

For the successful employment of the Haab magnet, the previous localisation of the foreign body by the X-rays does not appear to be always necessary.

Obituary.

Within the last few weeks death has claimed a heavy toll from the profession in Victoria.

Drs. R. H. Ritchie, Palmer, and Butler-Walsh, were men we could ill afford to spare. The two former were in the prime of life, while Dr. Walsh was scarcely beyond middle age. All have done exceedingly good work, and gave promise of even better work in the future. All were imbued with the best traditions of the profession, inspired with high ideals, and possessed of a personal geniality and charm that endeared them alike to their brethren and their patients.

George Langlands Palmer was born at Bendigo, in September 1860. He was the son of Superintendent Palmer, who was one of the gentlemen cadets who joined the police force in the early days, and came from a good Irish family. Dr. Palmer was educated at the Geelong Grammar School, and pursued his medical studies at the Melbourne University, where he graduated as M.B., in 1882. Almost immediately he obtained the position of resident surgeon at the Ararat Hospital, and after holding it for some years, resigned to enter on private practice in Ararat. He was then appointed hon. surgeon to the hospital, and soon acquired an extensive practice, not only in Ararat itself, but in the surrounding district, where his services were much in request as a consultant. He was an excellent surgeon, and performed many important operations. He occasionally contributed papers to this Journal, and took the keenest interest in his professional work, keeping himself thoroughly in touch with all its modern developments. Dr. Palmer was a former President of the Ballarat Branch of the British Medical Association, and a much esteemed member of that body. He visited England and Europe a few years ago, and made himself familiar with methods of practice there. He was a hard worker and never spared himself. His last illness was exceedingly painful and distressing, but was borne with heroic fortitude. Even when terribly harassed by cough

and pain, he managed to make jokes and see the humorous side of things, for he had a never failing vein of quiet humour.

Henry Robert Ritchie was born at Bega, in New South Wales, but the early part of his medical education was at Guy's Hospital, London. His health failing, he returned to Australia and completed his course at the Melbourne University. He soon impressed his teachers with his exceptional ability, and took a high position. He graduated as M.B. in 1895, and the following year was Resident Medical Officer at the Melbourne Hospital. He then settled in Horsham, and was Medical Officer to the Horsham Hospital. He contributed many papers to the Medical Society of Victoria and to this Journal, and in spite of constant bad health did most excellent work. He was the first surgeon in Australia to perform a major operation—amputation of the leg—under spinal cocainisation. Indeed, his great work was the demonstration to the managers of country hospitals, and to country practitioners, that the best surgical work could be done in the country, if proper facilities were afforded—in the way of appliances for sterilisation and the training of nurses—and, of course, if the operator, like Dr. Ritchie, had brains and hands, and was trained in modern surgical technique.

In William Butler Walsh, who died suddenly at Kew, on November 15, the profession loses one of its most esteemed members. He was born at Pau, in France, in 1854, where his father, the late Rev. E. Walsh, was stationed. He was educated at the Tipperary Grammar School. He obtained his M.D. Dublin, and F.R.C.S. Ireland, from Trinity College, Dublin, in 1881. His delicate constitution prevented him from entering the Army, where his brother, the late Captain Walsh, served with distinction in Afghanistan, and for two years he acted as medical officer to the P. & O. Company. Arriving in Melbourne in 1883, he settled down in practice at Kew, where he has lived ever since. His recent publication of the notes of 1000 obstetrical cases, with the phenomenal record of only one death, is enough in itself to show that his success was well deserved and well earned. Throughout the district, where for over twenty years his practice lay, his name was almost a household word, and his untimely death, at the early age of 49, will be deeply deplored by the many who knew and loved him. About six months ago, failing health caused him to relinquish his practice, and take rooms in Collins Street as a consultant. He was this year elected Vice-President of the Medical Society of Victoria, and quite recently was

appointed an Honorary Physician to Out-Patients at St. Vincent's Hospital.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, NOVEMBER 11, 1903.

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

The President (Mr. R. HAMILTON RUSSELL) in the chair. Present, 32 members.

The minutes of the last meeting were read and confirmed.

Dr. O'SULLIVAN gave short notes on two cases of Cæsarean Section, and exhibited one of the cases, with the children. He said that the chief interest of the cases, which he had the honour of bringing before the Society, was centred in their "indications," and in the technique of operation.

"The first case, Mrs. W., aged 21, a primipara. When she was in her fourth month of gestation, I was consulted by her surgeon, Dr. Walpole, of Tasmania, as to what should be done for her, under the circumstances—he having diagnosed pelvic tumour, rendering delivery *per vias naturales* impossible. I advised waiting, if possible, until the viability of the child was assured, and then performing an operation of election for the delivery of the living child, and the removal of the tumour. She acted on this advice, and I admitted her to the Women's Hospital in the ninth month of her gestation. I found the lower pelvis and hollow of sacrum closely filled with a tumour—leaving only a very narrow space between it and the symphysis, through which I could barely feel the os uteri—which I endeavoured to dislodge. Finding this impossible, I had her prepared, and after she had thoroughly recovered from the effects of her long journey, I performed Cæsarean section some short time before the onset of labour. The usual free incision was made in the abdominal wall. Acting on the suggestion of Cameron, I now placed a large vulcanite ring pessary, previously moulded to suit the requirements, on the anterior uterine wall. Firm uniform pressure being kept up from both sides (as shown in Illustration I), I now deliberately incised the uterus, within the area