Victorian Branch of the British Medical Association on the completion of my 81st year. I cannot adequately express the pleasure and grateful feelings which such kind manifestation of distant fellow-members of the medical profession occasioned. Having entered on the 20th instant on my 82nd year, I might indulge in the repose to which you benevolently allude; but the kind which I enjoy, and by which I am refreshed, is study and comparison of new or non-descript evidences of species, which have passed away; and a paper on an extinct marsupial from the Wellington Bone Caves, had been sent to our Geological Society the week before I was favoured by the encouraging evidence of approval by your Association which your valued letter expressed.

"Were anything wanting to encourage an exercise of faculties, which are still vouchsafed to me in useful degree, it would be the evidence of esteem and confidence entertained by distant and personally unknown friends such as your valued letter manifests.

"Believe me, and assure your Association, that I am,

"Faithfully and gratefully yours,

"Richard Owen.

"James Edward Neild, M.D."

The following paper was then read for the author:

ON THE REMOVAL OF HYDATID CYSTS BY ABDOMINAL SECTION.

By W. P. Whitcombe, M.R.C.S. Eng., Ballarat.

The great frequency of hydatid disease in this country, and the successful removal of so many various kinds of tumour of late from the cavity of the abdomen, led me to think that large mobile hydatid tumours, when proved to be multiple or to contain second generations of cysts, might fairly be attacked in a similar way when other means of relief failed, and I determined to make the attempt on the first opportunity. The case recorded below came under my observation in the Ballarat Hospital, and though it was most unpromising, I determined to cut down and remove the cysts, as the patient was anxious to submit to anything on the chance of obtaining relief. The danger of the proceeding was duly explained to the patient.

Although, through the difficulties met with in the operation, nothing but a fatal result could be hoped for, yet the facility with which the first tumour was reached, and the only one removed *in toto* was emptied, the pedicle ligatured, and the mass cut away,

leads me to the opinion that there are many cases in which operative procedure of this kind is very likely to prove beneficial, and I should not hesitate to adopt it again. The difficulties met with so prolonged the operation, and the patient was so plainly sinking, that I considered it best to close the wound, as no hæmorrhage was going on, rather than waste more time in endeavouring to deal with the emptied cysts. I cannot help thinking that the loose portions of these might with safety have been cut away without any ligaturing, leaving only such parts of them as were absolutely in contact with the organs to which they were attached. I shall take the first opportunity of settling this point in my own mind in the post-mortem room. Probably the great difficulty to be expected in operations of this kind will be in dealing with those cysts which are in no way pediculated, and which therefore cannot be ligatured. I think cutting away as much as possible, without ligature, and then securing the remaining loose portion in the wound, will be found to answer.

I am indebted to Dr. Morrison for the notes of the case, and to my *confrères* Drs. Radcliff, Ochiltree, Woinarski, and Pinnock, for their assistance during the operation.

The following is the case :

P. H., æt. 51, was admitted on the 22nd May, 1885, with great enlargement of the abdomen.

Patient enjoyed unusually robust health until ten years ago. At that date a swelling appeared in the left side, below the ribs. From the time of its appearance he was unable to retain any food in the stomach, and suffered from very severe pain in the epigastrium. The pain was always relieved by the ejection of the contents of the stomach, and continued for several months. During the whole of this time the patient suffered from gravel. The swelling did not increase in size, and gave little or no inconvenience after the cessation of the gastric disturbance.

Eighteen months ago a tumour appeared in the right hypochondrium. Its growth was slow and painless. After a year's interval a third tumour made its appearance in the lower part of the abdomen, below the umbilicus. From this date the size of the abdomen gradually increased, and it was with difficulty that the patient could stoop, or engage in any work. He gradually emaciated.

On admission, the abdomen was found to be greatly distended; and careful manipulation detected round separate tumours, varying

from the size of an egg to that of a fœtus' head. The lungs were compressed, and the heart pushed greatly to the left side; the apex beat was felt almost in the axilla. The nature of the tumours, and the sense of fluctuation easily produced, made the diagnosis comparatively simple.

Two days after admission Mr. Whitcombe aspirated the largest of the tumours, that situated in the hypogastrium, and got only a few drops of clear fluid. On moving the point of the canula about, it was found that a large cyst had been punctured. After an interval of two days, a second tapping was made. On this occasion the tumour in the left hypochondrium was pierced, and about twelve ounces of hydatid fluid drawn off. A third attempt was made seven days later in the right hypochondrium, and only a few drops flowed from the canula. In this instance one could feel numerous daughter-cysts, on moving the point of the instrument. The patient was becoming weaker, and emaciating so fast, that, after consultation with the staff, it was determined to perform abdominal section.

On the 7th June the operation was performed by Mr. Whitcombe, under strict antiseptic precautions. An incision was made in the linea alba, from above the pubes to the umbilicus, the peritoneum carefully opened, and the intestines gently pushed aside. This brought at once into view the large tumour before noted. A trocar was inserted, and the cyst emptied. It may be here mentioned that this was the cyst unsuccessfully tapped first. This cyst had a distinct pedicle, which was ligatured with kangaroo tendon, and the cyst removed. Numerous small cysts were next found, and removed. The difficulty experienced in reaching the large cysts in the right and left hydochondrium necessitated an enlargement of the incision. After doing this, the cyst in the left hypochondrium was seized with vulsellum forceps, opened, and cleaned out. It was this cyst from which twelve ounces of fluid were removed. The walls had begun to degenerate, and to them a weak solution of $ZnCl_2$ was applied. The right cyst was next opened; it was filled with daughter-cysts, some of which were about the size of a small orange, and contained a third generation in their interior. These were carefully removed. On introducing the hand, the cyst was found to be firmly attached posteriorly in the neighbourhood of the right kidney. Numerous other cysts in the great omentum were similarly treated. A large drainage tube was inserted into the abdominal cavity, and the whole washed out

with a weak solution of carbolic acid in warm water. The abdominal walls were brought carefully into apposition, antiseptic dressings applied, and a large flannel roller put over all. The operation lasted an hour and a half, and was fairly well borne by the patient; only one vessel required to be ligatured.

The patient was placed in a warm bed, and surrounded by hot bottles. An injection of ether was given, and a one-grain morphia suppository. The temperature in the mouth at the end of the operation was 99°, but the pulse was very weak. Brandy in small doses was administered at short intervals. The patient rallied sufficiently to answer questions, but sank in the evening, and died nine hours after the operation.

At the autopsy next day, Dr. Morrison found that the cyst in the hypogastrium had been firmly adherent to the posterior wall of the bladder. The cyst in the left hypochondrium grew from the cardiac end of the stomach posteriorly. It is interesting to note that this was the first swelling observed by the patient, and it was on its appearance that severe gastric symptoms manifested themselves. The liver was pushed completely to the left side by the cyst in the right hypochondrium. This was attached to a second cyst, growing from the peritoneal covering of the right kidney, and firmly adherent to it. The spleen was greatly enlarged, and to its posterior wall a cyst about the size of a large orange was firmly attached. Numerous small cysts in various situations were found. The lungs, heart, and left kidney were healthy. The small cysts removed from the parent cysts at the operation filled a three-gallon, and those at the autopsy a two-gallon jar.

In the discussion which followed:

The President desired some explanation of the connection stated to have existed between the cyst and the bladder. He mentioned a case of hydatid of the liver, which had been beneficially treated by evacuation, and by afterwards regularly drawing off the pus which formed afterwards. In this way the febrile symptoms were kept down, and the patient's life prolonged for nine months.

Dr. Springthorpe said there had been several abdominal sections for hydatid cysts at the Alfred Hospital, and also at the Lying-in Hospital. Mr. Cooke, of Prahran, had also resorted to this mode of treatment. In one case within his own experience the contents of the cyst had passed into the bowel and been discharged.

Dr. Simmons said that in Sale, five years ago, the section treatment had been resorted to. He thought the drawing off of the fluid might cause the death of other cysts. He had observed that patients would take large quantities of stimulants under these circumstances. He mentioned a case of hydatid of the lung, in which the quantity of fluid expectorated was very great during many days.

The next paper read was :

SOME POINTS OF INTEREST IN THE LATE EPIDEMIC.

By J. W. Springthorpe, M.A., M.D. Melb., M.R.C.P. Lond.

It seems to me very desirable that some careful and accurate account of the epidemic of influenza, which for the past few months has been giving such a shock to the general health of a large portion of Australasia, should be placed upon record for purposes of future comparison, if not of present discovery. To that end, I have been at some pains writing to numerous medical observers in this and adjoining colonies, asking from them reliable statistics as to the date of appearance of the influenza, the climatic influences at work, and the special features of the outbreak. A certain number of replies have already been obtained, and many others are still to come. But in the mean time I have thought it well to bring the matter under the notice of this branch of the British Medical Association, in the hope that it may be deemed of sufficient importance to supplement the information already gained, by the appointment of a small Collective Investigation Committee, whose duty it would be to draw up a worthy report upon the whole outbreak. For surely it is time that Australian medicine bestirs itself somewhat to secure a creditable position in the records of our cosmopolitan science; and in the present instance it can scarcely be denied that we have something worthy of exact scientific description. This paper, therefore, aims at being nothing more than an introduction to a more searching and extended investigation.

At the outset, there is scarcely any need, I should think, to designate the late outbreak as anything more than an influenza of great severity, and presenting occasional special features. The account given of the epidemic of influenza in London in 1847, by the writer of the article in "Quain's Dictionary of Medicine," will be found, by anyone reading it, to be an exact reproduction of