

with the result, that, for the last six weeks, no calculi have been passed. As fine sandy material is still, however, largely present, accompanied by great heat of urine, and consequent local irritation, I should be glad of any suggestions as to what might relieve these symptoms more completely than I have yet been able to do. The dose of potass. bicarb. is now forty grains every four hours. Her general health is excellent, and she moves about within her own house and grounds.

Viewing the stone-forming tendency now evinced by the patient, I feel glad that urethral dilatation was resorted to in the first instance, as, had the lithotrite been used, or any vesico-vaginal operation performed, three months subsequently, I should have been in much the same position as when I first saw the case.

The PRESIDENT remarked that in cases requiring dilatation of the female urethra he had found Weiss's dilator preferable to the finger.

Dr. Allen then exhibited specimens of hydatids of the heart, lungs, and spleen, and Dr. R. Stirling read the following account of the case :

A CASE OF HYDATIDS OF THE HEART, LUNGS, AND SPLEEN.

(Under the care of Mr. W. G. HOWITT.)

G. G., æt. 47, carpenter, married, living at Horsham, was admitted into the Melbourne Hospital June 10th, 1879. He dates the commencement of his illness nine years back, when he noticed a swelling in the left side of the stomach, which was unattended with pain. The swelling rapidly increasing in size, he obtained admission to the Hamilton Hospital, and in a few weeks he was sufficiently relieved to return home. During the next four years he enjoyed fair health, and was able to do a little work, but after a chill, when heated, he spat up some blood for the first time, the hæmoptysis lasting, off and on, about twelve months, and unaccompanied by cough. In November, 1875, he was greatly alarmed by the appearance in the sputa of several pieces of membrane, resembling, to use his own words, "bits of rag worn round a cut finger," each expectoration of this material being preceded by an attack of shivering and violent coughing.

For a period of fourteen months subsequently, he again appears to have had a remission of the symptoms, and his health improved.

Two years ago the cough and hæmoptysis returned, and up to the present time he has never passed a single day without paroxysms of coughing, followed by the expectoration of blood-stained sputa. He weighs sixteen pounds lighter than he did nine years ago, when in robust health. Has frequently eaten underdone meat. There is no family history of phthisis.

On admission, his appearance resembles that of a phthisical person, the face having a worn and anxious expression, with a circumscribed flush on the cheeks. Inspection reveals a bulging of the lower ribs on the left side, in the hypochondriac region. The tumour is circular in shape, its centre being about the middle of the tenth rib, with a radius of dulness corresponding to a diameter of six inches. Measurements:—From ensiform cartilage to spine on left side, seventeen inches; on right side, sixteen inches.

Dulness on percussion over tumour. The resonance of the chest was very unequal at different parts, there being patches of dulness at both apices and bases, with prolonged expiration, and sibilant and sonorous rhonchi. The heart sounds were normal.

On the 20th of June capillary bronchitis supervened, and on July 3rd death occurred suddenly, no other symptoms having developed in the meantime.

As to treatment, it was not considered advisable to interfere with the hydatid of the spleen, but various remedies were used for the relief of the chest symptoms, with little avail, although gallic acid appeared to have a decidedly controlling power over the hæmoptysis. The vermifuges used were worse than useless.

The following extract from the notes taken at the autopsy have been furnished by Dr. Allen:—

In the substance of the right ventricle of the heart, at its apex, projecting into its cavity, was a hydatid cyst the size of a large hen's egg, full of small daughter-cysts, and lined externally by a thin fibrous membrane. There was a rupture in the inner wall of the cyst leading into the cavity of the ventricle, occluded, however, by pale adherent fibrinous clot of some standing. The valves of the heart were healthy.

Both lungs contained numerous hydatid cysts, the right lung far more than the left. These cysts were mostly contained in dilated branches of the pulmonary arteries, being separated more or less completely from the blood stream on the proximal side by deposits of partly-decolorised fibrin. Some cysts, however, lay in distinct

cavities of large size, one being an inch and three-quarters in diameter, lined by fibroid membrane; and one of these larger cavities in the lower lobe of the right lung opened into a bronchial tube. The pulmonary tissues between the cysts were extensively consolidated, but there was not a trace of tubercle present.

The spleen was converted into a large globular cyst, weighing six pounds and a half, full of primary and secondary gelatinous cysts and pultaceous fluid. On microscopical examination, these membranes presented the lamination characteristic of the echinococcus; and in the fluid were found scolices in various stages of disintegration, loose hooklets, abundant crystals of cholesterine, and granular *débris*. The other organs of the body were fairly healthy. Some of the hydatids in the lungs appeared to be independent of those in the heart, but most of them were doubtless derived directly from the right ventricle, through rupture of the sac within it.

NOTE.—In the fourth volume of Reynold's "System of Medicine" Dr. Peacock refers to twenty-one cases of hydatids occurring in the heart. Davaine quotes ten cases. In two cases among the above, cysts were found also in the pulmonary artery; both of these are recorded in the "Transactions of the Pathological Society." In volume ten, Dr. Budd relates a case in which there was a cyst the size of an orange at the apex of the right ventricle; small cysts were found in the ventricle and the pulmonary arteries. Dr. Budd says it was evident that the hydatids found in the pulmonary artery had escaped from the cyst in the right ventricle.

In volume twenty Dr. C. Kelly has published the second case in point; here there was a sac full of hydatids adherent to the inner wall of the right auricular appendage; a large vesicle having escaped from a rent in the wall of the mother-cyst, occluded the tricuspid valve.

"In a main branch of each pulmonary artery, at the root of the lungs, were oval hydatid cysts, which had evidently been there some time, as they had formed adhesions with the coat of the artery, and made a dilated sac for themselves." "The vesicles in the lung were carried there at the same time probably that one became deposited in the auricle."

In Dr. Kelly's case, as in several others, there were no symptoms referable to the heart. The lad from whom this specimen was taken could run about as well as other boys, till

death occurred suddenly from rupture of the cyst and blocking of the tricuspid valve.

Dr. Allen also exhibited a liver containing two large hydatid cysts; also a hydatid more than four inches in diameter, taken from the pelvic cavity, and which opened into the right Fallopian tube.

SPECIAL MEETING.

The President having retired, Dr. Graham took the chair.

Dr. Cutts proposed, and Dr. Jamieson seconded, and it was carried: That there be added after the words "and Committee" in Rule 10, the following words:—"The President or Chairman of any Meeting of the Society, or of the Committee, shall have a deliberative vote, and whenever the numbers of those voting are equal, a casting vote also."

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THE MELBOURNE HOSPITAL ELECTION.

The quadrennial period has come round again for the Melbourne Hospital disturbance, unnecessarily to set us a good deal by the ears. As soon as the staff have properly worked themselves into their places, and completely adapted themselves to their duties, it is decreed by a misjudging committee, acting for the constituency, that they must cease to hold their offices, and either retire into the privacy of ordinary practice, or go through the worry, the mortification, the humiliation, of asking to be re-elected. No matter how well they have done their work, they must give up their places, and, for anything they know, yield them to some others, probably their inferiors. And all this for no reason at all, but because, in a democratic community such as this, it is considered proper to let educated men feel they owe any official position they may have gained, to persons whom they cannot fail to despise. No argument will stand for a moment which advocates the propriety of these periodical hospital elections. They certainly do no good to the hospital itself, for it is of all things desirable to have upon the staff, men who are experienced and familiar with their