

ADVERTISER, FRIDAY, SEPTEMBER 2, 1887.

THE INTERCOLONIAL MEDICAL CONGRESS.

THIRD DAY.

VISIT TO THE SEWAGE FARM.

The sittings of the Intercolonial Medical Congress were continued on Thursday, when there was again a very large attendance of medical men. About 50 members met at the University shortly after 10 o'clock for the purpose of proceeding to the Sewage Farm, and having assembled in one of the lecture-halls, were addressed by Dr. Whittell, president of the Central Board of Health, who gave them a few particulars respecting the farm. He said it was situated about five miles north-east of the General Post-Office, and about $3\frac{1}{2}$ miles from the western boundary of the city. It received the drainage from water closets and liquid filth from the houses in North and South Adelaide and part of the corporate towns of Hindmarsh, Thebarton, St. Peters, and Kensington and Norwood. It covered an area of about 470 acres, of which more than 250 acres were under cultivation. The estimated number of inhabitants in the towns drained by the farm was 68,000, but at present only a small part of Kensington and Norwood was connected. Taking the Adelaide Post-Office as a starting point, the fall to the boundary of the farm was 113 feet, and to the lowest part of it 136 feet. The sewage was carried by gravitation, and it was calculated that soil would pass from the centre of the city to the boundary of the farm in from one to two hours. The drainage from the houses in Adelaide was received into sewers carried below the streets, which emptied into a main sewer, which for the greater part of its length was composed of cement concrete, and varied in size from 3 feet 6 inches x 2 feet 4 inches to 5 feet x 3 feet 4 inches. Before reaching the farm this sewer was met by one which traversed Bowden, and received the drainage from Bowden, Thebarton, and Hindmarsh. At the point of junction the section was changed into a trough-shaped sewer 5 feet wide and 3 feet 9 inches deep, which was designed to carry about 23,000 gallons per minute. The number of connections with the sewer at present approached 9,900. All the houses were protected from the passage of sewer gas by properly constructed traps. The ventilation of the streets and main sewers was effected partly by manholes and grids opening at intervals into the centre of the streets. It was found on trial that the original design for ventilators was not effective, and the smell from the ventilators in some parts of the city caused loud complaint. The evil was remedied by closing some of the street ventilators, and carrying up long ventilating pipes by the sides of houses in the course of the sewers. Since this alteration no complaints had been received. On reaching the farm the sewerage was strained first by iron gratings, which kept back the larger substances, and afterwards by being passed through an immense revolving wheel with meshes at its circumference, which kept back all substances above a quarter of an inch in size. The solid portion of the sewage was collected in carts, and carried away for immediate use on the farm. The liquid portion after passing the straining house was distributed in troughs so arranged that the supply to any part of the farm could be regulated at will. The farm was worked chiefly on the irrigation principle, the liquid being passed on to different parts as required.

A small part of the farm was worked in winter on the filtration principle, the filtration beds being under-drained, and the effluent water being carried off clear and almost tasteless into the North Arm of St. Vincent's Gulf. The farm was divided into paddocks for depasturing purposes, and for the cultivation of Italian rye-grass, lucern, mangolds, sorghum, wheat, barley, vines, and wattles. The live stock on the farm might be set down in round numbers at 300 cows, 20 horses, 300 sheep, and 150 pigs. The receipts over expenditure in working expenses were last year £900. The cost of the sewage works had been about £361,000. The interest was paid by rates on the land and houses to which the sewers had been carried. The income was about £20,200, and the working expenses about £5,800, leaving a balance of about £14,000, or, say, 4 per cent. on the outlay. The cost of connecting houses with the sewers was paid by the owners, but the Government would undertake the work when requested, and allow the cost to be paid by quarterly payments extending over six years; interest at the rate of 5 per cent. being paid on the balance. The water supply to the towns where the deep drainage was carried was obtained from the Adelaide waterworks. It was abundant, constant, and unstinted for domestic use. It was the opinion of the Hydraulic Engineer that the refuse water from houses would be sufficient to cleanse the sewers, but it was the practice to occasionally resort to flushing from the water pipes.

Dr. Whittell's remarks being concluded, the members of the congress were driven to the farm, where some time was spent in examining it thoroughly. Everything connected with it was highly praised with the exception of the quarters where the cattle were located, and which were pronounced by some of the gentlemen present to be "simply disgusting." The inspection finished they returned to the city, many of them in a very "damp" condition through being caught in the heavy down-pour that took place about 1 o'clock.

THE NEXT CONGRESS.

As previously arranged a special general meeting of the congress was held in the afternoon in the library of the University, "to consider the advisability of holding another session of congress and other business." There was a large attendance of members, and the president (Dr. J. C. Verco) occupied the chair.

Professor ALLEN, in opening the discussion, said he was opposed to congresses being held at too close intervals, urging that if they became too common they would cease to retain their interest. Three years hence, he thought, would be a fitting time, and if Melbourne was selected as the next place for holding the congress he could warrant their visitors a very hearty welcome. Should the congress determine that it would be a wise thing to hold another in Melbourne next year on the occasion of the Centennial Exhibition he could promise visitors an equally warm welcome—(hear, hear)—although he thought the period would be too brief. In reference to the formation of an Australasian medical society, or an inclusive Australasian medical journal, he considered that they should not too hastily interfere with present organisations before being sure that their proposed society or journal would be equally sure of continuous life. In conclusion he begged to move that "The next session of this Medical Congress be held in Melbourne three years after the present session." Dr. CLOSS, of New Zealand, seconded

the motion. Dr. CURTIS proposed as an amendment that "The next session of the Medical Congress be held in Melbourne next year." Dr. WILKINSON seconded, urging that next year would be an appropriate time on account of so many people, and doubtless many eminent scientists, being gathered together from all parts of the world in Melbourne. Dr. THOMAS said he should like an expression of feeling from the medical men of Victoria as to whether next year would be convenient to them for the holding of the congress in their capital. Many Victorians he had spoken to appeared inclined to the opinion that three years hence would be far more suitable, not to say convenient. Professor ALLEN, in reply, said he could say for the profession in Melbourne that they would be pleased to see their visitors at all times, but far more time than next year would be required for mature thought. He disclaimed on behalf of the profession of Victoria any desire to take precedence in regard to New South Wales, and said it really did not matter in what city the next congress was held. (Hear, hear.) His objections to the holding of the congress next year were:—Firstly, that it would not give sufficient time to have that weight of material, and complete all those arrangements they would desire; and, secondly, that it would introduce an irregularity in procedure, which he thought would be a most undesirable thing. (Hear, hear.) Dr. WILKINSON was of opinion that they would be able to get a thoroughly representative body of medical men next year, and he thought the opportunity was one that should not be lost sight of. Dr. DIXON said an immense amount of work was entailed in the preparation of a congress, and he believed it would not be well to have it under three years. Dr. STIRLING suggested the motion—"That the next congress be held in Victoria," and would leave the question of time to the Victorian authorities. Professor ALLEN was willing that his motion should be split into two. He moved then—"That the next congress be held in Melbourne." Carried. He further moved—"That the next congress be held in Melbourne in 1890, or at such time as the medical societies of Victoria shall determine." The motion was carried unanimously. It was further resolved that a special meeting be held on Friday after the reading of the paper on "State Medicine," to elect the president for the next congress.

THE STATE, THE PROFESSION, AND THE PUBLIC.

A paper on "The Relation of the Profession to the Public," by W. L. Bickle, M R C S., having been read in the State medicine department, a discussion on "The Relations of the State, the Profession, and the Public" followed.

Dr. ABRAMOWSKI said he agreed to a great extent with what Dr. Stirling had said the previous afternoon in his paper. He considered that as the colony was going in for protection stringent precautions should be taken in regard to patent medicines, which ought to be made to pay heavy duties. These so-called soothing medicines, were often administered with fatal results, and he urged that the State should do all in its power to protect the public from the mass of quacks that existed in the country. If quacks were to be protected as in the past, we should have no good medical men coming here from the old country, and there would be less inducement in the colony for young men to attend our medical schools. He believed in making all medical men who came to the colony prove their efficiency before they were permitted to register, and if this were to be fel

sure it would do away with quackery to a very large extent, and would prevent people with bogus or perhaps stolen degrees from registering. He thought it would be advisable to appoint a committee to deal with the whole question.

Dr. ALTMANN considered that no man unless duly certified should be allowed to send in a death certificate. Dr. MORIER thought the Medical Board should have a right to withdraw diplomas from those who having been registered misconducted themselves.

Dr. STIRLING thought the association here should take up the question of the interests of legally qualified medical men being protected, and again bring it forcibly under the notice of the Government.

Dr. JAMIESON said in the matter of State legislation the profession in Victoria were distinctly ahead of the professions of Sydney and Adelaide. If a man assumed a title which he did not possess for the purpose of making money he should be prosecuted like any other person who obtained money by false pretences. In Victoria it was necessary before registration that a man should produce thoroughly satisfactory credentials that he had studied a proper length of time and possessed the degrees he alleged he had.

The Hon. Dr. CREED said in New South Wales there was practically no law controlling the practice of medicine. Evidence of unqualified men were taken at inquests in the mother colony, a course of procedure they could see at once was most dangerous. Recent disclosures in Sydney showed that there were 180 persons practising medicine in New South Wales who possessed no qualification, and probably 170 of these had received no training whatever. He considered that in addition to the proposal that no man should be allowed to assume a title he did not possess, there should be a law that no man should be allowed to call himself a medical practitioner without he was registered. Furthermore, that all persons who practised without being registered should be obliged to place on their doors, or in some other prominent position, an announcement to the effect that they possessed no qualification. He called attention to the facilities for crime offered by the laxity of the law in respect to registration of death in New South Wales, and facilities for burial without any authority. He would not recommend that quacks should be prevented from practising, but people should know exactly whom they consulted. If quacks were prevented from practising it would possibly be looked upon as an infringement of the liberty of the subject, and such legislation would be likely to create an army of martyrs, who would gain the sympathy of the world—a thing that was very undesirable. In regard to registration, he said that as a result of the labors of a committee of which he was chairman, appointed to enquire into the laws relating to births, deaths, marriages, &c., in New South Wales, he had had a Bill drafted which provided—That no burial should take place till the death had been registered in the district where it occurred, and a permit for burial given by the registrar; that this registration should not take place except on the production of a certificate, either from a legally-qualified medical practitioner who had been in attendance on the deceased, or from a police officer of the district, who, after having made enquiry, certified that he had no reason to believe that death occurred from other than natural

causes; that when a burial had taken place it should not only be reported, as at present imperfectly done, by the undertaker, but by the person in charge of the cemetery where the interment had taken place. At the present time no recognition was taken in New South Wales of the burial of still-born children, and this consequently gave great facilities for the concealment of crime against infant life. The new Act, however, proposed that all still-born infants should be registered in a special register, and a permit issued for their burial.

Dr. WHITTELL (the chairman) said that when the Government found it necessary to combine the office of Registrar-General of Deaths with that of President of the Board of Health one of the first duties he undertook was to enquire as to what was the exact practice in regard to the reception of certificates from unqualified practitioners. His predecessor told him it was not, nor had it been, the practice to make use of certificates of this kind sent in, in fact they were simply torn up and the death entered as a non-certified death. He had not long been doing the work before he found that it had been the practice for all sorts of people to give certificates of death, and the practice of the deputy-registrars throughout the colony to receive them. After consultation with the law officers here he was advised that the words "Medical practitioner" in our Registration Act, meant "legally qualified medical practitioner," and after that he communicated with the deputy-registrars, instructing them that no such certificates were to be received. The new practice was continued to the present time, and with the exception of one case specially sanctioned by Government, no certificates but those of legally qualified medical men were received.

Dr. BICKLE was of opinion that the Medical Act in the colonies should be a uniform one. Dr. CREED having expressed his concurrence with this view, the proceedings were adjourned till the next day.

ADDRESS ON SURGERY.

At the conclusion of the foregoing meeting Mr. T. N. FITZGERALD (Melbourne) gave an address on surgery. He first offered his felicitations upon the completion of the first half century of the history of this colony, a half century coincident with the reign of her Most Gracious Majesty the Queen. It was also just 50 years since a memorable meeting was held in Exeter Hall, London, to found that wonderful organisation, the British Medical Association, whose growth and influence had reached a degree without parallel and without precedent, and with which much of the recent progress of surgery had been identified. He then briefly traced the growth of surgery to the early forties, when the standard of medical education was low in the extreme. For the diplomas no art test was demanded, and the standard for the highest qualifications then obtainable was considerably lower than that for the meanest qualification of to-day. The social gulf that lay between the consulting physician or the operating surgeon and the general body of the profession was very pronounced, and created an amount of jealousy that we, living in 1887, could hardly conceive. To be at all successful as an operator, then, certain qualifications were imperatively called for, which were not quite so absolutely necessary now. Firstly, the surgeon had to be a man insensible to the infliction of pain, little sympathetic in his nature, and indifferent if not dead to the sufferings of others. Next,

manual dexterity, though always a surgical requirement, was of much greater importance than at present. A deliberate careful operator, such as Lister, would never have been a success, for operations had to be carried out as rapidly as possible from start to finish, at full gallop, and of course the performance was greatly impeded by the movements of the patient, and the contractions and spasms of the muscles. Still it held good then as now, that no man, however skilful he might be, however learned or educated, could expect to command success, unless chance, birth, or position had fortunately enabled him to secure a hospital appointment in early life. Yet a surgeon was born, not made, and there were men who could not become operators, notwithstanding the possession of all these advantages. To his mind the old adage was true, that a surgeon should possess in addition to a thorough theoretical and practical knowledge of his profession, "the eye of a hawk, the heart of a lion, and the hand of a lady." In the main, the surgery of the day was almost exclusively in the hands of the metropolitan teachers, much more so than it was at present. There were, however, in the provinces some really great surgeons, and the names of James, De la Garde, Whipple, Clement, Wickham, Jeafferson, King, and Hey, would always be remembered as those of men possessing the highest surgical skill, quite equal, if not superior to their contemporaries in London, Edinburgh, and Dublin.

If the surgery was in the hands of a few, the surgical procedures permissible as compared with those to day were also extremely limited. In fact, operations were in reality almost wholly confined to those which had to be performed either to relieve agony or to prevent a painful death. In children, whose feelings were matters not to be consulted, some little latitude was allowed, and in this way tenotomy crept into practice. If during this period any improvement or advance took place, it was very little. Practical surgery, except in some special departments, such as ophthalmology, had virtually come to a standstill, and that in spite of the undoubted genius of its votaries. The gradual use of anæsthetics for the purpose of performing operations was then traced as also the improvement which took place in what might be termed "The hygiene of surgery." Leaving hygiene Mr. Fitzgerald dealt with modern surgery, and alluding to that part of it which appertained to our own land, said we found that Australian surgery possessed two peculiar features—firstly, the prevalence of hydatid disease; and secondly, the absence of rachitis. He recounted several operations he had performed in cases of hydatid disease, and made special reference to the treatment he had applied; surgical operations he had been present at on the Continent were also described, and allusion was made to some rather startling surgery he had seen in Russia. In company with Sir James Paget he was taken by Dr. Rheier to the Military Hospital at St. Petersburg, where he saw seven cases of laryngectomy, each patient being fitted with an artificial larynx. He confessed that the tests in the direction of vocal utterances were not an absolute success. In fact the results were in a measure grotesque. Possibly his non acquaintance with the Russian language had something to do with the apparently absurd attempts at articulation, and perhaps what appeared to him only a squeak was very good Russian. At any rate there was a uniformity in the sounds; the patients all squeaked the same note, and it was by no means euphonious. (Laughter.) With reference to Continental surgery gene-

rally, he deliberately formed the proud conviction that the surgeons of the old country still decidedly held their own. Coming back to the home of his adoption, he was pleased to believe that here in Australasia we were not wanting in the pursuit of science. We had careful enquirers, and bold and skilful operators. It would be invidious for him to single out any names for special mention; but he took this opportunity of congratulating his confrères of Adelaide on the scientific spirit which animated them, on the value of their published researches, and on the brilliancy of their practical surgery. In conclusion, he desired to say how hopeful this congress made him of the future of their great brotherhood, and how confident he was in the belief that they would be one united body all through this southern commonwealth. Their labors might be divided, but their common work all tended to unity, so that, whether they were physicians, or surgeons, or sub-divisional specialists, they had all one common end in view—the lessening of human suffering and the consequent promotion of the happiness of their fellow-creatures. Towards this end they were all, he was sure, striving in the daily work they did, and in the efforts they were all making to enrich the God-like art it was their pride and joy to further and improve. (Applause.)

OTHER BUSINESS.

The following papers were read in the various sections during the afternoon:—Medicine—Hydatid Disease of Brain, Dr. J. Davies Thomas; On Tuberculosis, Dr. F. W. Elsner; Hydatid Disease (a case), Dr. J. W. Springthorpe; On Anæmia, Dr. J. Reid; Epilepsy (a case), Dr. J. W. Springthorpe; Dilatation of Stomach, Dr. F. W. Elsner. Surgery—Ex-tirpation of Larynx, Dr. W. Gardner; A New Method of Drainage after Abdominal Incision, Dr. O'Hara; Ophthalmic Papers (2), Dr. Symons; On Operation in Compound Depressed Fracture of Skull, Dr. Muskett. Gynæcology—Oöphoritis and its relation to Oöphorectomy, Dr. J. O. Closs; On Shortening the Round Ligaments, Dr. J. Foreman; The Alexander-Adams Operation, Dr. W. Gardner.