typus humanus. The relation of tuberculosis of the bronchial glands to tuberculosis of the lungs: probable that the primary lesion is a small ulcer in a bronchus or bronchiole; this gives rise to the secondary lesion, tuberculosis of bronchial glands, which later may in turn cause a tertiary lesion in the lung; this last event occurs either by (1) direct spreading of the disease to the parenchyma of the lung, hilus disease; or by (2) infection of the circulation, haemogenous tuberculosis, the bacilli reaching the blood stream either by permeating the gland and passing through lymph vessels into veins, as in the case of surgical tuberculosis, or by the ulceration of a caseous gland into a vein when the infection is usually massive and acute, general, miliary tuberculosis results; or by (3) infection of the bronchus into which a caseous gland has ulcerated causing aerogenous pulmonary tuberculosis similar to the primary aerogenous pulmonary tuberculosis where the lung is infected directly from the exterior and not by this complex process.

Lantern Slides of Various Methods of Open Ethyl Chloride, Semi-open Somnoform, and Open Ethyl Chloride followed by Open Ether Anaesthesia.

By R. H. Hornabrook, Melb.

(1) Four slides of the method used at the Victorian Eye and Ear Hospital for removal of tonsils and adenoids.

(2) Two slides of the method used for major operations at Women's Hospital, Melbourne.

(3) Two slides open ethyl chloride anaesthesia, Melbourne Dental Hospital.

(4) Three slides semi-open somnoform anaesthesia, Melbourne Dental Hospital.

(5) Three slides open ethyl chloride analgesia for drilling teeth, etc., nasal method, Melbourne Dental Hospital.

(6) Four slides, open ethyl chloride analgesia, nasal method, Melbourne Hospital.

"Angioneurotic Œdema."

By W. C. W. McDowell, M.D. (Edin.).

Definition; general description of the two groups of isolated and family cases; symptomatology according to dermal, laryngolical and visceral localisation. Etiology: (a) peculiarity of nervous temperament, (b) great importance of heredity in family cases as demonstrated by genealogical tables. Complications with allied morbid conditions. Prognosis: (a) good in isolated cases, (b) grave in family cases. Diagnosis, with special reference to urticaria, therapeutics, pathology.

"Some Clinical Observations upon the Frequency and Apparent Significance of the Presence of Abundant Calcium Oxalate Crystals in the Urine."

By Dr. C. B. Blackburn.

The writer bases his paper upon an analysis of the case notes of all those patients seen during the years 1911-1913 in whom urine calcium oxalate crystals were found in large numbers. He reports two unusual cases, ending fatally, in which there was a marked and persistent increase in the number of red cells:

(1) A previously very healthy man who developed rapidly progressive symptoms of polymegositis, sclerodermia and Raynaud's disease with a blood count in which the red cells numbered between 6,000,000 and 7,000,000, and remained so till his death a few months later.

(2) A previously healthy woman who developed progressive peripheral neuritis with especial involvement of the trophic nerves. All the ordinary causes of peripheral neuritis could be excluded, but there was persistent enlargement of the spleen and liver and a blood-count in which the red cells numbered between 6,000,000 and 7,000,000 and remained so till her death.

SECTION OF SURGERY.

"Collateralisation of Circulation."

By Basil Kilvington.

This paper is based on experimental work on animals. The writer shows that it is possible to successfully ligature the abdominal aorta in dogs provided they be done in stages. He also shows how collateral circulation aids in producing the results obtained, often decapsulation of the kidney in some forms of nephritis. The collateral circulation in this latter case comes from the lumbar vessels and their branches.

"Treatment of Hydatid Disease."

By L. E. Barnett, Dunedin.

Reference to transactions of previous Australasian Congresses.

Prophylaxis.—Statistics of hydatid disease in man and animals; methods of prevention; public instruction per medium of the newspaper, the school journal, placards on railway stations and other much-frequented places, leaflets, exhibits at agricultural and pastoral shows, better control of dogs, vermifuge remedies for sheep dogs, etc.; human cases lessening as a result of knowledge that drinking unfiltered or unboiled water is dangerous. Cases in stock animals showing little or no diminution because the practice of throwing raw offal to dogs is still common.

Operative Treatment.—Aspiration or tapping—is it ever worth while? Dangers; technique; illustrative cases:

2. Incision and drainage (Lindemann's operation and modifications); evacuation of contents; marsupialisation; capitonnage (Delbet); temporary drainage.

3. Incision and closure without drainage (methods of Thornton, Bond, Billroth, Posadas, Deve, and modifications). Indications and contra-indications; advantages and disadvantages; causes of failure; technique.

4. Excision of cyst with pericyst; pedunculated cysts of omentum, edge of liver, etc.

5. Excision of the cyst-bearing organ, e.g., spleen and kidney.

6. Burrowing exogenous; ruptured and other complicated cases.

Special Points for Discussion.—1. Method of preventing post-operative recurrence due to implantation of daughter cysts or scolices.

2. Suture of the incision in the pericyst; reduction without suture.

3. Anchoring the suture line of pericyst to abdominal or thoracic wall when operating on liver or lung hydatids.

4. Contra indications to the no-drain operation—e.g., suspected sepsis (origin and degree of sepsis); cholerrhagia; haemorrhage; incomplete evacuation (multivesicular cysts).

5. Spontaneous cure versus operation in lung hydatids; cysts difficult of access; cysts partly evacuated by rupture into a bronchus; cysts of both lungs, etc.

Illustrative cases.

"The Surgery of Dyspepsia."

By James T. Mitchell, M.D., M.R.C.S., Ballarat.

An ever-increasingly large number of cases of dyspepsia are found to be due to causes that cannot be cured and, possibly, cannot be relieved even temporarily, by medical or dietetic methods. These come into the hands of the surgeon sooner or later, and an earnest endeavour should be made to determine at what point it is wise to abandon medical treatment and resort to surgical procedure. In many cases, dyspepsia is the only notable evidence of the disease for a long period, and much suffering is endured by the patient before an accurate diagnosis is made and the assistance of the surgeon called for. In this paper these widely diverse cases are grouped together in order to keep our minds alert to the variety of causes of failure to digest foodstuffs readily and successfully.

The causes are divided into those within the stomach itself, and those more or less remote from that organ. Into the first group there naturally fall pyloric obstruction, dilatation of the stomach, gastroptosis, ulceration of the stomach and malignant growths in its walls. In the second group are placed oral sepsis, ulcer of the duodenum, gallstones, perigastric and other abdominal adhesions, chronic appendicitis, floating kidney, tuberculous peritonitis, hydatids of the diaphragm, abdominal walls and viscera, and uterine and ovarian tumours and displacements.

These are considered seriatim, and the various surgical procedures suggested which, in the opinion of the writer, have proved the most efficatious. An attempt has been made to indicate the time beyond which it is inadvisable to wait for surgical aid.

In dilatation of the stomach, pleating of the wall is advocated, while in ulceration, and in pyloric obstruction, of whatever form, short-circuiting, by means of a posterior gastro-jejunostomy, is held to be the most efficient method of relief. In malignant growths, partial or complete gastrectomy, if possible, offers the only hope of comfort. Gallstones call for early removal, even to the extent of removal of the gall-bladder with them, should that viscus have ceased to perform its functions. Oral sepsis, when due to dental caries, is handed over to the dentist, while pyorrhoea alveolaris may be dealt with by mouth washes, ionisation, or autogenous vaccines, although its treatment is often most disappointing in its results. Chronic appendicitis and adhesions, either before operation or after, offer a series of problems and tax the resources of the surgeon. Hydatid and other tumours in the abdominal cavity have to be removed. Tuberculous peritonitis has no other treatment that gives so great relief as does a simple laparotomy. Floating kidney is more successfully treated by lumbar nephropexy than by any kind of belt. Uterine displacements are dealt with by correction, either operative or by appropriate pessary supports.

SECTION OF OBSTETRICS AND GYNAECOLOGY.

"Modern Gynaecological Methods Based upon Study of 3,000 Consecutive Cases."

By Wm. T. Chenhall, M.D., B.S., F.R.C.S.E.

(1) Introduction.
(2) Treatment.
  (a) Non-operative:—Psychical, physical, dietetic, hygienic, electrical.
  (b) Operative:—Extra-abdominal, intra-abdominal, intra-pelvic.

"Pelvic Exudation."

By G. W. Cuscaden.

(1) Causation: Various forms of infection.
(2) Mode of spread, affecting
(3) (a) The form of the exudate; (b) The development.
(4) Physical signs and symptoms.
(5) Diagnosis (sources of confusion to be especially dealt with).
(6) Prognosis: (a) Expectant.
(7) Treatment: (b) Operation.
(8) Pathology and morbid anatomy.

"Looping the Cardinal Ligaments."

By Arthur J. Nyulasy, M.R.C.S. (Eng.).

(1) The uncertainty of opinion as to the supports of the uterus.
(2) The cardinal ligaments:
  (a) Their importance as a uterine support;
  (b) Their anatomy.
(3) Propositions:
  (a) The primary supports of the uterus are its ligaments, the cardinal ligaments being the main element holding the organ at a more or less definite level in the pelvis.
  (b) The secondary support is the pelvic diaphragm, which prevents straining of the ligaments by intra-abdominal pressure.
(4) An intra-abdominal operation of looping the cardinal ligaments in uterine prolapse.

Illustrative cases.

SECTION OF PSYCHOLOGICAL MEDICINE AND NEUROLOGY.

"The Census of Feeble-minded in Victoria and its Results."

By J. Sandison Yule, M.A., M.D., B.S., F.R.C.S.E.

(1) Introduction: The problem of the feeble-minded; attempts at solution elsewhere; attempts in Australia; inception of the present census.
(2) The census in operation: Its scope, objects, results, lessons.
(3) Future Progress: What is being done: what is to be done; what is not to be done.

THE LODGES AND N.S.W. BRANCH.

An extraordinary meeting of the Branch was held at the B.M.A. Building, Elizabeth-street, Sydney, on 5th December, 1913. Dr. Sydney Jamieson (President) in the chair. The hall was crowded to overflowing, and it was pleasing to note that several representatives of the country districts were present.

The Acting Hon. Secretary pointed out that the essential part of the scheme was an Interim Provident Medical List for attachment to the Common Form of Agreement, vide Schedule A. In addition to this a circular to the members was proposed, vide Schedule B, together with a notice for use in the waiting room of the doctors concerned, vide Schedule C. The Acting Hon. Secretary moved—"That this meeting approves of the Council's scheme of Interim Provident Medical Lists."

An animated discussion ensued, the general tenor of which was to the effect that such a scheme would give the friendly societies breathing time. Others were of opinion that an extension of the Sydney and Suburban Provident Medical Association would meet the case, whilst others again favoured taking the providing of medical attendance and medicine out of the hands of the friendly societies altogether.

The Acting Hon. Secretary replied, and the motion was lost by a majority of 2 to 1.

Schedule A.

As considered at an extraordinary meeting of the Branch, 5th December, 1913.

Interim Provident Medical List.

(For attachment by the gummed margin to the last page of the Common Form of Agreement, a copy of which has already been supplied to you.)

Dr.,—We, the undersigned Subscribers, request that you will provide for us medical attendance (with or without medicine) on the terms and conditions of the Common Form of Agreement hereto attached, a duplicate of which is lodged with the New South Wales Branch, British Medical Association.

Signature of Subscriber.	Address of Subscriber.	Name of Lodge of which Subscriber is a Member.

Schedule B.

As considered at an extraordinary meeting of the Branch, 5th December, 1913.

British Medical Association,
(N.S.W. Branch.),
B.M.A. Buildings,
30-34 Elizabeth St., Sydney.
4th December, 1913.

To the Members,—

Memorandum for Instruction of Members in connection with "Interim Provident Medical Lists."

The Council wishes to draw your attention to the fol-