that I remarked the fact to a bystander. I gave an opiate and small quantities of brandy from time to time. In about two hours, as she seemed to be better, I left, and sent a mixture containing opium and ammonia to be given if the pain continued.

She died just before I saw her again, at 11 a.m. I requested to be allowed to make a post-mortem examination, which was granted, and Dr. H. L. Atkinson kindly assisted me.

On opening the abdomen some blood at once welled up into the cut. The fluid and clots which were sponged away filled a large chamber utensil. Floating in the fluid, to the left of and below the umbilicus, was a cyst of a globular form of the size of a small orange, partly surrounded by clots of different consistence, but bare in another part, through which a fetus could be seen floating in pellucid fluid. I removed it with the uterus and appendages. There was no peritonitis. A large gall-stone, the size of a Windsor bean, was found in the gall-duct.

Removed from the body, the uterus was pale and of a firm consistence. The right broad ligament was normal and floated freely from the uterus, but the left was bound down to the fundus and side about half way. The uterine canal was 3½ in. long, its calibre widened, contained nothing but a little reddish mucus at cervix, and was hyperemic at fundus. There were no uterine decidua. The right ovary was elongated, looked granular on section, but presented no corpora lutea. The left ovary contained two well-marked corpora lutea, in all probability co-eval. In the fimbriated extremity of the left Fallopian tube, the cyst containing a fetus of about three months' gestation was situated.

Mr. Penfold exhibited the preparation which showed the fetus still attached to the funis in the sac.

Dr. Cutts queried, was it usual in such cases for death to occur from hemorrhage? He quoted a case which had occurred in his own practice, where there was collapse apparently from hemorrhage, succeeding to pain, vomiting and syncope. When the circulation became a little restored by treatment the vomiting recurred, and she sank from exhaustion. The autopsy revealed a large quantity of blood in the abdominal cavity, and a distended ovum in the right Fallopian tube. He confessed, however, he did not see the necessary
connexion between the hemorrhage and the extra-uterine pregnancy.

(To Mr. Rudall.)—The Fallopian tube was not ruptured, so far as he could see. His impression was that an abdominal vein had given way.

EXHIBIT.

Dr. Rees exhibited, through the honorary secretary, a urinary calculus weighing 497 grains, the dimensions of which were as follows: Long diameter, 1 11/16 inch; middle diameter, 1 5/16 inch; short diameter, 1 1/16 inch. It was composed of lithic acid, covered with phosphates, and was taken from a child three years and ten months old, by the lateral section. Dr. Rees believed a stone of that size to be unique taken from so young a subject with perfect recovery.

GRANT OF LAND.

Dr. Bowen furnished some particulars of the land provisionally granted to the Society at the corner of Brunswick-street and Albert-street. Its dimensions were 99 1/2 ft. by 27 1/2 ft. The committee proposed to erect a hall and committee-room and a cottage for the caretaker. The architect estimated that this could be done for £809, and it was proposed to raise this sum by debentures at six per cent. interest. The committee had visited several halls, and had taken the library of the Royal Society as their model. He urged that an effort should be made to build, lest the grant should be withdrawn.

After some conversation, it was resolved: "That this meeting approves the plans submitted by the honorary secretary, and refers the whole subject of the erection of a medical hall and the raising the necessary funds to the committee of the Society."

OBSERVATIONS ON THE OCCURRENCE OF MICROCOCCOS IN Erysipelas.

By Dr. F. EHRlich.

Translated from Dr. Th. BILLROTH'S communication to Langenbeck's Archiv fur Klinische Chirurgie, vol. xx., 1876.

By BARON FERD. VON MUELLER, C.M.G., M. and Ph.D., F.R.S.

Von Recklinghausen's successful inoculation of diphtheric matter on the cornea of rabbits, was one of the most luminous observations in reference to the etiology of the infectious diseases. It led to the indisputable fact, that, under circumstances, cocos continues to grow in the interstices of the tissue of the cornea, and that by these means deleterious inflammatory processes can be transferred. But it appeared probable, that the mechanical distension of the lamellae of the cornea on the places at which the starry figure becomes established, does not suffice as explanation of the transfer of the contagion, but that with the cocos-vegetation, an intensely phlogogenous substance adheres to the cornea-tissue, the penetration...
of which (favoured by the expansive action of the coccus-vegetation) leads to the destruction of the tissue. The drawings, given by Nassiloff* to illustrate these processes, were not very clear; only the work of Eberth† demonstrated in an imposing manner the details of this process. Through the rapidly following communications of Leber, Stromeyer, Dolschenkow, Orth, the observations on diphtheritic processes became more connected with inoculations of micrococcos, and this to the widest extent by Frisch.‡ It appears to me, that the general importance of these researches on the transplantations of micrococcos has not yet received sufficient theoretic considerations. Though earlier experiments were made of inoculating diphtheritic matter, and some conclusions were drawn from them, they did not prove that the algic growth preceded the inflammation. I know of no pathological object, on which I can look over and over with so much interest and satisfaction, as the nascent starry coccus-vegetation in the cornea of a rabbit. Whoever works with methodical exactness, can—after a few experiments of inoculation with fluids containing coccus—clearly demonstrate the several stages of the expansion of the starry figure on various cornenas.

That by proper preparation-methods the development of coccus-growth in the cutis might be demonstrated, appeared to me beyond doubt.

After I had repeatedly found vegetation of coccus in vesicles of erysipelas, I, as well as several of my assistants, endeavoured by multifarious experiments to trace the coccus also in the erysipelatous cutis, but it was in vain. Also in the few cases of diphtheritic wounds available to me, I examined the tissue of the cutis, but never noticed any indubitable coccus, but such always in the wounds and necrotic tissue. This brought me always back from the idea of others, that the coccus-vegetation caused the progress of the deleterious course of diphtheritis, whereas the inoculations on the cornea had proved to me the transfer of the morbid process. Also, Frisch's very careful observations on quickly (in 12—24 hours after inoculation) clouded cornenas demonstrated, that the algic figure had evanesced after a few hours, and that only very sparing coccus-vegetation could be observed in the cornea, the clouding of which was, as it appears to me, caused by a quick coagulation of the fluid of the tissue. Only in later stages, when the cornea softens and secedes in lamellae, and before it becomes necrotic, more copious coccus-growth is to be found.

In the same manner are noticed in the progress of panophthalmia to the vitreous body, that in the first pus of the latter and the choroidea only few traces of coccus exist, and this left on me the impression, that although the morbid process was excited by the inoculation of coccus on the cornea, it spread not solely through the vegetative growth.

† Zur Kenntniss der bacterischen Mykosen.
‡ Studien über Faulniss Organismen, 1874.
Thus the communications from Recklinghausen and Lukomsky,* who found cocci in erysipelatous cutis, were of quite a special interest, and I induced Dr. Ehrlich, to resume these toilsome and frequently resultless researches. On this occasion, for effecting the colouring of the micrococcus, haematoxylin was drawn into use according to a method, communicated by Dr. Weigert of Breslau. The test-fluid is prepared by dissolving one and a half part of haematoxylin in fifty parts of alcohol (of 0:830), and by adding twenty-five parts of a watery saturated solution of alum (cold prepared), the fluid to be shaken from time to time during eight days, and then to be filtered. In these investigations only the severe, intense and extensive cases of erysipelas came under experiment; it might therefore be doubted, whether the positive results were of general significance. Yet probably no one will doubt, that the usually so marked process of erysipelas ambulans is always the same. In three cases positive results were obtained. If we leave now out of consideration, that against these can be placed numerous negative results, then it remains still doubtful, whether the penetration of the cocci into the tissue, and the cellular infiltration, must necessarily be regarded as cause and effect.

If we admit, that cocci, present in the body, are especially easily developed, where inflammatory processes commence, and that they soon disappear, when the inflammation reaches higher stages, even then nothing would be gained by showing, that the cocci at the boundary places, which not yet exhibit implication in the disease, already is to be found in main groups; for the first changes in the fluids of the tissues, particularly favourable for the nutrition of this algic growth, are not discernible by the microscope. It herewith is not contended, that the morphologic investigation alone cannot be decisive for the aetiology of erysipelas, unless other points of distinction are added. Only where the form of the micro-organisms is so peculiar, as in febris recurrens, and where we have to do with organisms, which are not always ubiquitous, there seems to us for the present, no objection to regard them as the generators of the disease. Though I am myself inclined, to regard erysipelas as a dermato-lymphangeitis, called forth by contact with cocci, and propagated by its vegetation, yet I consider it my duty to apply the most careful criticism to all the arguments in support of such a view.

The experiments adopted by Lukomsky and others, of inoculation into the cutis, and of injection of fluids containing cocci, were followed by Ehrlich. The contents of a Pravaz's syringe, filled with pus containing cocci, was injected subcutaneously into the dorsal region of a large rabbit (from a wound after Lipoma extirpation.) On the day afterwards, the skin over the place of injection was hardly reddened, not swollen. Three days afterwards a red tinge, and infiltration at the place; one day later, the animal was found dead. The section showed no morbid changes of internal organs.

* Virchow's Archiv. vol. lx. p. 418.
with exception of small liver-abscesses, caused by the ova of entozoa; under the place of injection, an abscess; nearly over the whole left side of the animal, numerous small pus-masses in the subcutaneous tissue. In the deeper layers of the cutis, infiltration of pus-cells, and also cocos-masses, partly causing obturation of the smallest lymph and blood-vessels. In the deepest layers of the skin, within the pus-masses, balls of coherent cocci (palmelloid gliococcos), distinctly recognised by their intensely blue colour and equable granulation; they appear in such masses, that the whole field of vision under the microscope is covered by them. The muscular structure had mostly lost its transverse striation, passed into fatty degeneration, and the blood-vessels, already in commencing dissolution, were filled with cocos-masses, and had thereby at places become varicose.

In these and other observations on micro-organisms, the following results seem remarkable:

1. That always only micrococos, never bacteria, dispersed or in palmellar growth, are to be found in the balls.
2. That the latter vegetation is so frequently noticed in the smaller blood-vessels.
3. That only rarely a gradually progressive cellular infiltration is observable around the groups of micro-organisms.

That cocos vegetation, the powerful vitality of which in the living tissues of a warm-blooded animal, namely a rabbit, has been proved by innumerable experiments, does not vegetate in the same tissues of a dog, is remarkable in the highest degree. It is equally strange, that even the most intense phlogistic poisons, such as the diphtheritic secretion, which totally destroys the cornea of a rabbit sometimes in twelve hours, are not able to call forth a progredient inflammation when applied to a dog. In the latter case, as Frisch describes, there arises only a very slight turbidity on the place of inoculation, which either quickly disappears or separates; the remaining little abscess with undisturbed ground heals quickly. We might assume, that the septic poison in dogs did not act as phlogogenous, had the contrary not been proved by innumerable subcutaneous injections of secretions from wounds, causing nearly always intense inflammation, often to the extent of gangrene.

The inflammation certainly also in these cases is rarely so diffused as in the rabbit, but becomes sooner and stronger limited, yet it is never wanting. Perhaps the inflammation spreads only just so far, as the putrid poison is driven by the injection into the tissue, for it appears not to be carried further by the lymphatic vessels; and this again may have its explanation in the arrangements of the lymphatics, or particularly in the quick coagulation of the fluids of the tissues in contact with certain foreign substances. Probably the circumstance, that the living cocos otherwise transferable by inoculation, cannot be diffused through the tissues of the dog, and that thus this animal cannot be made to carry a phlogogenous poison through its tissues, has prevalently its explanation in purely mechanical reasons. The inoculated cocos is not able to adhere to
the cornea of the dog; even if the cocos-vegetation is introduced by the puncture of the inoculation, it seems not to be able to penetrate between the lamelle, is unable to press them asunder, and so the phlogistic poison, which adheres to the cocos-vegetation, penetrates not into the tissue of the cornea. The same mechanical obstructions for the penetration and spreading of the noxious irritation, seem to exist in the cornea of the cony. That the fluids in the cornea of the rabbit and dog should be chemically so different, and in their temperature so unlike, as to explain the differences of the effects of inoculations thereon, has perhaps little probability.

The adduced observations, whatever way explained, offer at all events an important contribution towards the knowledge of the adherence of contagia, and their penetration into the tissues and the lymphatic absorption. The mystery of immunity against certain morbid matters, as sometimes observed in man and animals, vanishes, and gives place to explanations on purely mechanical and chemical grounds.

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**Australian Medical Journal.**

**FEBRUARY 1877.**

**SALARIES OF HEALTH OFFICERS.**

The report of the meeting of the Central Board of Health, held on the 7th of February included the following:

“A memorial was received from the resident medical practitioners of Richmond, protesting against the action of the local board of health in offering the very low honorarium of £25 a year for the discharge of the important duties of officer of health in such a large and populous town, and in proposing to give the appointment, declined on those terms by all the resident practitioners, to some outside medical man, having necessarily no knowledge of the town, and the sanitary requirements. The Central Board have frequently and very strongly urged on the local boards generally, the importance to the sanitary welfare of their respective districts of attaching such a salary to the post of health officer, as will in some measure remunerate the practitioner holding it for the discharge of duties which are always of great importance, and frequently disagreeable, and the faithful performance of which by an officer who is merely paid a nominal salary is sure to often place him in an invidious position in relation to his private practice. On these grounds, therefore, it was resolved to communicate with the Richmond local board, and to express the hope of the Central Board of Health that the local sanitary authority will see fit, on further consideration, to attach such a salary to the office in question, as will give them a right to require that the important duties attached are not discharged in a merely perfunctory manner—a result which may be looked for where the service
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Mr. Beaney's Medals.

is merely nominally paid for. It was resolved at the same time to remind the Richmond local board, that double the salary now offered was paid by them when Richmond was only a borough, and not nearly as populous or wealthy as it now is; and to point out to them further, that in the neighbouring town of Prahran, the officer of health is paid twice the amount the Richmond board are offering, although the town is not as populous as Richmond is."

It seems to us that the Central Board did not by any means understand the exceeding ingenuity of the decision taken by the local board of Richmond. Local boards of health, as a rule, do not wish their health officer to do too much work, for his activity frets and worries them, and puts them to trouble, and gets them into collision with the ratepayers, and causes expense, and suggests enquiry, and prompts prosecutions, and altogether is the occasion of things being disturbed out of their ordinary quiet channels. Logically, therefore, as they want nothing doing, they offer nothing to those who have it to do. And if local men refuse to take £25 for letting the dirt remain undisturbed, all the better to give it to somebody outside the town who, having no private duties in the town, will have less inducement to come where he is not wanted. They would give no salary at all if they could help it of course, but the act compels them to give something, so they offer a bribe to ensure peace and quietness, and let such diseases as are encouraged by filth, have their own way. As a matter of course, if they wanted a medical man to work they would offer a salary. Clearly therefore the Central Board are dull in not finding out the meaning of the associated body.

Some time ago there was a society of health officers formed, but for a long time nothing has been heard of it. Did its promoters quietly concur in the preferability of taking a small sum for letting things alone, to a larger sum for making themselves usefully disagreeable? And were the Town Council of Richmond aware of this conclusion? and was the offer of £25 an acknowledgement of the shrewdness of the society in preferring peace and quietness and disease, to shovels and brooms and flushing and better health?

MR. BEANEY'S MEDALS.

A daily paper of February 23, had the following:

"The operating-room in the Melbourne Hospital was filled yesterday afternoon, with an audience of gentlemen who assembled to witness the presentation of gold and silver medals, adjudged to certain of the students who had attended Mr. J. G. Beaney's lectures
on operative surgery. There were about 100 gentlemen present, including his Honour Judge Cope, representatives of the Legislative Assembly, several members of the clergy, members of the general committee of the institution, and a large number of leading citizens. The Hon. Edward Cohen, M.L.A., had promised to make the presentations, but illness prevented him from being present, and in his absence Councillor A. K. Smith took the chair. The students were present in the body of the hall.

"Mr. Beaney delivered an able address on surgical diagnosis, which was introductory to his course of lectures on clinical surgery. The address, which was listened to with marked attention, concluded as follows: 'Gentlemen,—With some of you the day is not far distant when you will obtain your degrees in medicine and surgery from your Alma Mater. The day on which she summons you to her altar to receive her parting benediction, will be your public entry into active professional life, with all its attendant anxieties and responsibilities. Some of you will, I presume, follow your high calling in Victoria, some amongst you may elect to settle down in some one of the sister colonies, while others may seek some remote part of the world as a future abiding place, but, remember, gentlemen, that wherever you go you will find accident, disease and death. Your counsel will be eagerly sought by the sick, both rich and poor, in order that they may regain that which money cannot buy—health. . . . Believe me, gentlemen, the public is not slow in discovering skill and ability in their possessor, and always is ready to render the homage due to professional eminence; and what a proud satisfaction will await you, when, at the close of a well-spent life, you will reap for yourselves the sweetest of all rewards—the retrospect of labour devoted to the relief and cure of your afflicted and confiding fellow-creatures.' Mr. Beaney was loudly cheered on resuming his seat.

"The Chairman then presented the following students with medals, and in suitable terms complimented them on their success:—Alexander Murray, gold medal; Henry Blackett Forster, silver medal; Louis Henry Harris, silver medal.

"Each of the medals was larger than a crownpiece, and bore a suitable inscription, encircled by a finely-chased wreath representing twenty-four medicinal plants. On the reverse was a figure of Æsculapius, with the date of presentation. Messrs. Denis Brothers were the manufacturers.

"After a vote of thanks to the chairman, the company adjourned to the board-room. His Honour Judge Cope, in laudatory terms, proposed Mr. Beaney's health, which was drunk with great enthusiasm. Mr. Beaney made a suitable reply, and expressed the pleasure he felt in carrying out the promise he made when elected to the position he held in the institution. He intended to continue in the work he had commenced, and to make annual presentations to successful students at his lectures. (Cheers)."

As these medals were not given with the official sanction of the Committee of the Hospital, nor with the concurrence of the medical
staff, nor, so far as we know, as the acknowledgement of any success on the part of the students recognised by any proper authority, but solely at the will of the donor, it may be asked what academic value have they? And what will Messrs. Murray, Foster, and Harris do with them?

MELBOURNE HOSPITAL CHRONICLES.

January 31.—Election of Committee: The following were elected: Messrs. Moody, Phillips, Gibbs, Hodgson, Corbett. The retiring members whose places these gentlemen took were Messrs. Aarons, Moody, Phillips and Bullen, and Dr. Barker.

February 6.—Committee meeting: A letter was received from Mr. Leplastrier, father of the patient, concerning the treatment of whom a complaint had been made against Mr. Fitzgerald. The matter was referred to a sub-committee consisting of Messrs. Hood, Bailliere, Phillips, and the honorary surgical staff.

February 13.—Committee meeting: A communication was received from Mr. D. Wilder, requesting to be informed of the date on which the adjourned annual meeting was to take place. The secretary was instructed to reply that it was not the intention of the committee to hold any adjourned meeting.

February 13.—Sub-committee meeting to inquire into Dr. Youl’s statements as to a stampede of patients having taken place. Evidence was taken from Mr. James and Dr. Williams, both of whom spoke in support of Dr. Youl’s statement.

February 14.—Sub-committee meeting to inquire into Mr. Leplastrier’s complaint against Mr. Fitzgerald. Evidence was received from Mr. Leplastrier, Mr. W. Crooke, surgeon, and Mr. Binney, medical student. Mr. Fitzgerald gave an explanation, and Mr. James corroborated Mr. Fitzgerald’s statement as to the scientific treatment of the case. The following resolution was unanimously adopted: “The medical members of the committee, having all the evidence of Mr. Leplastrier and his witnesses, and having heard Mr. Fitzgerald’s defence, are of opinion that not only are the charges without foundation, but that the treatment employed was according to the latest scientific method.”

February 22.—Sub-committee meeting: To further consider Dr. Youl’s charges. Evidence was received from Mr. Howitt, and Mr. Beaney, and an irregular discussion took place, in which the chairman, Mr. Moody, took umbrage at some remarks of Dr. Youl’s imputing unfairness to him. Reference was made to a request made by Dr. Youl that Dr. Neild should be allowed to examine the hospital books for any records of patients having left the hospital for fear of operations. Mr. Williams, the secretary, admitted that the consultation book was not recognised as one of the books of the hospital. He was interrogated at some length by Dr. Youl. It was resolved: “That Dr. Youl, in company with Dr. Neild, might
examine any of the books with the object of proving his statement with regard to the stampede, but not for any other purpose.

February 27.—Committee meeting: A sub-committee was appointed to investigate the case of John Moss, who was alleged to have died from having been refused admission into the hospital. A letter was received from Mr. A. S. de Young, of Flinders-street, submitting a proposal for the raising of revenue, by causing every person who entered a public place of amusement to pay a small sum, in addition to the ticket, to a special hospital fund. All proprietors of travelling amusements to be compelled to pay a percentage upon their daily receipts to the hospital. He further stated that he was prepared to lay before the committee a plan that would bring in £10,000 in a very short time, which he proposed to carry out at his own expense; and he expected 10 per cent. of the amount received to recoup him. The secretary was instructed to request Mr. de Young to explain his plan in writing, and the committee would then give it their consideration.

Mr. LESLEY A. MOODY moved a resolution that the names of all patients admitted without going before the admission committee, and the reasons for their admission, should be reported each week to the general committee. The motion was carried.

Mr. KNAGGS brought up the following report of the sub-committee appointed to receive evidence as to the injury to patients from the admission to the wards of the hospital of persons suffering from delirium tremens:—“The sub-committee beg to report that they have taken evidence on the subject referred to them by the committee, and find that cases have recently occurred in which the noise resulting from the presence in the ward of a person suffering from delirium tremens has undoubtedly produced a fatal result, while in other cases great injury has been inflicted on patients in a precarious state. It happens not unfrequently that a patient is admitted for some form of disease, and that delirium tremens is developed afterwards. The noise caused by such cases is heard through the building, rendering it impossible for the patients to obtain the rest and quiet which is indispensable. They therefore recommend the appropriation of the dispensary for the reception of such cases, and submit plans of alterations.”

The following motion was submitted, but withdrawn, after an explosive conversation: “That until Dr. Youl withdraws the very offensive expression—‘Your writing such a report about me, however, was a deliberate act, and you knew it was not true’—this meeting is of opinion that the sub-committee appointed to enable Dr. Youl to substantiate his charge as to the stampede of patients need not proceed any further unless it chooses, the committee being satisfied the charge of Dr. Youl is without any foundation.”

February 27.—Sub-committee meeting to further consider Dr. Youl’s charges. Evidence was taken from Dr. Neild, who had examined the books, and who submitted a report he had drawn up. The sub-committee objected to receive the report, as it referred to
matters which they said were out of the limits of the period concerned in the inquiry. The report is as follows:

"Melbourne, 27th February, 1877.

"To the sub-committee of the Melbourne Hospital.

"Gentlemen,—I have had submitted to me the following books, containing records of the Melbourne Hospital:—Three rough admission books, with entries up to the present date; one in-patient book, with entries to the end of the year 1875, and some irregularly-dated entries; two consultation books, one having records up to 14th March, 1876, the other continuing from that date up to 19th February, 1877; two ward books. As the inquiry had reference to the in-patients only, I did not examine the rough admission books other than to notice the way generally they were kept. I examined the old consultation book, and found no record whatever of the case of Robert Berth. In the in-patient book of date 26th November, 1875, I find the following: Robert Berth, aged forty-one, labourer, residing at Amherst, a native of Bedfordshire; came out in 1852 by the ship Birmingham; was under Mr. Beaney nine days; died on 5th December, of peritonitis after lithotomy, the date of the performance of which is not stated.

Comparing the two consultation books, I find that the later one, commencing on 11th March, 1876, is differently and better arranged and apparently more regularly kept. The headings in the old book include only the date, on whom held, by whom called, the disease, and the result; while in the new book they consist of number, date, name of patient, age, sex, disease, by whom called, result of consultation, date of operation, nature of operation chloroform or ether, result of operation, date of discharge, remarks. I find that in the new consultation book the number of entries within a given period is greater than in the old book, Thus:

"In the old book there are in October, 1875, 10 cases; November, 3 cases; December, 7 cases; January, 1876, 8 cases; February, 13 cases; March, 3 cases.

"In the new book: March, 1876, 11 cases; April, 7 cases; May, 24 cases; no date, 3 cases; June, 18 cases; July, 19 cases; August, 16 cases; September, 12 cases; October, 26 cases; November, 13 cases; December, 20 cases; January, 1877, 15 cases; February, 19 cases.

"In the old book I find, of date 21st December, 1875, the following note:—Mr. James proposed that, owing to the prevalence of erysipelas in the hospital at present, no operations, except in cases of emergency, be performed for two weeks. With this the other surgeons, Messrs. Fitzgerald, Howitt, and Beaney, concurred." From 1st June, 1875, to the end of the old consultation-book, I counted eight entries of cases in which the names of the patients were not stated. None of these were cases of stone. Some of the cases were incomplete as to all the particulars. Concerning any record of patients who had left from probable fear
of operation, or who declined to be operated on, I find the following entries in the consultation book:—

"March 28.—Arthur Scott, suffering from hip disease (Mr. James). "Mother declined any operative interference; was taken out by his mother."

"March 30.—William Ellis, suffering from dislocation of the shoulder (Mr. Beaney). "Patient left the hospital yesterday without waiting to be discharged."

"April 3.—Alexander Molville, suffering from hernia (Mr. Beaney). "Patient refused to be operated on."

"April 18.—Thomas Cranwell, suffering from hydatids (Mr. Beaney). "The patient, having declined to permit gastrotomy to be performed, was transferred for further treatment to the medical side."

"April 18.—H. Thomley, suffering from injury to the hand (Mr. James). "The patient expressed a great wish to defer the operation, and it was granted."

"April 18.—Wilhelmina Pierce, suffering from naevus of the head (Mr. Howitt). "The mother has not attended the hospital with the child since the date mentioned."

"May 16.—Mary Bullock, suffering from cancer of the breast (Mr. James). "Patient declined operation."

"I find in the in-patient book four records of patients who had left without permission, but they are not cases in which an operation was likely to have been required.

"I examined the ward-books, but the general illegibility of the writing rendered them of questionable value for the purposes of information.

"I am, gentlemen, your obedient servant,

"James Edward Neild, M.D."
Dr. Youl continued his remarks. He had always been a friend to the hospital. He knew that the mischief of coronial inquiries upon the bodies of patients dying in hospitals after operations counterbalanced the good, and he always made a point of himself sifting such matters before holding inquests. He had frequently made suggestions with regard to the hospital, and they had been properly considered; and he was at a loss to know why the committee turned round and took up this casual remark of his, and brought up such a report. It was quite unjustifiable. Drs. Duncan and Annand were the resident medical officers at the time he referred to, and their evidence could not be obtained. Still, sufficient had been brought forward to substantiate his remarks. There was the case of the patient Porter, who went out in terror; his name did not appear in any of the books; and there were a number of others that could not be traced. There were the two other cases referred to by Mr. Beaney, and notwithstanding the story of the filial care of a daughter, there was no doubt the man left for fear of operation. In the case in which it was said that the patient was pressed to be operated upon, because a number of students wanted to see it done, if that was the reason for operating in the Melbourne Hospital, the sooner some change was made the better. Mr. Beaney had said that on his honour none of his patients had left for fear of operation. No man could forget the occurrence that had been referred to. There had been a general cessation of operations about the time stated, and that there was a considerable exodus had been proved beyond doubt. Touching the clause in the report that his statements had reflected upon the medical staff, it was the height of imagination, as not one of the medical men referred to thought that it reflected upon them in any way. The only evidence taken by the first sub-committee was that of Mr. Kennedy and the nurse of the accident ward. Mr. Kennedy was simply asked if he knew of a stampede having taken place, and he replied that he did not, and was then told that he might go. The nurse, one of thirty-two, was asked a similar question, so that to bring up such a report, so insulting in its wording, was simply monstrous. That a number of patients did leave, even the imperfect books at the disposal of the committee showed. If the committee had stated that the evidence was not in their opinion sufficient to justify his remarks, he would have said nothing, but his conduct did not deserve the treatment he had received.

SMALL POX.

(Continued from page 23.)

"TO THE EDITOR OF THE ARGUS.

"Sir,—Mr. Moulden's letter in to-day's Argus changes the venue but slightly, and refers to the same period as that mentioned by 'M. D.'—'about forty years since'—as the time when small pox decimated the aborigines on the Murray River."
"The place referred to by Mr. Moulden is below the great north-west bend of the Murray.

"Of that locality we have an intimate knowledge from the works of Captain Sturt and Mr. Eyre.

"Sturt, forty-seven years ago, saw much of the aborigines in that region, and was handled by them over and over again.

"I am resolute in believing that he and his companion, Sir George M'Leay, would not have endured such treatment if small pox had existed then amongst the natives.

"It is open to anyone else to think otherwise, but as a very old friend of Sir G. M'Leay who knew him to be remarkably intelligent, I hold to the faith I have expressed. The acquaintance of Eyre with the aborigines has been equalled by very few persons indeed.

"Thirty-seven years ago he became an explorer in South Australia. In 1841 he was appointed resident magistrate of the Murray district, where he resided about three years with great advantage to the natives, to the colonists, and to science.

"His report was as follows:—'A disease very similar to the small pox, and leaving similar marks upon the face, appears formerly to have been very prevalent, but I have never met with an existing case, nor has Mr. Moorhouse (protector of aborigines in Adelaide) ever fallen in with one. It is said to have come from the eastward originally, and very probably may have been derived in the first instance from Europeans, and the infection passed along from one tribe to another. It has not been experienced now for many years.'

"In my first letter to you, I said that it was ascertained, as the colonists spread inland, that the natives who fled in 1789 from the imported scourge at Sydney, carried the small pox with them, and that it committed ravages in the interior. No old colonist doubted the truth of this position. If confirmation were needed, it is partly furnished by such a statement as that of Eyre—that the disease reached South Australia from the eastward. Its progress was without doubt slow in some directions, but when Eyre spoke of it to the blacks on the Murray, there were many among them whose birth preceded the settlement of Port Jackson.

"In all cases, the nomadic habits of the tribes, and the atmosphere of Australia, appear to have prevented the disease from becoming permanent among the natives.

"I am, &c.,

"Jan. 24.

"G. W. RUSDEN.

TO THE EDITOR OF THE ARGUS.

"Sir,—With reference to the prevalence of small pox amongst the blacks some 40 years ago may I ask whether the native pox can cause total blindness? I merely ask this question as it might determine whether it was really small pox that the blacks suffered from. I certainly recollect one lad of about 16, in or about the year '42, amongst the Goulburn tribe, who was stone-blind from
the effects of some disease that had deeply pitted the eyes as well as the whole face. I also remember many more deeply pitted, and one or two others nearly blind from the same cause. I cannot remember any disease such as native pock having affected them in this manner, or even deeply pitting them to any extent so as to disfigure them.

"I am, &c.,

Kew, Jan. 24.

R. J. MURCHISON."

"TO THE EDITOR OF THE ARGUS.

"Sir,—I am glad to see in Mr. Beveridge's letter in to-day's Argus a statement so confirmatory of the accounts given to Mr. Eyre on the Lower Murray as to the direction from which small pox invaded the natives.

"Mr. Eyre says it went to South Australia from the eastward. Mr Beveridge, for whose observations I have great respect, says it descended the rivers from the East Coast range.

"That it was not in existence on the Upper Murrumbidgee 40 or even 50 years ago, is well known. There were cattle stations on that river near Gundagai nearly 50 years ago. Hume passed through the district in 1824, Sturt in 1830.

"The very old blacks, seen when Mr. Beveridge commenced his researches 32 years ago, would easily remember the plague they saw in the end of the last century.

"It was in 1789 that small pox was carried across the mountains. Introduced by the French in January 1788, its ravages did not prostrate the Sydney tribe until early in 1789. It would, therefore, be expected that not till towards the end of the century would distant tribes in the interior suffer in like manner.

"I think Mr. Beveridge has been misinformed as to the raging of small pox in Sydney in 1829-30. It was not among the aborigines then. They had been almost all improved off the face of the earth by other marks of civilisation. Newspapers of the day will prove whether it came at that time by ship, and was arrested (as it was here some years ago) by vigorous measures.

"One word I may say to your correspondent 'W.' His observations extend to 1848. About thirteen years ago he saw a native in Queensland 'deaf and dumb from some cause, said or understood to be the result of small pox.'

"Again, he says, 'at Tennent's Creek I saw another deaf and dumb man, whose skin was marked all over as if he had suffered from small pox, but as I am not a professional man, and for the further reason, that converse with the Tennent's Creek blacks was out of the question, perhaps these marks were caused by something else.'

"Perhaps they were; and if so, one wonders why 'W.' wrote about them, unless to let people know that he thinks deaf and dumb aborigines have marks caused by small pox, or by something else.

"However that may be, there is no doubt that throughout the-
whole period 'W.' speaks of there has been a host of professional men scattered throughout Australia, from Port Curtis to Adelaide.

As medical practitioners, or following country avocations, professional men have lived amongst the aborigines at Queensland, and throughout New South Wales, Victoria, and South Australia, during W.'s period.

Has one case of small pox amongst the aborigines been proved to have existed during that time? If not, I submit that 'W.' is out of court.

Yours, &c.

Jan. 27.

G. W. RUSDEN.

TO THE EDITOR OF THE ARGUS

Sir,—Though a good deal has been said of late in your columns concerning the existence of small pox amongst the Murray tribes of blacks, some 40 or more years ago, the matter to my mind, to judge of those who read by such as have written, seems hardly yet to have received its due weight with the public, in view of a belief which appears to possess people, that there is something in the air of the Australian continent which acts as a preventive of the disease —hallucination, as it seems to me—than which nothing can be further from fact, nor more dangerous.

Mr. Rusden, who, if I mistake not, led the way on this subject in his letter of the 20th inst., drew attention on the authority of Collins to the fact, that in April 1788 the Sydney blacks were being swept away by small pox. Passing over that, Mr. Rusden has inadvertently fallen into an error of a year in quoting Collins's date. It may be noticed that, in addition to Collins, Hunter, Bar- rington, and Wentworth give more or less full accounts of the horrors which occurred on the occasion, and of how such of the blacks as had not yet been stricken down fled to the interior to escape the destroyer, bearing about them inevitably the seeds of a wider destruction. With the flight of the survivors, however, we lose for the time all traces of them and the disease, our countrymen at the period not having yet left the margin of Sydney Bay. The immediate result to the whites, however, of whom only one had succumbed, was the importation of vaccine matter from England.

The next record we have of small pox, though it was not recognised as such, was in 1829, when Sturt relates (in a passage to which Mr. Rusden draws attention) that the blacks on the Darling, a tributary of the Murray, were suffering from what he terms a 'singular malady, which showed itself in the form of a violent eruption all over the body.' Sir Thomas Mitchell, however, who followed Sturt to the Darling in 1835, recognised by its traces as small pox the disease which had puzzled Sturt in its active form. Both authors agree, however, as to the great mortality which it had occasioned amongst the tribes, as Mitchell says 'almost depopulating the Darling.' In 1831 Sturt made his celebrated exploration of the river Murray, and in his account of the trip refers on several occasions to certain virulent diseases from which the numerous tribes he met were suffering. On one occasion he says 'leprosy of the
most loathsome description, the most virulent cutaneous eruptions and glandular affections, absolutely raged through the whole of them. ' Now what was this leprosy, this virulent cutaneous disease of which no one has ever heard since? Would Sturt have known leprosy if he had seen it? What has become of it? All that we know on the subject is that ten years after Sturt's gallant whaleboat voyage, Eyre resided on the Lower Murray, and recorded the facts that a 'disease very similar to the small pox, and leaving similar marks upon the face, appears formerly to have been very prevalent, but I have never met with an existing case. ' It is said to have come from the Eastward originally.' Here we have a second instance of Sturt's failure to recognise small pox, and of another who came after him doing so. In confirmation of Eyre's statement we have also that of Taplin, who, speaking of some of the Lower Murray tribes, says: 'They have a tradition that some 60 years ago a terrible disease came down the Murray and carried off the natives by hundreds. This must have been small pox as many of the old people now have their faces pitted, who suffered from the disease in childhood. The destruction of life was so great as seriously to diminish the tribes.' Hence we see that in one direction at least, small pox found its way from sea to sea. That such was the case, I have never known anyone to gainsay, except Mr. Rusden, who reiterates that at that time small pox did not exist on the Murray, his argument 'being that had it existed, Sturt and McLeay would not have allowed the sufferers as they did, 'to pull them about and finger them all over.' Setting aside an argument which can have no force whatever until it has been shown that Sturt was acquainted with the appearance of small pox, which there is every reason to believe he was not, it may be remarked that Mr. Rusden invites us to believe that though the explorers 'would not have endured such treatment (i.e. pulling about and fingering) if small pox had existed among the natives,' the explorers had no objection to the friendly hug of mere leprous savages, a peculiarity of taste which it is strange to see extending to a whole party.

"In conclusion, I beg to remark that towards the close of 1841, or the beginning of 1842, being then resident with one of my brothers close to the junction of the Goulburn and Murray, we saw a black-fellow absolutely suffering from small pox, a circumstance concerning which my brother and I had some conversation a few weeks since. I need hardly add that a large number of blacks in the neighbourhood had faces pitted, furrowed, and distorted with small pox. A few of these probably yet remain. As regards 'native pox,' unless a sort of pustular itch from which both the blacks and their dogs used to suffer, be indicated by the term, I may frankly confess that I never saw during my 35 years' experience anything among them to which I can suppose it to refer. One medical man, I notice, refers to it and it would be interesting to know in what year and in what locality it was met with, and what medical men generally think on the subject.—I am, &c.,

"EDWARD M. CURR."
TO THE EDITOR OF THE ARGUS.

"Sir,—I may say the reading of the correspondence in your columns on the above has caused considerable interest, and shows how different may be the recollections of those of forty years ago. In having a finger in the pie, I may say Mr. Rusden's research and explanation are certainly founded on reasonable conclusions as to the fact of the disease having visited Port Phillip (Victoria) before its occupation by the whites.

"In 1837, Captain Hutton, of the East India Company's service, occupied the country north of the junction of the Coliban and Campaspe Rivers, having his home station on what is now known as the Wild Duck, then the Vincent, near its junction with the McIvor Creek. His lowest station on the Campaspe was where now stands the Clare Inn, and the river spanned by a beautiful bridge.

"Up to the month of May, 1838, the blacks were on the ground, apparently friendly with us, but covertly hostile, as it proved, for they killed the men, and took away the sheep, about eight hundred, making for the Murray, and had reached the 'Big Plain,' now Rest Down, before they were recovered.

"I can very well remember several aborigines being marked by small pox, but the aborigines who claimed the country termed them Murray blackfellows. To the best of my recollection they must have been men about forty years of age, and they must have joined those of the Campaspe from near the Major's line, as Mitchell's track was termed, after the terrible punishment inflicted on the tribes by the whites after the killing of Mr. Faithfull's men on that line.

"In the discussions, it was fully understood that the disease had been amongst those tribes, but I never recollect seeing a young person marked belonging to any of the tribes. Hutton's out-station on the Campaspe was the most northern at that time, and the whites as yet (1838) had not occupied any country below the junction of the Goulburn and the Murray in September of that year; the Lower Murray being unknown excepting as far as Sturt and Hume were concerned.

"In reference to Mr. Beveridge's letter, the tradition that the disease, as the blacks termed it, 'came along a big one water,' from the eastward, is in all probability correct, for a year or two in the aboriginal memory was a very long time; and the breaking up and scattering of the tribes before the occupation of the whites was not a very unusual affair in those days, the scarcity of water forcing them to keep their line of occupation on the best watered country and avoid the great northern plains—Yours, &c.,

"Eaglehawk, Jan. 31.

"JAS. MOUAT."

TO THE EDITOR OF THE ARGUS.

"Sir,—In your issue of yesterday's date I noticed a letter signed 'R. J. Murchison,' relative to a disease similar to small pox to which the natives of Australia have been subject, and a wish is expressed
for information confirmatory or otherwise of that disease being real small pox.

"Having occupied a station at Streaky Bay, in the colony of South Australia, in 1865, when the disease was very prevalent in the nature of an epidemic among the natives of the Western district of that colony, many instances came under my notice, and one in particular, which would go far to show that this disease was wholly different from small pox, though similar in some respects.

"The one instance I would offer as an illustration was that of a native lad of about 18 years of age, who had been employed about the station, who was attacked by this disease at shearing time, when there were many whites about, and who had not recovered when the shearing was over, and who at one time was wholly unable to move or to assist himself in any way.

"During the whole of the time of this lad's illness my second son attended to him, carrying him each evening into a hut, and taking him out (as was his own wish) to his camp every morning. As he was in close contact with my son on these occasions, and he escaped the infection, I should suppose the conclusion to be that this disease could not possibly have been small pox, or my son would not have escaped.

"I may here observe that owing to the care taken of him, the native lad recovered. Many of the natives died, but I think more from neglect and want of care by their own friends than from the effects of the disease.

"I may also say that the natives were about at many stations suffering from the above-mentioned disease, that there were children at many of the stations, and that in no one instance did the infection extend to any of the whites.—I am, &c.,

"H. C. HAWSON,
"Of Burta Darling District, N.S.W.
"Demiliquin, New South Wales, Jan. 27."

"TO THE EDITOR OF THE ARGUS.

"Sir,—While residing at Swan River for twelve years, from 1840, I knew several old natives who were deeply pitted with what we believed to be small pox, which they had suffered from long prior to the settlement of the colony in 1829.

"I remember joining in a discussion on the subject between Governor Hutt and Dr. Harris, the colonial surgeon, when the latter expressed his conviction that the marks had been occasioned by small pox, and thought it might have been introduced by the French towards the end of the last century, or possibly by some whaler.—I am, &c.,

"Ballarat Club, Feb. 1. "AN OLD AUSTRALIAN."

"TO THE EDITOR OF THE ARGUS.

"Sir,—As the existence of small pox on the Murray forty or more years ago, is a question to which a good deal of interest attaches, I must seek your indulgence for insertion in your columns
of some remarks on Mr. Rusden's letter of the 30th ult. on that subject. In it, Mr. Rusden calls in question the veracity of the statement made by me, that both my brother and myself had witnessed a case of small pox amongst the aborigines in about 1841 or 1842, and has proposed to me several questions whereby to test, not the correctness, but the truthfulness of what I have advanced, to which, with your permission, I will now reply. This I should have done some days back, had it not been that I was desirous of obtaining further evidence on the subject. Such evidence I have fortunately been able to obtain from Mr. Elliget, whose letter you will perhaps be good enough to have printed with mine. It requires no comment, except that the country which Mr. Elliget refers to was a portion of my father's run, and the tribe the same amongst which I have seen small pox. Before coming to the point, however, I will take this opportunity of pointing out, as regards the date quoted by Mr. Rusden in his letter of 30th ult., to which in my former letter I drew attention as an error, that I find that I was wrong and Mr. Rusden quite correct. Two dates occurred in the same paragraph of Mr. Rusden's letter, and, writing hurriedly, my eye caught the wrong one, and hence my mistake. Fortunately, however, I merely alluded to his date *en passant*, and it had no particular bearing on the subject of our original difference. On this question of whether Sturt's failure to recognise small pox was sufficient to invalidate the statements made by Mitchell and Eyre to the contrary effect, I have no doubt my arguments have been found by Mr. Rusden to be conclusive, as though he has returned to the general question, he has been discreetly silent on this particular, a circumstance not to be wondered at, as he must perceive, one would think, that the position he originally took up amounted to a declaration, that because Sturt had not seen small pox on the Murray when he was there, that therefore Eyre, Toplin, Mr. Beveridge, and myself, were mistaken when we asserted that we had seen the disease or its traces at subsequent periods. It is also noticeable that Sturt himself, though not on the best of terms with Mitchell, and somewhat given to show up the shortcomings of that officer, never, as far as I can learn, attempted to traverse the adverse statements of the Major and Mr. Eyre in this particular, though he had ample opportunity for doing so.

"To proceed then with the matter in hand, I have asserted in my former letter (though not with the details now given) that in 1841 or 1842, my brother and I, and some of our men, saw on my father's station an aboriginal child suffering in the most unmistakable manner from small pox; that the mother of the child expressed great anxiety about its life—an anxiety which never occurs in cases of the ordinary 'bora,' the only other skin disease which I have noticed amongst the blacks; that the child was brought to my head station, laid in a mia-mia of boughs specially made to exclude the sun from it, and that it remained at the station a day or two at least. As to the ultimate fate of the child I never knew, or have forgotten it. As what Mr. Rusden has written unmistakably calls
in question the bond fides of this statement, and leads to the impression that what I have advanced might be a mere fabrication, designed to sustain an argument, I think it right to remark that about three months back, and consequently long previous to the discussion of this question in your columns, I mentioned in conversation to Mr. Henry F. Gurner, of St. Kilda, the fact of my brother and myself having seen a case of small pox as related, with some other facts connected with the subject. This conversation, Mr. Gurner assures me, he distinctly remembers, and to him I have much pleasure in referring Mr. Rusden.

"Consequent on the assumption that the statement made by me was an untruthful one, Mr. Rusden proceeds to put to me what to his mind are evidently crucial questions concerning it; as whether the medical men of the country were consulted,\(^1\) and whether the fact was reported to Mr. Latrobe,\(^2\) the superintendent, intimating that unless some steps were taken, and that unless I am able to support my assertion with skilled evidence, it must be relegated to a certain class of 'rumours' which he particularises.

"Before answering these questions, I think it desirable to remark that this necessity for medical and skilled evidence does not seem to have suggested itself to Mr. Rusden in the case of Sturt, M'Leay, or Eyre, and yet, as far as I am aware, the unsupported evidence of those gentlemen has not in any point of view, perhaps, any greater claim to reliability than my own. Mitchell's party had a medical assistant attached to it, but Mr. Rusden has no reliance on Mitchell. It may also be noticed that in his letter to you of 23rd January, Mr. Rusden 'deferentially' throws overboard your medical correspondent 'M.D.' who relates that he had seen blacks on the Edwards scarred and blind from small pox; so that, as far as can be seen, so long as statements coincide with Mr. Rusden's views he is not by any means hypercritical concerning their source; that he accords to them a value to which medical testimony must not aspire if it point to conclusions at variance with his own. When such is the case, when witnesses relate inconvenient facts, an accuracy fit suddenly comes over him, and he asks for proofs, which he should know, from the very nature of things, cannot be produced; and, without waiting for a reply, in mock heroics condemns the refractory subject provisionally to the abode of rumours and the 'ivory gate.'

"As regards consulting medical men and reporting to Mr. Latrobe then (as probably occurred in the case of Mr. Hawson and Mr. Elliget), I must frankly admit that I did neither. In extenuation of such an improper course, I may remark that probably the idea never occurred to me, and that if it did it would certainly have been at once dismissed, as only leading to a troublesome and useless step; troublesome, as I had plenty to do in those days in looking after 'my father's flocks,' without, as there were no posts in my neighbourhood, riding 300 miles to see doctors and report to the superintendent; useless, as no practical good could have resulted from such a step, for even your correspondent might know that the blacks in those days, in the locality in question, would have been
no easier to physic or vaccinate than the kangaroo, and would in all probability have lanced any strange doctor who was imprudent enough to approach them with bottle or lancet. As regards the vigour of Mr. Latrobe's Government, to which Mr. Rusden refers, it may not be out of place to remind the gentleman of the utter failure of every measure undertaken by the superintendent with respect to the blacks, and that though money enough was spent on them, his protectorate policy and his endeavours to prevent them being shot down proved alike abortive.

"Should Mr. Rusden be capable of a calm reconsideration of the subject, he will probably discover that almost every assertion made by him has proved incorrect, and that in view of a mass of evidence to the contrary, Sturt's impression and his own dictum, 'that there was evidently no small pox on the Murray some forty or more years ago,' must be held to be alike erroneous. On the subject of our aborigines generally, it may be pointed out that it is common to meet persons who have lived in the bush, and seen the ordinary ways of the blacks, but who know perhaps nothing of any of their languages, and have never inquired into any single circumstance connected with either their history or customs, and who at the same time really believe themselves to be quite authorities concerning our aboriginal race. Of such Mr. Rusden is possibly an instance.

"As regards that gentleman, his rudeness and his crudities, Sir, I shall trouble you no further; he first took up the subject, and, so far as I am concerned, shall be welcome to the last word.

"I may add, in conclusion, that, for some time I have interested myself with the subject under discussion; that several important facts connected with it, which, as far as I know, have not attracted any one's attention, have come to my knowledge; and hope to have the pleasure some day, when I shall have exhausted all sources of information accessible to me, of laying the result of what I have learned before the public. That I did not, when you asked for information concerning small pox, state what little I know about it, must be attributed to my impression that it is decent to endeavour to learn, before one undertakes to coach up the public.

"I am, &c.,

"EDWARD M. CURR."

The following is Mr. Elliget's letter:

"Ballarat, Feb. 2.

"My dear Sir,—I am in receipt of your note of yesterday's date. I have not seen the correspondence in The Argus to which you allude. I don't remember the particular case you refer to—of a child being brought to the head station on the Goulburn suffering from what appeared to be small pox—but I have seen others similarly affected—having eruptions on the face and body similar to what is caused by small pox.

"In the beginning of 1845, when I first went to the Moira, I noticed several of the blacks, whose appearance clearly manifested their having suffered from small pox, or something of a kindred
disease, which left the face deeply pitted with marks similar to those left on Europeans by small pox—a man called Mackenzie, of the Bangarang or Moira tribe, being the most marked of any; in fact, his face was as completely pockpitted as that of any white man I have ever seen. The faces of others in the same tribe bore evidence of having suffered from a similar cause, notably Davy, the chief, another called Lanky, and one named Nosey—all of whose appearances I have a distinct recollection of.

"You are at perfect liberty to make what use you please of any information contained in this note.

"I am, my dear sir, yours very truly,

"EDMUND ELLIGET.

"Edward M. Curr, Chief Inspector of Stock, Melbourne."

"TO THE EDITOR OF THE ARGUS.

"Sir,—I am sorry that my quotation from Virgil has offended Mr. Curr. I was compelled to show that he had made an absolute misstatement about a matter a few days old, while at the same time, he was making assertions about a matter which, as it occurred about 1841, required historical if not scientific accuracy.

"I thought my periphrasis merciful. If I had known that Mr. Curr would have preferred short words, the English language would easily have afforded them. But, as Mr. Curr now says that he was wrong and that I was correct, I need say no more on that subject than that I thought he came from a country where jokes are understood.

"Mr. Elliget's letter, as it stands, adds nothing to our stock of knowledge. Eyre, and many others, saw, before 1845, aborigines of mature age marked by small pox.

"Mr. Curr must acquit me of endeavouring to call in question his good faith in his account of the case he observed.

"Sturt thought he saw leprosy among the blacks. I think he was wrong, but I do not impugn his good faith in making his statement.

"But there is one passage in Mr. Curr's letter in this morning's Argus which deserves a specific answer. It is this:—'On this question of whether Sturt's failure to recognise small pox was sufficient to invalidate the statements made by Mitchell and Eyre to the contrary effect, I have no doubt my arguments have been found by Mr. Rusden to be conclusive, as, though he has returned to the general question, he has been discreetly silent on this particular, a circumstance not to be wondered at, as he must perceive, one would think, that the position he originally took up amounted to a declaration that because Sturt had not seen small-pox on the Murray when he was there, that therefore Eyre, Toplin, Mr. Beveridge, and myself were mistaken when we asserted that we had seen the disease or its traces at subsequent periods.'

"As my first letter spoke of the plague of imported small pox
which raged in New South Wales in 1789, it is unnecessarily confusing to speak of ‘the disease or its traces’ in one sentence, which seems to imply that I threw doubt on the existence of the latter.

“I suppose there was hardly any one in the colony forty years ago who did not see ‘traces’ of the disease, or what were thought to be such. But Mr. Curr cannot be allowed to shelter himself under the wings of Mr. Eyre and others, as if they had in common with him observed ‘the disease.’ Eyre distinctly declared that he never saw a case. Mr. Beveridge’s letter speaks of the scourge as one of former time. I have not seen Mr. Toplin’s evidence, and cannot therefore refer to it.

“As to the first part of Mr. Curr’s sentence, I deny that Eyre in any manner contradicts Sturt in any passage quoted by Mr. Curr or by myself. Eyre says he saw no case. Sturt does not say that he saw one. How are they contrary one to another?

“Sturt saw the aborigines suffering in 1829 from a disease which neither he nor Hamilton Hume, nor any of their companions, thought to be small pox. Mitchell in 1835 ascribed the traces of that disease to small pox, though he said ‘the marks were not larger than pin heads.’ I still decline to prefer Sir T. Mitchell’s guess to Sturt’s personal observation. As to Sturt’s expedition down the Murrumbidgee, I must also prefer his and Sir George Macleay’s personal observation to the guesses of others.

“Sir Thomas Mitchell never said that he saw small-pox among the natives in any of his numerous journeys. I place reliance on Mitchell’s observations, but not on his surmises.

“The distinguished exception is Mr. Curr. He says he saw a case in 1841 or 1842, and as at that period there were many medical men who could be consulted, I asked whether they were consulted, or whether the Government was communicated with.

“Mr. Curr says, ‘I frankly admit I did neither；probably the idea never occurred to me.’ I am answered. The public are, therefore, if they would please Mr. Curr, to accept the position, that in 1841 or 1842 Mr. Curr saw an actual case of small-pox among the natives；that though it was small-pox it never spread amongst the whites or blacks. That it came like a shadow, and so departed, being heard of no more for nearly 40 years. Even the ultimate fate of the patient it appears that Mr. Curr never knew, or has forgotten.

“With no desire to displease Mr. Curr, I, for one, would rather believe that he mistook some other disease for small-pox, than that it was disposed of in such a manner.

“I am the more inclined to do so, because I observe a tendency to mistake in every letter he writes on this subject.

“I wrote (on the 30th ult.)—‘Mr. Latrobe, industrious, intelligent, unsparing of himself, was superintendent of Port Phillip：how is it that the dreaded disease was not reported to him?’

“Into what a pock-pitted shape does Mr. Curr convert my allusion to Mr. Latrobe! He says—‘As regards the vigour of Mr. Latrobe’s government, to which Mr. Rusden refers, it may not be
Small Pox.

Feb.

out of place,' &c. (I have italicised the word which I never used.)

"In language to which I can take no exception, Mr. Curr says that it is common to meet persons who have lived in the bush and seen the ordinary ways of the blacks, who know perhaps nothing of any of their languages, history, customs, &c., and he says that I am possibly one of such persons. It may be so. Many of us are most ignorant of what we are most assured, and we are all frail creatures. I have had fair opportunities of observation, nevertheless, and at the period when Mr. Curr saw the monstrous small-pox which would not spread, and did he knows not what to one black child, he might, if he had been in my company, have heard me conversing in one of the Australian dialects, without the need of English words or of that jargon which it pleases English people to adopt in communicating their own language to strange people.—Yours, &c.,

"Feb. 6. " G. W. RUSDEN.

"P.S.—It is only fair to Mr. Latrobe to say that in March, 1842, he complained seriously to Sir George Gipps of the inefficiency of the protectorate department, and had complained as early as 1840, not much more than a year after the protectors had been selected and sent out by the Secretary of State."

"TO THE EDITOR OF THE ARGUS.

"Sir,—In 1845 I occupied Ganawarra Station, on the Murray. There were several natives there who had marks upon them such as would be left by small-pox. They were chiefly aged persons. They told me that the disease which caused the marks had proved fatal to many. I never knew disease to create similar marks on any of them subsequently.

"There was an old blackfellow whom it was loathsome to look upon—helpless, had large thick patches on his skin, very scaly. Was this leprosy?—I am, &c.,

"Feb. 5. " A. M. CAMPBELL."

"TO THE EDITOR OF THE ARGUS.

"Sir,—In The Argus of Saturday, I learned that a discussion has taken place in your columns on the subject of small-pox among the aborigines of Victoria. Not having read the discussion referred to, I am not in a position to judge of the arguments used to endeavour to prove that the natives of this country have never been afflicted with that terrible disease, but your article of Saturday confirms me in the belief, long entertained, that that scourge of humanity was not unknown to the aborigines.

"I have a distinct recollection of seeing, more than thirty years ago, a native of apparently about thirty-five years of age, with his face literally covered with pock-marks, similar to those I have seen on the face of Europeans.

"In the early days of the colony, three or four of my children were afflicted with the native-pock, and of so virulent a form as to
necessitate medical attendance. The disease, however, passed away, leaving no trace behind, save in one instance, in which there is a mark quite as distinct as, and very similar to, those left by smallpox.

“A VICTORIAN OF 38 YEARS’ STANDING.

“Brighton, February 6.”

REVIEW.

Annual Reports on Diseases of the Chest under the direction of Horace Dobell, M.D., etc. etc. London: Smith, Elder & Co. 1876.

Dr. Dobell’s second volume of his Annual Reports of Diseases of the Chest contains so much that is valuable, that it suggests very strongly the hope of its being only the beginning of a long series of such records. It demonstrates the truth, often enough, and in many other matters made known, that when you begin to look for some things, you often find a great many more of them than you expected to find. We have no doubt that Dr. Dobell himself has been surprised by the large supply of matter which has been furnished to him. At the same time, it is also clear that by a more general co-operation on the part of those who are able to supply the materials for such a note-book, the reports may be made to cover over a much larger area than now they do. But the value of these reports nevertheless, is, by no means, to be measured by their quantity; for many of them are so suggestive, that they cannot help but prompt further inquiry. They will serve, in fact, as texts upon which to dilate, and as incentives to carry out investigations in particular departments of chest lesions, which may not as yet have been sufficiently explored.

A great recommendation of Dr. Dobell’s Reports is their readable character. They have all that compact, well-arranged look which infers a good method of putting them together. As you read, you are struck with their pointedness, as if, by some ingenious process of condensation, they had been divested of all superfluousness, only that which is essentially interesting being retained, so that whether you read through the book consecutively, or dip into any part of it par hasard, you are equally gratified.

Both therefore to those who make chest diseases a dominant study, and to the general practitioner, this volume will be found full of value. It will inspire emulation, by showing how steady is the progress in widely distant parts of the world, of this particular current in pathological study, and it must, eventually, have this excellent practical result, of more exactly determining the principles of treatment, which, after all, is the most directly useful branch of medicine. We can only hope therefore, that the commercial success of this publication will be such as not to deter its projector from going on with it, so that all its possible usefulness may be compassed, and its issue become permanent.
Correspondence.

Correspondence.

PITURI.

To the Editor of The Australian Medical Journal.

Sir,—Some weeks ago I was asked by our last president about the origin of the Pituri, a stimulant said to be of marvellous power, and known to be in use by the aborigines of Central Australia. It so happened that after years of efforts to get a specimen of the plant, I at last, this week, obtained leaves, and although I have seen neither flowers nor fruits, and although these leaves are very similar to those of various otherwise widely disallied plants, I can almost with certainty, after due microscopic examination, pronounce those of the Pituri as derived from my Duboisia Hopwoodii, described in 1861, (Fragm. Phytogr. Austr. II., 138). This bush extends from the Darling River and Barcoo to West Australia, through desert scrubs, but is of exceedingly sparse occurrence anywhere. In fixing the origin of the Pituri, now a wide field for further inquiry is opened up, inasmuch as a second species of Duboisia (D. myoporoides R. Br.) extends in forest-land from near Sydney to near Cape York, and is traced also to New Caledonia, and lately by me also to New Guinea. In all probability this D. myoporoides shares the properties of D. Hopwoodii, as I now find that both have the same burning acrid taste. Though the first known species is so near to us, we never suspected any such extraordinary properties in it, as are now established for the later discovered species. Moreover the numerous species of the allied genus Anthocercis, extending over the greater part of the Australian continent and to Tasmania, should now also be tested, and further the many likewise cognate Schwenkeas of South America should be drawn into the same cyclus of research, nothing whatever of the properties of any of these plants being known. The natives of Central Australia chew the leaves of Duboisia Hopwoodii, just like the Peruvians and Chilians masticate the leaves of the Coca (Erythroxylon Coca), to invigorate themselves during their long foot journeys through the deserts. I am not certain, whether the aborigines of all districts in which the Pituri grows are really aware of its stimulating power. Those living near the Barcoo travel many days' journeys to obtain this, to them, precious foliage, which is carried always about by them broken into small fragments and tied up in little bags. It is not improbable that a new and perhaps important medicinal plant is thus gained. The blacks use the Duboisia to excite their courage in warfare; a large dose infuriates them.

Regardfully yours,

February 15, 1877.

FERD. VON MUELLER.

Since this letter was written, some experiments have been commenced by Dr. Bancroft in Brisbane, and by Mr. Rudall and Baron von Mueller in Melbourne, in reference to the medicinal properties of some of the plants closely allied to the Pituri. Dr. Bancroft will
doubtless publish his observations in due time. As anticipated, he found the action of *Duboisia myoporoides* not dissimilar to that of the Pituri (*Duboisia Hopwoodii*), with this particular difference, that the former dilates the pupil far more extensively, the dilatation, when experimented on a cat, lasting two days, the quantity applied containing the strength of one grain of the herb. Previously Mr. Rudall and Baron von Mueller had noticed the same effect, when in their experiments operating with the fluid of *Anthocercis viscosa*.

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**LOCAL TOPICS.**

The following name was added to the Register at the meeting of the Medical Board of Victoria, on the 2nd February: William Langston, Melbourne, M.R.C.S. Eng. 1858.

The following appointments were gazetted on the 26th February: Dr. Dick to be acting medical superintendent of the Kew Lunatic Asylum, from 1st of March 1877, during Dr. A. Robertson’s leave of absence; Dr. W. L. Watkins to be acting medical superintendent of the Beechworth Lunatic Asylum, from 1st March 1877, during Dr. A. Robertson’s leave of absence; Dr. J. G. Fishbourne to be acting resident medical officer at Kew Lunatic Asylum, from 1st March 1877, during Dr. A. Robertson’s leave of absence; Dr. F. P. Deshon, to be resident medical officer at Yarra Bend Lunatic Asylum, from 1st January 1877; Dr. A. Muaro, to be resident medical officer at Beechworth Lunatic Asylum, *vice* Dr. Deshon, transferred; Dr. J. A. Kennison, to be acting resident medical officer at Ararat Lunatic Asylum, *vice* Dr. Fishbourne, transferred.

Vaccinators have been appointed as follows: Dr. G. F. Davidson for the district of Tarra Villa; Dr. W. F. Sweetnam for the district of Mortlake, *vice* Dr. Hinchcliff, deceased; Mr. G. Henry for the district of Kyneton, *vice* Mr. Geary, on leave.

Officers of Health: Mr. H. F. McGrath for the town of Richmond; Mr. P. J. MacNamara for the borough of Belfast; Dr. W. E. L. Hearn for the borough of Inglewood; Mr. W. Scott (acting) for the Port Phillip, *vice* Dr. Barker, relieved; Mr. W. Langston (assistant) for the district of Williamstown.

Coroner: Mr. George Langford, M.R.C.S. Eng., for the district of Kyneton.

Dr. Hunter has been appointed resident medical officer of the Children’s Hospital, in the place of Mr. W. R. Stewart, resigned.

At a meeting of the Executive Council the following gentlemen were appointed the Pharmacy Board of Victoria, viz:—Messrs. Bosisto, M.P., president; C. R. Blackett, H. Brind, G. E. Green, J. Holdsworth, W. Johnson, and Geo. Lewis.

The Microscopical Society of Victoria held their ordinary monthly meeting on Feb. 22, at the Morgue; the president, Mr. T. S. Ralph in the chair. Mr. Ralph read a paper, in which he demonstrated the presence of iron in vegetable tissues by means of prussic acid. Mounted specimens of spicules of Alcyonium, Gorgonia, and sponges received from Dr. Sturt, of Palmerston, were exhibited by Mr. F. Barnard.
Robert Henry Cowl the Footscray Chemist who used atropine instead of salicine, by which a married woman named Harriet Thompson lost her life, was tried at the Supreme Court on February 20th and acquitted, the jury adding through their foreman, "We blame the Doctor, (Mr. Cobb) most terribly, for not keeping the powders."

The Lascar sailors who were placed in quarantine on the arrival of the R.M.S. China, from Sydney, were discharged on the 31st January and brought on to Melbourne by the steamer Williams.

At Ballarat, on Feb. 6, before the Chief Justice, William Griffiths, L.S.A. Lond. was charged with having, on the 15th October last, caused the death of Mary Callanan. The charge against the prisoner was based on want of skill exhibited during an accouchement operation, which, according to the prosecution, brought on peritonitis, which resulted in death. The prisoner had brought in the aid of a pair of scissors and an inch and a half auger, and failed with these; and it was then that Dr. Sparling was sent for, and delivered the woman of a living child. Besides the evidence of the woman's husband, Mrs. Hooley, the nurse, and another woman who was present. Dr. Sparling deposed to the condition in which he found the woman, and from what he then saw and what was revealed by the post-mortem examination, he had no doubt that peritonitis was the direct result of the injuries inflicted during the operation. Mr. Bunce, who made the post-mortem examination, gave similar testimony. For the defence evidence was given by Dr. Marr, of Ballan, that there was pelvic malformation, and that at any time delivery of a male child would be difficult. His opinion was that craniotomy was necessary, and he had attended the woman at a previous accouchement. He denied the medical opinion for the Crown that the wounds said to have caused peritonitis in the deceased woman could have so caused it. Dr. Kerr's evidence for the prisoner was also taken, going to show that peritonitis—said to be the cause of death—might have resulted from protracted labour independently of any wounds to the peritoneum. Messrs. Hallett and Nicholson were also called for the defence, his Honour charged the jury at length, strongly condemnatory of the prisoner, yet urging the jury to a most careful consideration of the points of the case which might affect future issues in a profession keenly interested. He highly complimented Dr. Sparling in his charge to the jury, remarking that by the clearness of his evidence he had rendered less difficult in a great degree the duties of his Honour in placing the medical evidence before the jury. The jury, after an hour's deliberation, brought in a verdict of guilty, and the prisoner was sentenced to six months' imprisonment in Ballarat Gaol.

Tack Sin, the Chinese doctor, who was summoned on the 20th Feb. for practising without a diploma at Coleraine, was fined 20s. with costs.

The following appeared in the Age of February 15: (From our own correspondent.) Geelong, February 14. An awfully sudden death occurred in O'Connell-street, Geelong West, this afternoon. Dr. W. E. Crook, well-known in the town, was visiting a patient, and after leaving the house he got into his buggy to proceed on his rounds. He had no sooner seated himself than he fell forward on to the splashboard as if in a fit, and instantly expired. The gentleman who was in the buggy with him, together with a number of persons who witnessed the occurrence, did all in their power to bring him round before medical aid arrived. On Dr. Pincott viewing the body he pronounced life to be extinct, and said he must have died
instantaneously. A coroner's inquest was held a few hours afterwards, and a verdict to the effect that sanguineous apoplexy was the cause of death was returned. The deceased was fifty-nine years of age, and from the evidence given at the inquest appears to have been subject to fits since he received a sunstroke some years ago. He had an extensive practice in the town, and was generally respected. Family troubles have preyed on his mind considerably of late, and at times he was very desponding.

An inquest was held at the Melbourne Hospital on the 17th February, on the body of a man killed by lightning. Dr. Heffernan's account of the autopsy was as follows:—"On removing the scalp I found a clot of blood about an inch square over the right forehead. On the front of the right hemisphere of the brain beneath the membrane, and corresponding to the bruise on the forehead, there was a thin layer of semi-fluid blood over an area of 2½ inches. The brain substance was normal. There was a diamond-shaped fracture of the right orbital plate of the frontal bone, but not opposite the external bruise or internal area of blood. The right side of the heart was full of dark liquid blood, and the left side was contracted. All the internal organs were healthy."

The Castlemaine Representative of the 31st January, had the following:—"The annual meeting of the contributors to the Sandhurst Hospital was held last night, and judging from the six columns of report in the Independent, a very noisy, unmanageable meeting it was. There was evidently less desire for the welfare of the institution than strong partisanship for Miss Laland on the one hand and Dr. Hinchcliff on the other. Personalities of the most outrageous character were indulged in, and the most intrusive impertinences into the private affairs of Miss Laland permitted. Eventually, when everyone was exhausted and hoarse with talking, a most lame and impotent conclusion was arrived at—for the whole of the committee was re-elected, the report received and adopted, and everything remains in statu quo."

The claims of an up-country hospital were lately thus urged at an entertainment given for its benefit:

Your institution stands upon the Jolly Creek,
Where medical assistance is given to all who it may seek.
No matter what their country may happen for to be,
If pills and ointment they require, they do receive them free.
Here you'll see the aboriginal, the Chinaman, the Jew,
The Yankee, and the nigger, and English, Irish too,
All on their individual beds, and a swallerin' of their pills,
Their balsams and their boluses, to circumvent some mortal ills.
A noble institution; but you know the Government grant
Must be supplemented with local subscriptions; so its your money that we want.
Suppose that you are riding thr' the bush upon a horse,
You come bump upon a stump, and you're pitched to the ground with sudden force;
Your bones most likely sadly bruised, to the hospital you are conveyed
On a stretcher, and there you're treated most salubriously until a cure is made.
So working men—ye miners, we want your aid, of course,
For you don't know the actual moment you'll tumble from the back of your horse;
For you do be going a nobblerising, and a mixing of brandy with your beer,
And when you mount your weariest steeds, your brains are not very clear.
Then, should your legs be aching from a disruptionary fall,
How consolatory the reflection—Ah! I subscribed to the hospital!
BIRTHS.

TEAGUE.—On the 19th February, at Collins-street east, the wife of Geo. T. Teague, M.B., of a son.

JAMIESON.—On the 29th January, at Warrnambool, the wife of James Jamieson, M.D., of a son.

MARRIAGE.


DEATH.

 ATKINSON.—On the 3rd February, at Sandhurst, the wife of Harry Leigh Atkinson, M.D.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Geo. E. Ranney, Mr. Penfold, The Librarian of the British Museum, Baron von Mueller.

The following publications have been received: The Lancet for Nov. 18, 25, Dec. 2, 9; The Students' Journal for Nov. 18, Dec. 2; The Anglo-Indian Commercial Advertiser for Nov. 30; The Canada Medical and Surgical Journal for December; Remarks on the Treatment of Infantile Congenital Club-foot; Legislation and Contagious Diseases, by J. Marion Sims, M.D.; Achievements in Medicine, by George E. Ranney, M.D.; The Disposal of Human Excreta, by H. O. Hitchcock, M.D.; Second and Third Annual Reports of the Secretary of State of the State of Michigan, relating to Births, Marriages, and Deaths; Transactions of the State Medical Society of Michigan for 1871, 1873, 1874, 1875, 1876; The Medical Register of Victoria for 1877; The Annual Report for 1876 of the Melbourne Retreat for the Cure of Inebriates; Report of the Ballarat Hospital for 1876; The British Medical Journal for Nov. 18, 25, Dec. 2, 9; The Medical Press and Circular for Dec. 6, 13, 22, 29; The New York Medical Record for Dec. 9, 16, 23; The Pacific Medical and Surgical Journal for December; The New York Medical Journal for December.
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