

MINUTES  
OF THE  
ULSTER MEDICAL SOCIETY

BOOK ONE  
1862 TO 1884

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J I Logan  
Belfast  
26 October 2016

**Copy of Minutes of Last Two Meetings of  
The Belfast Medical Society**

**26th April, 1862  
Special Meeting**

Present, Dr Stewart (Chair), Browne, Patterson, MacCormac W, Arnold, B Smyth, Moore David, and Whitaker.

Dr Browne made a short statement in which he reviewed, seriatim, the steps which had already been taken to amalgamate the two Societies, and stated the reasons which had, heretofore, occurred to prevent same, moved the following resolution, which was seconded by Dr Patterson and passed unanimously.

“That this Meeting having heard the report of the previous proceedings of the Society, and having read the alterations about to be made its rules, hereby approve of the proposed changes and desire to unite this Society with the Pathological under the title of the “Ulster Medical Society”.

It was then agreed that a Special Meeting of the Society should be called for Wednesday 30th Inst at 3pm to confirm the union of the two bodies and that the Pathological Society be requested to call a Meeting of their body at same time and place.

**30th April, 1862  
Special Meeting Medical and Pathological Societies**

Present, Dr Stewart, Chairman, Browne, Smyth B, Cuming, Ferguson (P), Wheeler, Patterson, Murney, MacCormac, Moore D, Johnston (P) and Whitaker. (Those marked ‘P’ are members of Pathological Society only).

Dr Browne moved and Dr Patterson seconded the following resolution – “That this Meeting approve of the proceedings already undertaken for the amalgamation of the Medical and Pathological Societies, and hereby declare the union of the respective bodies under the title of the “Ulster Medical Society”.

**The Ulster Medical Society  
Meeting 30th April, 1862  
continued**

The new Society having then been formed, Dr Murney moved and Dr Cuming seconded the following resolution “that the code of rules of which a copy had been sent to every Member of the Society be the laws of the Ulster Medical Society by which it shall be

conducted” – passed unanimously.

The subject of the Annual Dinner having been then taken up, some discussion ensued, and the general feeling of the members being in favour of its taking place about the Commencement of the Winter Session, Dr Murney moved and Dr Patterson seconded – That the Annual Dinner be held on the first Saturday in November – passed unanimously. Dr Murney moved and Dr Ferguson seconded – That the resolution previously passed for the taking of central rooms for the use of the Society at 33 High Street be confirmed – passed unanimously.

Dr Browne [moved] and Dr Patterson seconded – that a subcommittee consisting of Drs Murney, Patterson, MacCormac, Moore D., and Whitaker (three to be a quorum) be appointed to make the necessary arrangements for suitably furnishing the rooms – passed unanimously.

It was then arranged that the Annual Meeting be held on Saturday 3rd prox. at 3p.m. and that a Circular be issued summoning the members and signed by Drs Whitaker and David Moore, as Secretaries pro tem, and that at that Meeting the reports and accounts of the two late Societies be brought forward and the office bearers of the “Ulster Medical Society” for the ensuing year duly elected.

**Saturday 4th May 1862**

The first meeting of the Ulster Medical Society was held in the library of the General Hospital, on Saturday 4th May at 3p.m., when there were present, Professors Ferguson, Gordon, Reid, Drs Browne, Murney J.P., Mulholland, Corrie, Johnston, McGee J.P., Stewart, Patterson, Pirrie, J. W. T. Smith, W. MacCormac, David Moore, Dill, Brice Smyth, Bryce, Michael McGee, Murray, Scott J.P., (Aughnacloy), Halliday and Whitaker.

Dr Stewart having been called to the chair; after some preliminary discussion, in which several members joined, and brought forward different subjects connected with the Society, among which the most important was the mode in which the election of office bearers should be conducted; as, however, the rules of the Society clearly defined same, it was decided that the elections take place in accordance therewith.

Professor Reid then moved and Dr Dill seconded a motion for the adjournment of the meeting, which having been put from the chair, was lost, and Dr Reade then moved and Dr Michael McGee seconded, that Professor Ferguson M.D. be president for the ensuing year. Carried unanimously.

The President having taken the chair, the balloting then took place, and the following were respectively elected to the respective offices for the year 1862-63.

Vice-Presidents, Drs Browne and Wheeler, Country Vice-Presidents, Dr Scott J.P. (Aughnacloy) and Dr Graves (Cookstown). Council, Drs Murney, Patterson, Pirrie, Cuming, Reid and William MacCormac. Treasurer, Dr J. W. T. Smith. Secretary, Dr Whitaker and Dr Moore.

Dr Moore then moved and Dr Murney seconded "That a circular be issued to the members of the Profession in Ulster, stating the objects of the Society, and calling on them to enrol themselves as Members". Carried unanimously.

The following gentleman were then proposed by Drs Murney and Browne, as members, to be balloted for at next monthly meeting, viz Dr Buckingham, Dr H. S. Ferguson, Mr T. Grattan, Mr E. D. Gribbin, Mr Morrow (Downpatrick), Mr Thompson (Ballylesson), Dr Dunlop (Holywood), Dr Greenfield (Holywood), Dr Hannay (Lurgan), Dr B. Bindon (Coalisland), and Mr Berry.

Dr Cuming then read a vote of thanks to Dr Halliday for the services he had rendered the Pathological Society in his capacity as treasurer of that body, Dr Patterson seconded the motion which was carried unanimously.

Dr Halliday returned thanks and expressed his desire, at all times, to do his best to further the interests of the profession.

Dr Cuming moved and Dr Murney seconded a vote of thanks to Dr William MacCormac and Dr Moore, Secretaries of the Pathological Society for the services they had rendered that body, carried unanimously, both gentleman suitably acknowledged the compliment.

Dr Pirrie moved and Dr Patterson seconded a vote of thanks to Dr Murney for the trouble he had taken in drawing up a plan for the amalgamation of the Medical and Clinical and Pathological Societies, and for the able manner in which he had carried same to a successful conclusion, carried unanimously, and Dr Murney having thanked the meeting hoped that the Society would soon be in a flourishing and prosperous condition.

It was then arranged that the Council should meet on Wednesday 8th inst. at 3p.m. and the Secretaries were directed to issue notices accordingly.

J. Creery Ferguson, President

#### **7th June, 1862**

Present, Drs J. C. Ferguson (President, in the chair), Browne, Pirrie, Dill, Patterson, Murney, Michael McGee, Dundee, Mulholland, William MacCormac, Brice Smyth, Stewart, Johnston, Wheeler, Warnock, Whitaker, and David Moore.

Resolved "That the standing orders of the Society, so far as regards the proposer of a member to be

balloted for being held accountable for the payment of his subscription, being suspended for this meeting, to enable the proposed members to be balloted for".

The following were balloted for and duly elected viz Dr H. S. Ferguson Belfast, Dr Dunlop Holywood, Mr T. Grattan Belfast, Dr Greenfield Holywood, Mr Buckenham Belfast, Dr Hannay Lurgan, Mr E. D. Gribbin Belfast, Dr B. Bindon Coalisland, Mr Berry Belfast, Mr H. Thompson Ballylesson, Mr Morrow Downpatrick. Resolved, That the Secretaries be instructed to write to the gentlemen elected, informing them of their election and stating amount of subscription and that same is now due.

Resolved, That the Council be requested to report on the proceedings from the formation of Society at next monthly meeting.

Resolved, That (60) sixty keys for inside door be ordered for the use of the Society and that each member be provided with one gratis.

Resolved, That the Secretaries acknowledge receipt of letter from Dr Armstrong, containing resolution relative to the registration clause in the new Bill of Sir Robert Peel passed by a meeting of the profession in his locality (Cork), state that it was brought before the meeting, and that steps have already been taken by the Ulster Medical Protection Society to bring the matter prominently forward.

Dr Stewart gave notice of motion that the circular of ordinary meetings should in future contain a list of the office bearers of the Society.

Resolved "That the Members of the Ulster Medical Society beg to convey to their professional brother, Dr Thomas Thompson of Wellington Park, Belfast, their sincere condolence and the expression of the deep sympathy with him under the painful bereavement which he and his family have recently sustained" and that the Secretaries be requested to send a copy of foregoing resolution to Dr Thompson.

John Creery Ferguson, President

#### **5th July, 1862**

Present, Drs Ferguson (President, in the chair), Thomas Reade, Stewart, Mulholland, Browne, Wheeler, Dill, William MacCormac, Murray, Michael McGee, Gribbin, David Moore, and Whitaker.

The minutes of last meeting having been read and confirmed, the report of Council was then brought forward, and after some discussion was adopted, that part of it relating to the library was, however, ordered to be reconsidered by the Council with a view to their marking proper regulations as regards the issue of the books, and seeing what steps could be taken to afford the Society proper security for the safe custody of same.

J. Creery Ferguson, President

**2nd August, 1862**

Present, Drs Ferguson (President in the chair), Browne, Wheeler, Murney, Patterson, William MacCormac, J. W. T. Smith, Stewart, Ross, Gribbin, Beck, H. S. Ferguson, H. MacCormac, Arnold, Johnston, Dill, Michael McGee, John Smith, Corry, Brice Smyth, Mr Aickin, Mulholland, Bryce, Murray, William Hanna, David Moore and Whitaker.

The minutes of last meeting having been read and confirmed, Dr Rankin (Kircubbin) proposed by Dr McGee (Michael) and seconded by Dr Whitaker, and Surgeon Patrick (Carrickfergus) proposed by Dr Wheeler and seconded by Dr Whitaker, were elected members of the Society.

The following recommendation from Council was adopted "That the Secretaries be instructed to issue voting papers, on or before the last Saturday in April, in each year, to all members of the Society resident without the Borough-Boundary of Belfast to be returned to the Secretaries on or before the Friday preceding the Annual Meeting of the Society in May, but no vote for Office-Bearers can be received from any member whose subscription for the ensuing year has not been paid".

On the recommendation from Council that the following be substituted for Rule 11 "no member shall ballot, vote at any meeting of the Society or have the use of the library, while his subscription for the current year remains unpaid",

Dr Patterson moved, and Dr Michael McGee seconded, that the Rule be amended as follows "No Member shall ballot or vote at any meeting of the Society while his subscription for the current year remains unpaid, but he shall be allowed the use of the library and rooms for the first three months of the said year, his subscription remaining unpaid".

On the following motion having been proposed by Dr Patterson, seconded by Dr Wheeler "that the reading room be not open on Sundays" it was objected that due notice of said motion had not been given, thereupon the following notice of motion for discussion at next meeting proposed by Dr Beck, and seconded by Dr Johnston, viz "That the word daily in the report of the Council presented and passed at last meeting be not confirmed, as including Sunday and that in future the rooms be not open on Sunday." was handed in; and it was agreed that in the meantime, until the question should be fully discussed the room should be closed on that day.

J. Creery Ferguson, President.

**6th September, 1862**

Present, Drs Ferguson (President, in the chair), Patterson, Stewart, Drennan, Cuming, H. Moore, Arnold, Hanna, Gribbin, McCleery, James Moore,

Michael McGee, Thomas Reade, Browne, Mulholland, D. Purdon, William Aickin, John Aickin, W. MacCormac, John Smith, Bryce, Patrick, Pirrie, H. S. Ferguson, Warwick, Alexander, Wheeler, Dill, J. W. Smith, Johnston, B. Smyth, Greenfield, D. Moore, and Whitaker.

The minutes of last meeting having been read and confirmed, Dr Patterson moved and Dr Wheeler seconded the following motion, "That the word "daily", in the report of the Council presented and passed at last meeting, be not confirmed as including Sunday, and that in future the rooms be not open on Sunday".

A discussion then ensued in which several of the members took part during which Dr Michael McGee moved, and Dr W. MacCormac seconded, the following amendment "That the outer door leading to the reading room and library be closed on Sunday and that a second latch be provided for same to suit the present keys for the convenience of members desirous of visiting the rooms on Sunday".

A letter from Dr MacCormac (Henry) was then handed to the President, directed to "the Members of the Belfast Medical Society", several of the members objected to the reading of same and the sense of the meeting having been taken on the subject, it was decided, by a show of hands, that it should not be read.

Dr Drennan then moved and Dr Pirrie seconded the following amendment "That inasmuch as contrary opinions are held by members of this Society, as to the propriety of allowing access to its room upon Sunday, the Society, as a body, consider it inexpedient and unnecessary to make any rule (permission or restriction) on the subject; but allow to each member the right, and afford him the means, of acting in the matter according to his own judgement of what is befitting and convenient".

A lengthened discussion then ensued, which was terminated by the President putting the amendments to the vote, both having been rejected, the original motion was then put and carried by a majority.

Dr Browne and Dr Patterson moved and seconded "That the Secretary be instructed to prepare an address to Dr Heaney, on his departure for Queensland, expressing the esteem and respect in which he is held by the members of the profession, both in his private and public capacity, and their regret at his departure; and that same be laid on the table for signatures".

A letter from Dr Davey of Ballymacarrett having been handed to Dr Whitaker, he, with the consent of the President, was proceeding to read same, when objections to its reception having been strenuously urged, it was ordered to be laid before the Council for

their consideration.

John C. Ferguson, President

**October 4th, 1862**

Present, Drs Ferguson (President in the chair), Patterson, Arnold, Beck, Stewart, David Moore, and Whitaker.

The minutes of last meeting were read and confirmed.

Dr Arnold moved and Dr Patterson seconded that the following be appended to rule 24, viz "That no rule shall be altered, rescinded, or new one introduced, except a monthly notice of such proposed change have been previously given". Passed unanimously.

The arrangements to be made in connection with the Annual Dinner were referred to Council and the Secretary directed to summon a special meeting of that body to take the matter into consideration.

J. C. Ferguson, President

**Special Meeting called by requisition**

**October 25th, 1862**

Present, Drs Dill (Chairman), Michael McGee, John Smyth, Corry, William Hanna, David Moore and Whitaker.

The requisition calling the meeting was read by the Secretary as follows "The undersigned members request the Secretaries will be so good as to call a meeting of the town members of the Ulster Medical Society at the hour of 7 o'clock this day at the rooms, 33 High Street, for the purpose of considering whether the members of the Society, as such, should walk in procession at the funeral of the late Robert Bryce Esquire M.D., or not". R. F. Dill, John H. Halliday, Michael McGee. October 25th/62.

After a few remarks by the Chairman, introducing the subject of the meeting, Dr David Moore moved and Dr M. McGee seconded the following resolution, "That the members of this Society be requested to attend the funeral of the late Robert Bryce Esquire M.D. which will take place on Monday 27th inst. at 8½ o'clock am". And that circulars notifying same be issued to the town members. Passed unanimously.

J. C. Ferguson, President

**November 1st, 1862**

Present, Drs Ferguson (Chair), Gordon, Browne, Dill, J. S. Reid, Hanna, Gribbin, William McGee, Patterson, Wheeler, Best, William MacCormac, Mulholland, J. W. T. Smith, Cuming, Michael McGee, Stewart, Johnston, David Moore and Whitaker.

The minutes of last meeting having been read and confirmed, the President then read an able and instructive address.

Dr McGee (Michael) moved and Dr Browne seconded the following resolution, "That the address just read by the President be handed to the Secretaries to be printed by the Society, and distributed among the members". Passed unanimously.

The Treasurer then read a statement of the financial position of the Society from which it appeared that he had received in subscriptions a sum of £62.9s.6d and had paid various accounts amounting to £57.1.6, leaving a balance in his hands of £11.8.-. He also stated that there were subscriptions still due amounting to about £20.-.- which with the balance in hands would make a total amount of 31.8.- to credit of Society.

Dr Dill then stated that in consequence of the disease of the late Dr Bryce, co-auditor of the late Pathological Society he, in conjunction with Dr Johnston had audited the account of that body and found a balance remaining in Treasurer's hands amount £18.19.10.

J. Creery Ferguson, President

**November 8th, 1862**

**Pathological Museum, General Hospital.**

Present, the President in the chair, Drs Browne, Patterson, Stewart, J. Moore, Cuming, Brice Smyth, Pirrie, Arnold, McGee, Whitaker, D. Moore.

The minutes of the previous meeting having been read and confirmed - it was resolved That the question of the publication of the transactions of the Society be referred to the Council, in order that they may consider same and report thereon at next meeting of Society.

Dr Browne exhibited a case of congenital double cataract in a boy of six years of age.

Dr Browne read notes of a case of femoral hernia.

**November 15th, 1862**

Present Drs Ferguson (Chair), Browne, Patterson, Ferguson H. S., Beck, Gribbin, Reid J. S., Thompson H., Cuming, Pirrie, Johnston, Arnold, and Whitaker.

Moved by Dr Patterson, seconded by Professor Reid and resolved, "That the transactions of the Society be offered in future to the Dublin Medical Press for fortnightly publication".

Dr Browne was requested to write to the Editor of the Press and make the necessary arrangements.

The President read a report of an extraordinary case of pemphigus.

Dr Browne read case of amputation at shoulder joint with secondary haemorrhage.

Dr Johnston showed kidney from scarlatina patient and made some interesting remarks thereon.

A discussion ensued in which most of the members took part and Dr Johnston was requested to

introduce the subject for discussion at a future meeting.

**22nd November, 1862**

Present, Dr Ferguson (Chair), Drs McGee, Pirrie, M. McGee, H. S. Ferguson, Browne, H. Thompson, Arnold, Beck, Gribbin, Patterson, Cuming, H. MacCormac, and Whitaker. Also Dr Saunders 14th Depot Battalion as a visitor.

The minutes of last meeting were read and confirmed.

Dr Browne read a letter from Dr Jacob of Dublin regarding the publication of the transactions of the Society and was requested to continue the correspondence and report to next meeting.

Drs Little of Lurgan and McCrea (Belfast) were elected members of the Society.

Moved by Dr M. McGee and seconded by Dr Arnold "That the Council be instructed to purchase a microscope for the use of the Society to be placed in the rooms, 33 High Street, and that a sum not exceeding £12 be debited from the funds for that purpose".

Dr Pirrie moved and Dr Pirrie [sic] seconded the following amendment, "That the propriety of and possibility of procuring a microscope for the use of the members be referred to the Council for consideration and that they report thereon on this day fortnight". Amendment carried.

Dr McGee handed in following notice of motion "That no question shall be entertained by this Society of which due notice shall not have been previously given in the weekly circular, with the exception that on the final meeting in December, February and April any matter or question may be brought before the Society".

Dr Browne then brought forward a child 2 years old, who had sustained laceration of the perineum and other serious injuries by having been run over by a dray, and gave a very interesting history of the case.

Dr Browne then introduced a boy who has sustained 2 wounds from a penknife, one in the abdomen, the other in the knee, and described the progress of the case.

Dr Browne also related another interesting case of injury of the knee joint.

Dr W. MacCormac thought that the joint was totally disintegrated from the free motion of the head of the tibia on the femur showing that the lateral and probably the crucial ligaments had been destroyed. Mr Saunders, Staff Surgeon, thought that a starch bandage round the knee and gradual walking would be better than rest and strapping and mentioned a case in which he had adopted this plan with marked success, especially as regarded the general health of

the patient.

Dr McGee said that there were two indications to be observed, firstly to prevent inflammatory action and secondly to reduce the swelling and thickening around the joint, for the former, he thought that rest and quiet, for the latter, bandaging should be persevered in.

**November 29th, 1862**

Present, Dr Ferguson in the chair, Drs Pirrie, Browne, Dill, Patterson, Michael McGee, Arnold, MacMahon, T. Reade, Cuming, Stewart, W. MacCormac, Whitaker, D. Moore. Visitor, Staff Surgeon Saunders, 14th Regiment, Dr Eustace, Dublin.

The minutes of the previous meeting having been read and confirmed, Staff Surgeon Saunders read a paper on a case of urethral stricture when the passage presented two strictures, one of six years standing, the other of more recent date, in which Holt's dilator was used successfully and No.10 silver catheter being passed immediately after the operation. In a short time the man had recovered very satisfactorily.

Dr Browne said that although Staff Surgeon Saunders' paper would shew the value of Holt's dilator in certain cases, he could not agree in the observations with regard to its comparative safety to Syme's perineal section, as Holt's dilator in cases calling for Syme's section was to his mind altogether inapplicable.

Dr T. Reade considered the dilator would be applicable only in select cases when there was no disease of the bladder, or urethral inflammation, or where there was no rapid stricture from gonorrhoea; with latter cases the dilatation would incur local and constitutional risks. He was adverse to other means than delicate handling and gradual dilatation of so tender a part and had never failed save in certain cases when Syme's section was alone applicable. He considered Staff Surgeon Saunders' case as one well suited for dilatation.

Dr W. MacCormac wished to know if the No.10 catheter introduced after the operation was left in the urethra or withdrawn immediately.

Mr Saunders replied that the catheter was withdrawn at once when the water was drawn off, and considered its retention in the passage could do more harm than good. The mucous membrane being uninjured there was no danger of infiltration of urine, and by the sudden relief of the stricture a great advantage was obtained over the gradual mode of dilatation which was not without risk from its frequent repetition even in the most careful hands, and there was also the risk of complete retention with much irritability of the passage after a debouch with

an increased liability of false passage. The man was kept ...

Dr Eustace remarked that Drs Smylie and MacNamara had used the dilator very successfully in many cases of stricture in Dublin.

Dr Pirrie showed the morbid parts of a case of stricture of the oesophagus. The stricture extended two and a half inches from the cardiac orifice of the stomach, was two inches in length, and consisted of a deposit of hard cancer ulcerated at the upper part of its mucous surface to the extent of half an inch all round. The passage was narrowed to such a degree as not to permit the passage of a No. 5 elastic catheter. The oesophagus immediately above the stricture was but slightly dilated, no well-marked pouch being formed. During life there was no dyspnoea or stridulous breathing. The recent duration of the symptoms and suffering in so close a stricture were peculiar in the case. She had only suffered pain for 3 months past, and from difficulty of swallowing still more recently. About three ounces of fluid were retained for about ten minutes at a time after swallowing, and were then returned by the mouth.

Although no tumour could be detected through the abdominal parietes Dr Pirrie thought the seat of stricture was at the cardiac orifice and that the fluid was retained in a pouch of the oesophagus. There was no dyspnoea or stridulous breathing during life.

Dr MacMahon had seen the woman casually several times since the commencement of her illness. About four months ago she was in robust health, plump, and was able to swallow freely, it was only about four weeks since the power of swallowing became very much obstructed, when the emaciation became rapid and extreme.

Dr T. Reade had a case of stricture of oesophagus, doubtless organic, which ran a tedious course of 18 months. Could swallow fluids, lived chiefly on milk. Sank at the last from an extrinsic cause. No P.M.

Staff Surgeon Saunders referred to a case under his care who vomited everything he took. When dying of inanition Dr Saunders fed him per anum under which treatment he rallied living for some months without taking food by the mouth for at least a considerable portion of the time.

Dr Reade had found much benefit from injections per annum in such cases.

Dr Arnold asked Dr Pirrie if he thought any fluid passed through to the stomach at the later period of the case. Dr Dill remarked that as far as he knew all cases of oesophageal scirrhus died of inanition and that any artificial means of feeding them would keep them alive.

Dr Ferguson differed from Dr Dill's view and thought that the presence of such an amount of

disease in the oesophagus would produce constitutional effects independent of the stomach.

Dr Pirrie suggested that the dilated pouch of the oesophagus might offer an absorbent surface for food as well as the rectum.

Dr Cuming stated there could be no doubt that the nutrient enemata disappeared from the bowels, and the inference was manifest.

The Society then considered the question of the presence in the Society's reading rooms of persons who were not members. Resolved, That the Secretary be requested to communicate with Dr Corry, and request him not to lend his key of the rooms to any person, not a member of the Society.

#### **December 6th**

Present, the President in the chair, Drs Patterson, H. Ferguson, Browne, Beck, W. MacCormac, Dill, Cuming, Stewart, Brice Smyth, Arnold, McCrea, Gribbin, Michael McGee, MacMahon, Corry, D. Moore.

The minutes of the previous meeting having been read and confirmed, two medical gentlemen were proposed as members of the Society viz Surgeon McCourt of Belfast (proposed by Dr Whitaker, seconded by Dr D. Moore), Dr McWilliam of Belfast (proposed by Dr Corry, seconded by Dr Beck).

#### **December 13th, 1862**

Present, the President in the chair, Drs Patterson, McGee, McCleery, T. Reade, McCrea, Michael McGee, Corry, Beck, H. Ferguson, Stewart, Moore, Dill, Pirrie, W. MacCormac, Murray, McWilliam, D. Moore.

The minutes of the previous meeting having been read and confirmed, a ballot was taken when Surgeon McCourt and Dr McWilliam of Belfast were elected members of the Society.

Dr John Moore, Glenarm, was proposed by Dr Patterson, seconded by Dr Ferguson, as a member of the Society.

Dr Moore shewed a specimen of gangrene of the leg from injury, in which amputation had been performed in the middle of the thigh.

The patient a man of over 60 years of age was run over by a car in the street in front of the hospital. He was immediately brought in, when the popliteal space was found to be distended with blood effused from a ruptured popliteal artery. The tumour being very tense, firm, and modulated, occupying and distending the popliteal space. No pulsation could be discovered in the tumour, no bruit detected, no pulsation in the vessels of the leg below the injured point.

Gentle warmth was applied to the limb, bandaged with cotton wool, and the tumour increasing and extending up the thigh on its posterior aspect, Ceartes compressor was applied to the femoral artery

and pressure kept up steadily for three to four days.

The swelling gradually beginning to subside the compressor was removed. Gangrene of the foot now began to show itself, extended up the leg, the line of demarcation passing just below the knee.

Amputation was performed in the middle of the thigh as the effused blood had burrowed up even beyond that point among the muscles on the posterior aspect, giving a great liability to protracted and unhealthy suppuration or even sloughing of the flap formed at that part.

An anterior and a posterior flap were formed of skin alone, retracted the muscles then divided down to the bone, which was sawed through as high as possible in the face of the stump. One vessel only was tied, another with a patent mouth but from which no blood issued was also tied. The loss of blood was very trifling. The man doing well since. The artery in the amputated part of the limb on being examined shewed no signs of atheromatous degeneration.

Dr Moore showed a part of the small and large intestine of a woman in whom a very extensive prolapsus of the colon had occurred. The mother of 14 children, 45 years of age, habitually constipated, for seven years passed subject to occasional attacks of piles protruding to the size of a walnut unattended with any bleeding. On pressing at stool having been constipated for four days, a sudden prolapsus occurred projecting externally with much pain in abdomen and prostration. On the evening of the next day she was admitted to hospital when on examination per vaginum that outlet was found free but on examination of the rectum it was found distended with a mass which projected from it turning forwards and upwards to the front of the pubis, twenty one inches in length of a deep chocolate colour, inflamed, with livid dry patches on its outer side consisting of prolapsed colon.

There was much depression of strength, pulse almost imperceptible, abdominal pain, hiccups, nausea.

General warmth applied, oiled lint to prolapsus which was not handled but kept quiet. Ordered wine and opium 2 grains with 3 grains quinine every second or third hour. She improved, strength increased, abdominal pain became less, when she was fully under the influence of opium in which state she was kept.

For eight days there was no movement in the bowels but at the expiration of that time purging set in which was checked for a time by the exhibition of [?]. Kuio, Catechu and opii but which recurred, became persistent and finally everything swallowed was passed per anum very shortly after. She died 15 days after the admission. The part prolapsed

externally sloughed away being completely separated about ten days after admission after which portions of shreds of broken down membrane came away from the anterior of the intestine with the stools up to two days before death.

#### **December 20th**

Present, the President in the chair, Drs Pirrie, Cuming, Dill, Patterson, Browne, Beck, W. MacCormac, McCrea, Michael McGee, Gribbin, McCourt, Whitaker, D. Moore.

The minutes of the previous meeting having been read and confirmed, Dr John Moore of Glenarm was elected a member of the Society.

P.M. (Dr Moore's case continued). On opening the abdomen the caecum, ascending, transverse and descending colon with the large omentum were found absent. Small intestine seemed dragged somewhat to left side, right side of the abdominal cavity being scantily furnished. Midway between umbilicus and anterior superior spine of ileum (left) the termination of the small intestine was firmly adherent to, and firmly consolidated with the parietal peritoneum for a space of an inch and a half in length, and an inch in breadth, the long diameter vertical.

The small intestine ended at this point and immediately below it in the commencement of the large the invagination was found. Above it for the space of two feet the ileum was deeply inflamed. The part nearest the attachment being filled with clotted extravasated blood, and the coats having, at points here and there, a tendency to break down under manipulation.

Below it, the large intestine for the space of a foot and a half was also much inflamed, its coats having at points the same tendency to break down when handled.

The invagination protruded in a nipple-like form of an inch and a half in length into the upper part of the remaining large intestine, all the prolapsed parts below its inferior margin having been cast off as a slough. The coats of the large intestine surrounding the nipple and those forming its under surface were tolerably firm and less effected by the inflammatory process than other points of it more remote from the seat of stricture, whilst the coats of the small intestine lining the passage through the nipple-like projection were softened by inflammation and ready to break down.

The passage from the ileum through the invagination into the large intestine lay not in the median line but more towards the side of attachment of mesentery to bowel, the tip of the nipple on that side being shorter than the other which projected below it, and curved slightly to that side.

Dr Cuming thought it important to decide accurately the time of accession of first inflammatory symptoms in the invaginated part consequent on its stricture. This could be ascertained with some precision from the history of the case which showed the abdominal pain only commenced when the prolapsed part made its appearance externally, so that the inflammation which resulted in the casting off the prolapsed part only set in after this external tumour appeared. The fact of the tumour turning forwards with a bend or in an elbow-like form would seem to point to the fact that a greater length of intestine might be extended than even that occurring in this case.

Dr Beck had seen the case on the evening of the day on which the prolapse appeared, and considered it presented a darker aspect and more inclined to gangrene, that would be likely to occur in so short a time. He thought it likely that the invagination had occurred sometime previously, but that the tumour had not made its appearance externally that morning.

Dr McCrea thought that from the nature of the peritoneal attachment of the large intestine the process of prolapse to such an extent must have been a very gradual one, and that the invagination had occurred and was gradually increasing in extent sometime before its external appearance.

Dr Pirrie considered it most probable that the intussusception had been sudden in occurrence and had taken place to its full extent at the time, and that there were no symptoms of any previous invagination connected with the history of the case.

Dr Cuming thought it doubtful that invagination to any extent could occur without giving rise to serious symptoms, with much interference to the functions of the intestine, and to the process of digestion.

Dr Pirrie exhibited a specimen of cancer of penis in which amputation of the penis had been performed about half an inch from the pubis. Two ligatures were applied. After a time there was slight haemorrhage which did not return. The inguinal glands were enlarged probably in consequence of the irritation produced by the growth and consequent retention of urine. He considered this case nearly analogous to that of stricture of the oesophagus he had lately shewn the Society.

In both cases there was the same dense fibrous tissue forming the bases of the stricture, in both the same rapidity of growth, and almost complete occlusion of the canal. In the case of stricture of the oesophagus the smallest size of bougie could not be passed from before backwards even when the morbid parts were removed from the body, although it readily passed from behind forwards. In the present case a fine silver probe could not be passed from before

backwards through the urethral stricture. The ulceration was also analogous in this case to that present at the upper part of the oesophageal stricture.

Dr Michael McGee had a patient sometime ago affected in like manner in whom amputation of the penis was performed. There was much haemorrhage.

Dr Browne had also a similar case, but without any haemorrhage. He had united the mucous membrane of the urethra to the skin of the penis at the line of incision to prevent contraction of the canal. He thought the operation justifiable even with considerable enlargement of the inguinal glands.

Dr William MacCormac considered the *Écraseur* a useful instrument in such cases. The urethra first should be dissected from the corpora cavernosa with the knife and then the *Écraseur* applied.

Dr McCrea made some remarks to the Society touching the so-called "Sacramental wine" of a certain Mr Lees Ph.D., a sample of which Dr McCrea had obtained and subjected to analysis. He found it contained ten percent of alcohol with some foreign colouring matter and was to all intents and purposes "A Bad Claret".

Resolved That a Special Meeting of the Society be summoned to take place in the Rooms on next Saturday, 27th inst. at 3 o'clock p.m. to take into consideration the subject of publication of the discussions of the Society.

J. Creery Ferguson, President

### Special Meeting

#### December 27, 1862

Summoned in accordance with resolution passed on 20th inst. "to take into consideration the subject of the publication of the discussions of the Society".

Present, Drs Ferguson (President, in the chair), Cuming, Ferguson H. S., Moore, James, Smyth Brice, Patterson, Moore David, McGee Michael, Arnold, Browne, Dill, Reade Thomas, MacCormac William, Gribbin, MacWilliams, McCourt and Whitaker.

Dr Browne having stated object of meeting and made some remarks on the history of the subject moved and Dr Michael McGee seconded the following resolution "That our Secretaries be requested to continue their reports of the discussions at the weekly meetings of the Society with a view of having these reports published in conjunction with the papers that may be brought forward during the session".

An animated discussion having ensued. Dr Dill moved and Dr Moore seconded the following amendment, "That the publications of the transactions in connection with the Ulster Medical Society, be confined to the read or spoken papers, and that the discussions thereon be not published".

Amendment put from the chair and lost by the casting vote of the President. Original motion then put and carried in a similar manner.

Dr Patterson then suggested that as the members seemed so equally divided in opinion, it would be better to allow the reports to be continued as usual during this session, and that previously to the commencement of the next, the matter could be fully discussed and some satisfactory arrangement entered into. This suggestion not having been entertained by the Meeting, Dr W. MacCormac moved and Dr Patterson seconded the following resolution, "That a Committee of publication be appointed consisting either of the Council or a portion of the Council for the purpose of reviewing discussions held on papers or communications made to the Society before issuing them to the profession in any form". Carried unanimously.

Dr Reade gave notice of the following motion "That any Member of the Society entrusting his key to anyone not a member shall pay a fine equivalent to one year's subscription".

J. Creery Ferguson, President

### **January 3rd, 1863**

Present, Drs Ferguson (chair), Cuming, Patterson, William McGee, McCourt, Gribbin, Smyth, T. Reade, Beck, MacWilliams, Pirrie, Moore, W. MacCormac, Stewart, Saunders, Murray, and Whitaker.

The minutes of last meeting were read and confirmed.

Payment was ordered for £10.7.8 being amount due for rent, gas, coals, Boy, postage etc.

Dr W. MacCormac moved and Dr Patterson seconded "That the Council be requested to take action on resolution of December 27th and that the matter be left in their hands". Carried unanimously.

Dr McGee (W) moved and Dr Pirrie seconded "That no question shall be entertained by this Society of which due notice shall not have previously been given in the meeting circular, with the exception that on the first meeting in December, February and April, any matter or question may be brought before the Society".

Dr Beck objected and thought that notice should always be given. He moved the following amendment, which was seconded by Dr Stewart, "That no question shall be entertained by this Society of which due notice shall not have been previously given in the usual printed circular". Amendment carried.

Dr Reade moved and Dr Moore seconded "That any Member of the Society entrusting his key to anyone not a member shall pay a fine equivalent to one year's subscription".

Dr William MacCormac then read a paper on

varicocele, in which he entered fully into the causes, effects, and mode of treatment of same. He then detailed the history of a case which he had recently treated on the radical cure plan, with perfect success; and concluded a very interesting paper by stating the difficulties to be met with and the dangers to be avoided in pursuing that treatment.

Dr T. Reade expressed his complete concurrence with the views put forward by Dr William MacCormac as to the nature and treatment of varicocele. He had frequently met the disease but never had seen it existing on the right side.

Dr Patterson recollected some 20 years ago having seen a case occurring in a boy 9 years of age, in whom the ordinary treatments with iodine painting, cold applications and suspensory bandage was useless. A firm plaited flannel bandage was applied and the boy got rapidly better. He thought that in such cases pressure was the only treatment likely to be attended with success.

Dr Beck thought that ordinary palliative treatment was useless and that it was necessary to have resort to the radical method to ensure a permanent cure.

Mr Saunders (Staff Surgeon 14th Depot Battalion) observed the disease very often during the examination of recruits, and always on the left side. He esteemed that a sufficient cause for rejection, especially when occurring in those intending to enter the cavalry. He found that variations in temperature causing contraction or relaxation of the scrotum interfered considerably with diagnosis.

Dr Pirrie thought that the more frequent occurrence of varicocele on the left side was sufficiently explained by the pressure of the sigmoid flexure of the colon on the left spermatic vein. Varicose veins, he stated, occurred more frequently in the left than in the right leg.

The President called the attention of the members to the effect which varicocele would have when present in persons presenting themselves for life insurance.

Dr Pirrie would not reject for varicocele, but thought it evinced deficient power of circulation and general delicacy of constitution. He therefore would not consider the subject of a varicocele as a first class life.

Dr Reade considered that in cases where the varicocele was not large, or produced uneasiness, or where there was not much or severe work to be undergone by the person, he would consider that the disease, per se, would not constitute a sufficient objection to returning the person as a first class life.

Dr McGee (William) thought that in any case of varicocele the person affected therewith should not be considered as a first class life, and that in cases

where the varicocele was so extensive as to require operation, he would reject the person altogether.

Dr W. MacCormac replied that as varicocele was found to have no relation with varices in other parts of the body, and was in many instances a merely local disease, depending on local causes, it did not, of necessity imply general weakness, or want of tone in the constitution. He, therefore, thought that when varicocele did not produce any pain or incontinence, or interfere with the patient's daily avocations, it was not to be considered a ground for rejection in life assurance; the more so as the disease has in many cases a tendency to spontaneous cure.

J. Creery Ferguson, President

### January 10th, 1863

Present, Drs Ferguson (President, in the chair), Patterson, Ferguson H. S., McCrea, Cuming, MacCormac William, McGee Michael, Reade Thomas, Dill, Gribbin, Beck, and Whitaker.

The minutes of last meeting were read and confirmed.

Dr Beck read the notes of a case of tumour occurring on the labium mistaken for venereal affection and stated that the woman with whom the affection occurred was about 50 years of age, mother of a large family and that the tumour had been gradually increasing in size for some months. That previously to his examination of it, it had been seen by another member of the profession who had pronounced it to be of venereal origin, that he was of the same opinion until he examined it closely, when he found that the base was moveable and that he could squeeze some matter through its ulcerated apex. He cut down upon it and with a slight pressure removed the mass which consisted of the ordinary sebaceous secretion thickened and waxy. Dr Beck then referred to the difficulty of diagnosis in some cases of this kind.

The President thought that in such cases, great care should be exercised and that no statement as to the nature of disease should be made unless the diagnosis had been previously well made only.

Dr W. MacCormac thought the mistake was one which might readily be made on a superficial examination, as the tumour referred to presented some of the characters of an Hunterian chancre. He thought, however, that its situation ought to have suggested caution as chancres of that kind are comparatively rare on the female genitals and their diagnosis proportionately difficult.

Dr Moore brought forward the case of a little girl who had met with an injury in a mill. The thumb had been cut across, the bone severed about half an inch beyond the metacarpal phalangeal articulation, as if

with a bone forceps, the soft parts having been also cut through. The bone projected half an inch beyond the soft parts which had been torn. On examination Dr Moore thought that the best course was to remove the metacarpal bone of the thumb at its carpal articulation and bring the soft parts together which he accordingly did, leaving a portion of the fleshy part of the ball of the thumb which could only be slightly approximated, as a covering.

Dr Moore also brought forward a case of tumour on the upper eyelid, projecting into socket on outer side of the orbit, in which he operated, and removed it. He found the sack so thin and delicate that not withstanding the greatest care, it was ruptured, and required some troublesome dissection to remove it without leaving any of it adherent. Dr Moore then made some remarks on the general principles to be observed in such cases and stated that particular care must be observed lest any of the tumour remain, as when such is the case fungoid growth almost invariably spring there from.

Dr Beck would wish to know why Dr Moore thought it necessary to remove the metacarpal bone in the former case. He had seen a considerable number of mill accidents in which injuries even greater than that related by Dr Moore had been sustained, and yet no operation was required and the parts healed in a short time and left the parts injured in a surprisingly useful condition. He, Dr Beck, thought in injuries of the hands or face, where the parts were so largely supplied with blood vessels, that an effort should, in almost every case, be made to retain the parts so injured and give the patient a chance of preserving them.

Dr W. MacCormac said that very often the soft parts are more injured than would appear on a cursory external examination.

The President remarked that he was quite sure that Dr Moore would be glad of this discussion, as it would give him an opportunity of satisfying the members present as to his reasons for the line of treatment he pursued; he (the President) had no doubt that Dr Moore's explanation would be found most satisfactory.

Mr Saunders (Staff Surgeon 14th Depot Battalion) remarked that in gun-shot wounds of the hand he found that the amount of reparation by the natural process, was often surprising. In the great majority of cases, the less interference, unless to bring the parts together, the better for the patient.

Dr Pirrie thought in the case under consideration it would have been as well to have given the finger a chance.

Dr Dill thought that Dr Beck went too far in his statement and that perhaps in this case, as in many

others, the best chance of giving the patient a useful hand lay in the operation.

Dr Moore replied and stated that from his experience in such matters, he thought that the operation was necessary, that the bone protruded too far beyond the soft parts, and that the latter were too much torn to form a good covering for the bone. He did not like secondary operations which generally turned out unsatisfactorily, and therefore thought that it was better to perform the operation in question, which still left the patient a very useful hand.

J. Creery Ferguson, President

**17th January, 1863**

Present, Drs Ferguson (President, in the chair), Patterson, Ferguson H. S., MacCormac W., Gribbin, Pirrie, McCrea, Dill, Beck, McGee Michael, MacCormac, MacWilliams, and D. Moore.

Dr David Moore in the absence of Dr Murney brought forward the report of a case of Wutzer's operation.

**24th January, 1863**

Present, the President (in the chair), Drs McGee (Michael), Beck, Gribbin, McCrea, Dill, McCourt, Patterson, Cuming, Pirrie, MacWilliams, and MacCormac W.

Dr Beck read a case of perforation after turning in order to complete delivery. His paper was most interesting and practical. He also shewed a loop of woollen tape attached to a whale bone rod, which he found very useful when employing traction on leg of child as it did not slip, and the force could be applied equally.

Dr Dill considered that Dr Beck's paper corroborated his own view as to the impropriety of turning in a narrow pelvis. He differed from a prominent authority (Dr Simpson) on that point, Dr Simpson believing it possible to turn when the ant-posterior diameter of the pelvis was not less than 3 inches. Dr Dill on the contrary thought it better practice and safer to the mother to perforate at once without turning.

Dr Beck stated in reply that he would not attempt version except when it could be readily done. He does not think it a favourable operation for preservation of child. He therefore would perforate at once, where the head was too large or the pelvis too small. He was, likewise, opposed to Dr Simpson's views.

Dr M. McGee then proceeded to read an account of two cases illustrative of conservative surgery.

Dr Beck agreed with the views put forward by Dr McGee. Under even most unfavourable circumstances, he would be most unwilling to amputate any

portion of the hand. Dr Beck then instanced several cases of injury of the hand, in which extraordinary success had followed attempts at conservative surgery.

Dr W. MacCormac thought that every possible chance should be given in order to preserve any portion of an injured hand, but in so doing, the general health and condition of the patient were not to be overlooked; as they much affect the favourable termination of such cases. In injuries happening to mill workers, he had frequently noticed that wounds would apparently heal up by the first intention, and afterwards the adhesions would break down, unhealthy suppuration set in and the case terminate unfavourably.

Dr Pirrie thought that every chance should be given in order to preserve as much as possible of an injured hand.

The President thought that the marked tendency of the present day was towards conservatism in surgery.

Dr Cuming asked if it were observed in practice that bad results often followed the non-performance of operations in cases of severe injury apparently requiring such. He thought that purulent absorption, irritative fever, or other accidents might ensue.

Dr Beck had had large experience in the treatment of such injuries and had never seen bad results follow the attempts to preserve the hand.

Dr McGee briefly replied.

Dr Dill then exhibited a heart which had been removed from a patient who had died in hospital, who had sometime previously been under Dr Ferguson's care for a pemphigoid eruption of the skin, and from which he had recovered and left the hospital. The patient had suffered from the heart disease for some 10 years. On examination Dr Dill had found extensive dullness in the pre-cordial region, a murmur with the second sound. There was much dyspnoea, the lower extremities were swollen and the urine albuminous. The heart was found to be considerably dilated but not much hypertrophied, weight 23*gr*. 2*dr*s. There was extensive deposit in the aortic valves which also extended into the ventricle for about an inch on one side, all the other valves were healthy. The hydrostatic test shewed insufficiency of the aortic valves. The President, while the patient was under his care, observed a murmur with both sounds of the heart and the other sounds of patent aortic valves. He had then no dyspnoea or cardiac distress.

Dr Cuming thought it would be interesting to know how far the therapeutic means displayed to remove the skin affection affected the fatal issue of the case. It appeared that on the disappearance of the skin disease the heart symptoms were suddenly and

severely aggravated. He thought the application of amoxa would have been worthy of a trial as a therapeutic means to combat the heart disease. The treatment employed by the President was mainly feeding and wine. With reference to the amoxa it did not imitate exactly the natural derivative supplied by the affection of the skin.

Dr Patterson was acquainted with a gentleman affected with heart disease, in whom the formation of an ulcer greatly relieved the distress, while its subsequent appearance was soon after followed by death.

Dr Dill observed with reference to a remark of the President, that when he, Dr Dill, examined the patient, although he suspected its presence, he was not able to distinguish a murmur with the first sound, as the bruit with the second sound was so loud and prolonged as quite to conceal that with the first.

J. Creery Ferguson, President

### January 31st, 1863

Present, the President (in the chair), Drs Dill, Gribbin, W. MacCormac, McCrea, J. Moore, MacWilliams, Patterson, Pirrie, Saunders, Brice Smyth, Stewart.

The minutes of the previous meeting were read and confirmed.

Dr Dill introduced an elderly woman who had become a hospital patient of his a few days ago. He said that she had been employed for years in a looking glass factory, in which she wrought a good deal with mercury; she has a tremor – a palsy – all over, which she ascribes to this occupation. He considered the tremor different from that of paralysis agitans, and chorea; and suggested as an interesting point to decide, whether the disease was caused by mercury or was sui genesis. He is adopting the same principles of treatment as in any other nervous affection, and is, therefore, using iron and quinine. He believed that the vapour alone of mercury was sufficient in producing such symptoms. He called attention [to] the fact that when the trembling parts are supported in anyway, the motion ceases.

The patient, in reply to questions of the members of the Society, stated that she was 42 years of age. She had been, for twenty-three years working at the business, that she had been obliged to handle, very often, the quicksilver-refuse, that her hands used to be blackened with this, that she had been thus engaged daily, that the tradesmen wrought only a day or two in the week, but were nevertheless, affected with fetor of the breath. That, first of all, she had had a “burning” sensation in the stomach, then lightness of the head, “sleepiness” in the lower limbs, occasional trembling of the knees, that two years ago she had been wet in a shower of rain after which her

teeth loosened, and they had not since become fixed. That at present she suffered from a pain in the left shoulder, that she had been getting worse for the last six months, and had given up working three months ago.

The President said that, in consequence of the manufacturing being conducted at ordinary temperatures the mercury must be vaporised in exceedingly minute quantities, if at all. He had known pure chorea attributed to the vapour of mercury. It would be impossible to account the vagaries of nervous disease. He did not think it had been clearly proved that this was a case of mercurial tremor or that it was the result of mercury in the vaporised state. He leaned to the use of Iodida potassii in mercurial poisoning.

Dr W. MacCormac thought there was no doubt of this being mercurial palsy; that the woman had got a chill, her secretions had stopped and her present affection had come on. This case shewed very plainly the fallacy competed by those who attributed symptoms of tertiary syphilis to mercury. Here was a woman as strongly under the mercurial influence as she well could be, in whom none of the phenomena of tertiary syphilis were exhibited. The mercury, in an oxidised condition might have been absorbed through the hands.

Dr MacWilliams remembered seeing a case in which iodide of potassium has been useful.

Dr Saunders remarked that it was a strange thing that the disease was so rare, so many people being exposed to its cause. In many persons in whom mercurial treatment has been pushed to extremities, no such symptoms had appeared.

Dr J. Moore introduced a case of elephantiasis occurring in a young fellow of twenty-two, or so. Both legs were greatly enlarged. The patient stated that the left leg had been enlarged since he was very young, and that he remembered when the right one was perfectly well – about five years ago. He had always lived with his parents in the vicinity of Antrim. He felt no pain, or tenderness on pressure in any part of the limbs.

It was ordered that a cast of his limbs should be taken.

Dr J. Moore had met with a similar case in the neighbourhood of Ballymena, not, he thought three miles distant from the residence of the present patient. He thought the kidneys were affected, but believed that there was nothing the matter with the urine. Perspiration was good. In the Ballymena case, the biggest leg was not so big as the smallest in this case.

Mr McCourt had met with a case of this disease at Gracehill which is in the same district. The legs broke

up, there was frightful discharge, and the patient died.

Dr W. MacCormac said the disease was generally attributed to inflammation of the absorbent vessels and glands, that it was unusual in both limbs. Amputation he said was useless in initial stages, it only hastened the outbreak in another portion of the body. It was to be observed that in this case the disease commenced at different periods in the two limbs. In the intercalated form of the disease – the E. Graecorum – the senses were affected, in this boy they were sound.

The President looked on elephantiasis as an inflammatory disease, this as the chronic stage of it. In it the absorbent and venous systems, and the areolar tissues were affected. He would treat it locally by almost constant vapour baths, and he would push the iodine treatment to extremity. He would be disinclined to use pressure bandages. He observed that on the foot there were tumours like molluscom tuberosum.

Dr Pirrie exhibited pieces of *Laminaria digitata*, intended as a substitute for the sponge-tent. He had selected two pieces of as nearly as possible the same size. One he had immersed for twenty four hours in water; it had expanded both longitudinally and laterally to nearly double the size of the other. The irregularities of the surface disappear as the pieces swell. When swollen they are elastic. The profession was indebted to Dr Sloan of Ayr for the introduction of this agent.

J. Creery Ferguson, President

### Pathological Rooms

#### February 7th, 1863

Present, the President in the chair, Drs Thomas Reade, Beck, Dill, W. MacCormac, MacWilliams, McCrea, Patterson, Michael McGee, Cuming, McCourt, D. Moore.

The minutes of the previous meeting having been read and confirmed, a letter from the Editor of the "Dublin Medical Press" was read relative to the reprinting of the transactions of the Society and offering to throw off a hundred copies of the size of the Report of the Medical Benevolent Fund, at the rate of a guinea per sheet. The Secretary was instructed to write the Editor and inform him that the Society would accept his terms.

Two accounts, one for twelve months July 1862/63, subscription "Northern Whig", £1.6.0; one of "Musgrave Brothers" of £3.14.2½ were passed and payment ordered by the President.

Dr David Moore exhibited the recent parts of a case of fracture of the base of the skull, and detailed the facts of the case.

Dr Thomas Reade thought a fracture of the base of the skull of any magnitude was a necessarily fatal accident. He was not aware of any preparation which would shew bony union of a fractured base, and lead to the inference that recovery had taken place.

The President enquired as to how the force acting laterally on the skull, would produce a transverse fracture of the base.

Dr W. MacCormac remembered a case of very extensive fracture of base of skull; the subject of it was a sergeant upon whose head a metal butt of many hundred weight fell while he was engaged in moving it, crushing his head laterally between it and another butt which was lying on the ground. The direction of the force was lateral, though fracture of the base of the skull was transverse, with a fissure extending backwards on either side from the petrous part of the temporal bone towards the occipital foramen.

Dr D. Moore remarked that the course the fracture took in the instance brought forward was that taken by all the extensive fractures of the base he had seen, and this course seemed to obtain irrespective of the direction of the force, and mentioned the case of a man who had fallen from a considerable height, alighting on the vertex of the skull. Whilst in hospital he shewed the usual signs of fractured base, and on post-mortem examination a transverse fracture was found which pursued almost the same course as the one under discussion.

A communication was read from Dr Scott, Aughnacloy, on the use and mode of action of Ergot of Rye.

Dr Michael McGee had given Ergot for the last twenty years, and in the same manner as Dr Scott, and regretted to have to state that from experience he had been often disappointed in it, in the proportion of six cases out of ten in which it was given.

Dr Beck had much experience of Ergot. He had used it 400 times in 2,000 cases. If it failed he thought failure due to its being employed in inappropriate cases. It should not be given till the uterus had made some progress itself in the labour, the os well dilated, and then only when the pains were not "up to par". He considered the Etherial tinct. was not to be depended on. The Ergot should be recently bruised as it does not keep owing to an acarus forming on it but Camphor would preserve it from the acarus.

His mode of prescribing it was to make an infusion of  $\frac{ij}{j}$  of the Ergot, and divide that into three doses, with an interval of twenty minutes between them. He could not class Ergot as an emetic as he had met with vomiting as often where Ergot was not given, as in those cases when it was administered, and besides vomiting was frequent whenever the pains were

strong in cases where Ergot was not required. It was most valuable in cases of post-partum haemorrhage. As to its stated effects on the child itself, he thought it could only arise where Ergot had been given at a very early stage of labour and continued long enough to act as a poison to the child. He had never seen such effect.

Dr Patterson had used Ergot for the last thirty years and thought all junior practitioners should be cautioned against its indiscriminate use. It should only be used when the cervix is well dilated, the passages soft, and free from any obstruction to the passage of the child. In cases of retained placenta or of haemorrhage he invariably gave a dose of Ergot, when the child was about to be expelled. If Ergot was given too early there was a risk of rupture of the uterus, a case of which in consequence of the incautious use of Ergot he had heard Dr Hamilton of Edinburgh commenting on.

Dr Thomas Reade remarked that Dr Beattie of Dublin had written a paper on the subject, in which he recommended Ergot to be given only in latter stages of labour, or after birth. Where an apprehension of haemorrhage exists, he advises a dose of Ergot just before delivery to guard against it.

Dr Cuming confessed he was startled by the number of cases in which Dr Scott used Ergot, and Dr Beck also used it very frequently. Now in 100 cases he had never used Ergot at all. The statistics of midwifery shew that abnormal cases as a class occur but once in 33 times, and he felt surprised that in an ordinary physiological process as childbirth was Dr Beck should feel called on to add Ergot so often.

Dr Michael McGee did not use Ergot in one case in 30.

Dr Johnston asked if there were any connection between imperfect tertiary contractions and puerperal fever.

Dr McCrea considered that puerperal fever was less owing to deficient uterine action than that the deficient action was due to the cause which at the same time gave rise to the puerperal fever.

Dr Beck thought he could trace a distinct connection between rigid contraction of uterus after birth, and the absence of puerperal fever.

Dr Dill could not agree with Dr Beck as to Ergot being the most efficacious agent.

J. Creery Ferguson, President

### **Pathological Rooms February 14th, 1863**

Present, the President in the chair, Drs Dill, Patterson, Browne, Michael McGee, Pirrie, Corry, W. MacCormac, Beck, Cuming, Staff Surgeon Saunders.

The minutes of the previous meeting having been

read and confirmed, Dr D. Moore shewed a foetus in utero of eight months gestation, the uterus and content having been obtained from the body of a female who had died of acute pleurisy. The child and placenta were both in a natural position – that of the child was the second position of labour the occiput to the right obturator foramen, the right hand was placed on the top of the head. Would the hand present in the progress of the labour?

Dr Pirrie said that when labour would begin the head would be projected forwards and the hand would most probably recede.

Dr Beck said that when the hand came down with the head, it was placed usually at the side of the head and face, and not on the vertex.

Dr Cuming asked if in such a case section of the abdomen would offer any chance of life to the child.

Dr Michael McGee quoted the case of a foetus which had been cut out of the uterus at the end of the period of gestation, the mother having died from convulsions. The child lived and grew up to manhood.

The President remarked that in the present case the woman had died not from a disease of very short duration but more lingeringly, which would doubtless have an effect on the vitality of the foetus. That death had occurred more suddenly than was anticipated, and in the middle of the night, even had a *sectio abdominis* been contemplated in such a case, and a surgeon ready when the final event occurred to take advantage of every moment he considered the chances of the child's life would even then be very problematical.

Dr Corry exhibited a case in which a congenital tumour of the size of a small orange projected from the centre of the occipital bone of a child a few days old. A narrow neck, rather firm and somewhat moveable connected the tumour to the bone. The tumour itself was tense, elastic and devoid of pulsation, of a reddish colour at the position nearest the pedicle, the remainder was more purplish in hue.

Dr Beck met with two such cases, in one the child was still-born from difficult labour, the side of the head presenting the remains of the cyst of such a tumour as he conceived the one before the Society to be, with a little round hole in the centre of the parietal bone communicating with the cavity of the arachnoid. In the second case, the tumour was situated on the occiput and presented a very similar appearance to the case before the Society.

Dr W. MacCormac thought the tumour was rather of the character of nevus, as the pedicle was moveable rather freely on the parts beneath. There was a marked difference of colour in different parts of the tumour and the absence of pulsation might be accounted for by the tumour being composed chiefly

of enlarged vein.

Dr Browne considered the case was one of spina bifida, that the tumour was lined by the arachnoid, and filled with its fluid, it was partially translucent. That the tumour could not be lessened in size by pressure as the foramen in the bone was of small size. In spina bifida affecting the inferior extremity of the spinal canal although the opening was large, the tumour was but little affected by pressure.

#### **Dr Beck's paper on Ergot – Discussion**

Dr Cuming considered that unless the cases Dr Beck had met with in practice differed materially, at least in a great number of them, from those met by other medical men he thought Ergot was too freely administered. It was in the memory of practitioners of standing, that at one time formerly it was customary to give a glass of whiskey, and ninety drops [?] opii to every woman on delivery. Now this was never thought of. He supposed the exhibition of the above draught did no harm but cases are at present imagined to proceed as well without it. Dr Beck might exhibit a small dose of arsenic to each of his cases without making any change on a favourable issue. He uses a drug largely that has in other hands been productive of bad effects, and which has a decided effect on the nervous system, evidence of nausea and depression.

Dr Michael McGee has had experience in 3,000 cases of midwifery. In his early practice he gave the drug more frequently than now, first to accelerate delivery and second to save time. He thinks the good effects he then ascribed to the drug would have appeared in its absence. Could it not have been dispensed within some cases of Dr Beck's. In some cases where the uterine action has declined, it is injurious to both mother and child, and has sometimes acts as a sedative merely. Where he has given Ergot he has met with hourglass contraction in a few cases but never when the drug was absent. He agreed with many points in Dr Beck's paper but could not endorse all his good opinions of Ergot.

Dr Pirrie agreed with Dr Beck that when Ergot failed, the fault lay more in the faulty keeping and preparation of the drug than in the drug itself. He would not agree with Dr Beck in giving Ergot in cases of retained placenta, as it [is] very liable then to give rise to hourglass contractions. He was a pupil in the Rotunda in Dublin when Drs Hardy and McClintock made their experiments on the action of Ergot. The conclusion they arrived at was that Ergot was productive of bad effects on the child, and the rule was that unless birth was accomplished in two hours after its first administration, the forceps should be applied. It was a most valuable agent in post-partum haemorrhage. He had seen mischief in cases which

were unsuitable for the exhibition of the medicine, but this should not be charged to the drug itself.

Dr Browne considered the value of the paper lay in some measure on its clearness and candour. If Dr Beck's instructions were followed, the drug good, and cases suitable, the practice inculcated would be found to answer expectation. He considered that if Ergot were given six or eight hours before the birth of a child, there would be a great risk of still-birth. He would endorse almost all the statements of Dr Beck.

Staff Surgeon Saunders in cases of post-partum haemorrhage never omitted the early application of the child to the breast, as there is no better excitant of uterine contraction. The infusion should be prepared on the spot from freshly powdered Ergot, and given cold. He has found the infusion given cold to act better, and it is well known that a small draught of cold water will often excite uterine action.

Dr Dill said he should scarcely have thought it necessary to rise on the present occasion were it not to state that he did not fear to meet, and even measure swords in a friendly way with Dr Beck on this or any other question. He thought it better to debate the point now, rather than like him to take a week to barb an arrow or direct a shaft. Notwithstanding what Dr Beck had said in defence of Ergot of Rye as the very best agent in the hands of an accoucheur for checking post-partum haemorrhage, he was still disposed to reiterate and advocate pressure and the free application of cold as the first, superior and most effective agents we have at our command. Pressure over the uterus can always be promptly applied by the hands and cold water, (ice if possible) should never be far off. Whereas Ergot required time for preparation and still longer after its administration till its influence, if any, was felt. He need scarcely allude to Dr Beck's hypercriticism regarding the fact that he did not mention or recommend horizontal position as the first thing to be attended to. It was not necessary to tell him that the patient was supposed to be already in that position and when Dr Beck did introduce the point in an elaborately written paper and attempted critical argument, why did he not inform the Society how the head should be lowered and the hips elevated. This Dr Dill had always in such cases been in the habit both of practising and teaching. Indeed he held that the head be very much lower below the level of the body, and the hips at the same time considerably elevated. This would appear the more necessary when it was known that the saving of a single drop of the vital fluid in such cases of the utmost importance, and this position it should be admitted was calculated to accomplish the object. There were few specifics in medicine but he would be dishonest to look on Ergot as one of that class and

that it exercised great influence over the womb in contracting its muscular tissue but he was not prepared to admit that it should be placed either in the class of poisonous emetics.

### **Pathological Rooms**

**February 21, 1863**

Present, the President in the chair, Drs Browne, Dill, Cuming, McCrea, Charles Purdon, McCourt, Gribbin, Johnston, Staff Surgeon Saunders.

The minutes of the previous meeting having been read and confirmed Dr Charles Purdon exhibited a specimen of soup he had caused to be made for the use of the inmates of the "Deaf and Dumb Institution" of which he had medical charge. He stated that the pupils were particularly liable to strumous affections, phthisis chiefly, with a large mortality. The diet was abundant and generous, and with tonics, expectorants, and cod liver oil, freely [used], constituted the treatment formerly pursued. Owing to its inefficiency he had introduced the use of the soup laid before the Society, which for the past four months had been used daily as part of the food of the pupils, the cod liver oil so freely administered before being at the same time discontinued.

The result had exceeded his expectations a wonderful exemption from phthisis and asthma generally having been enjoyed for the past four months by his patients, who had become fat and healthy looking. The following are the constituents of the soup

Rx Flax seed

Bran

Beef

Groats and Vegetables

Water

The flax seed and bran are boiled in water for two hours, strained, and the fluid then boiled with the beef and vegetables for a sufficient time with water enough to give two pints soup.

The President introduced a case of large abdominal tumour in a boy .. years old and asked the opinion of the Society as to its nature, and the probable result.

Dr Browne considered the tumour to be connected with, and confined to, the mesentery, mesenteric glands and spleen; to be malignant from the cachectic appearance of the patient and the rapidity of its progress. There was little or no fluid present – he could detect no fluctuation anywhere. Has at present a case under his care in which effusion had twice occurred from malignant disease of the abdomen. Prognosis unfavourable.

Dr Dill thought that the tumour was not due to malignant disease, but to a strumous enlargement of the mesenteric glands, that the spleen was not involved, that there was considerable effusion, but that it had not been detected from the imperfect means of examination the Society had had, as the boy was recumbent in a large basket and had not been placed in the erect posture, and that the tumour itself was not so large as to fill the abdomen to the extent existing in the case, without much effusion. In the prognosis he agreed with Dr Browne.

The President had been unable to detect fluid, if any, he thought it was slight in amount. The enlargement raised considerably even in twenty four hours. Tympanites would account for much of it. In addition to the morbid deposit in the mesentery and its glands, there was a tumour which occupied somewhat of the site of the spleen, but which was not in his mind splenic, differing from that viscus in size, in form, and somewhat in site. He considered the morbid process had also extended to the spleen. It was a common site of tubercular deposit. Where was the aeriform effusion? Was it confined to the intestinal canal, or did it exist in the peritoneal cavity as a secretion from the sero-membrane. The presence of air in the intestine itself would be sufficient to account for the amount of the swelling. The bowels were in good order and evacuation regular. The pressure of the tumour on the abdominal veins would account for the oedema of the limbs and scrotum.

The President next exhibited a case of pulsating tumour of the thorax and asked for the opinion of the Society as to its nature.

Dr Cuming said such a pulsating tumour might be produced by an aneurism, by malignant disease of the lung, or by the pointing of a pleuritic abscess, to which a pulsation had been communicated.

The absence of dyspnoea, dysphagia, of any bruit, of differences in the radial pulse would to some extent mitigate against the idea of aneurism. The history of the case is not that of pleuritic abscess. From the imperfect means of examination of the case afforded Dr Cuming he felt inclined to avoid any opinion on it, but so far, it seems to be probably a case of cancerous affection of the lung.

Staff Surgeon Saunders said that the paroxysmal attacks of dyspnoea on exertion he considered an important feature in the case, which seemed to him to be one of aneurism. It was not necessary in aneurismal swellings to have a murmur, or alteration in radial pulse, or any indication of heart disease. He remembered a case of aneurism in a soldier which opened into the trachea. During life the only symptom observable was an asthmatic state of

respiration. A few days before death the lips became perfectly pale and bloodless, shewing an accumulation or partial stagnation of the blood in some of the internal organs.

In another case the aneurism presented on the root of the left lung, and the only symptoms during life were those of difficulty of breathing with some bronchitis. Swellings such as the one before the Society were obscure but from a cursory examination he leaned to the idea of aneurism.

Dr Johnston thought the case one of aneurism. Presence of bruit was not necessary. Malignant disease would scarcely account for the circumscribed pointing of the tumour, and with it there would be more constitutional disturbance. The extensive dullness might be partly accounted for by partial pleuritic effusion. He considered the case very similar to one brought some years ago before the notice of the Society by the late Dr Malcolm.

The President looked on the case as one of large aneurism. He remembered the case alluded to by Dr Johnston and thought the present very similar. The extensive dullness would be explained by the size of the aneurism and also by some pleuritic effusion, which he looked upon as slight in amount. That there was some effusion he judged from the enlargement of the right side of the chest, as aneurisms per se do not produce such enlargement. The lung was yet to a certain extent permeable by air for the swelling rose and fell on inspiration and expiration as if swelled by the lung on inspiration and allowed to subside on expiration.

He considered the seat of origin of the aneurism to be between the point of escape of the aorta from the heart, and its arch, for where it seated higher up, it would give rise to bronchial irritation from pressure on the bronchi. If seated lower, near the heart, it would produce derangement of the aortic valves, the aortic patency so common in aneurism close to the heart. These signs were wanting in the case.

The history shewed severe shooting pains down the back and up to the shoulder at its early stages from pressure on the vertebrae. At present the patient complains of stomach pain around chest and waist from pressure on intercostal nerves, and of pain on pressure on the whole anterior part of the right chest indicating that the mischief has extended to the tissues of the anterior wall of the thorax.

J. Creery Ferguson, President

**Pathological Room  
February 28th, 1863**

Present, the President in the chair, Drs Thomas Reade, Dill, Patterson, Johnston, McCrea, MacCormac, McCourt, McWilliam, Gribbin, Smith, D. Moore, Staff

Surgeon Saunders and Mr Poppelwell (Assistant Surgeon).

The minutes of the previous meeting having been read and confirmed, Dr Browne introduced a patient in whom he had performed Holt's operation for the relief of urethral stricture, a few days before. He was now able to introduce easily a number twelve catheter.

Staff Surgeon Saunders said the operation where performed had always proved satisfactory as far as he was aware. It was unnecessary to retain a catheter in the canal. Mr Holt objected to its being done. As to rupture of the mucous membrane it was questionable if it occurred in every instance, the only part ruptured would be that situate within the extent of the stricture itself. The rupture would extend no further unless the dilator were too large in calibre for the canal. The operation had the recommendations of being simple in character, and free from haemorrhage, or infiltration of urine as far as the cases yet recorded could shew. He hoped the unsuccessful cases would be duly reported as otherwise the true value of the operation could not be ascertained.

Dr W. MacCormac thought it almost impossible for the membrane to remain unruptured under the sudden extension. At first sight the operation would seem a dangerous one. Dr McNamara of Dublin had operated in forty cases and save in one, there were no symptoms or urinary fever. Mr Stapleton of Dublin had failed in one case. The danger lay in the conversion of an ordinary stricture into a traumatic one which was the case in this operation. A few months only had passed since the operation was first recorded, and the period was as yet too early to set the cases down as entirely successful in which it has been done.

Staff Surgeon Saunders said much of the success depended on the after-treatment. A catheter must be passed regularly each week for a month, then once a month and subsequently every two months till cure is complete.

Dr Browne considered the more recent cases of stricture were those suitable for Holt's operation, here the stricture was less firm, softer and more readily split, and the mucous membrane more safe and not so liable to be ruptured as in cases of old hard cartilaginous strictures in which latter class of cases the membrane may be ruptured.

Dr Johnston thought that the gradual dilatation of this stricture would yield a more permanent cure than its sudden rupture. He would expect a worse contraction than the first would occur afterwards.

Dr McCrea thought Dr Johnston's remarks consonant with the principles of surgery, the old plan

of gradual dilatation was used on the principle of absorption of the effused lymph being induced. He could not understand how after the sudden dilatation lymph would not be effused and the contraction occur again. Sudden symptoms of the stricture might succeed in two ways; first by rupture of muscular fibres if the stricture was cause of their contraction. Secondly by rupture of the old and hardened lymph in the latter case the liability to the continuity of the stricture being renewed would exist, and hence a considerable time must be permitted to elapse before we could pronounce that there was no tendency to contraction again.

Dr Browne said that after the operation the catheter was used for some time to prevent re-contraction, but that the advantage of the operation consisted in the facility with which a large instrument could be passed at once afterwards, thus procuring at once what would require perhaps months to effect by the plan of gradual dilatation, a great saving of time, of suffering and anxiety to the patient, and also of the risk attendant on catheterism during those spasmodic attacks of retention which are so liable to attack persons labouring under stricture on exposure to cold and wet, or during excesses of any kind.

Dr W. MacCormac considered Mr Holt's operation more suited for old and hard strictures than for the more recent, which was readily curable by the old method. It was in the former class of cases that Mr Holt himself recommended this plan. Mr Smylie's modification did away with the objection that it was necessary first to pass a No. 2 or 3 catheter before Holt's operation could be performed, the modification consisted in a No. 1 or No. ½ elastic catheter with a stilette over which on being passed through the stricture the elastic catheter was withdrawn leaving the stilette which now served as a guiding-rod over which silver instruments of small size could be passed till the stricture was sufficiently dilated to permit the passage of the dilator.

Dr T. Reade said in many cases of stricture the process of gradual dilatation was a very slow one. In these the apparatus in the hands of an operator who was thoroughly conversant with the anatomy of the urethra and of experience in dealing with stricture would prove useful. Experience so far was favourable to it. He would caution all junior practitioners against the least haste in dealing with the urethra, an organ which required the utmost care and delicacy of touch in the manipulation of instruments passed into it.

The President remarked that as to the pathology of stricture, there were few membranous tissues that would admit of greater dilatation than the mucous. In the forcible dilatation the adventitious deposit of lymph would be ruptured, but he would not expect

the mucous membrane to be ruptured also, at least generally. He considered that the healing up of the adventitious tissue would be followed by its absorption and not by an increase of the deposit, any tendency to which would be obviated by the subsequent passage of an instrument.

Dr Browne exhibited a specimen of a fibrous tumour removed from the lower part of the front abdominal wall of a middle aged male patient. When six years old he was bitten by a horse immediately over the pubis. The wound healed and in its site when a boy a small tumour presented itself of the size of a marble. It increased slowly, never larger than a small egg until eighteen months since when it rapidly began to increase in size and lately to ulcerate at two points. When removed the tumour was of the size of a small coconut. It was subcutaneous and easily removed on the skin being cut through, from the cavity of its attachment to the surrounding parts. Its texture was fibrous, presenting at some points the character of the recurrent fibroid tumour and it would be likely to return.

Dr T. Reade said he had some years ago a case of a large tumour in a child two years old, in which he had been much deceived as to the facility with which the tumour would be evolved. Mr Smylie of Dublin saw the case with him and stated as his opinion that the mass on incision through the skin would easily enucleate.

J. Creery Ferguson, President

### **Pathological Room**

#### **March 7th, 1863**

Present, the President in the chair, Drs Stewart, Patterson, Reade, McGee, Graves, Cuming, McWilliam, Whitaker, Gribbin, D. Moore, Staff Surgeon Saunders, Mr Poppelwell.

The minutes of the previous meeting have been read and confirmed, Dr William MacCormac's motion, "That a sum of £5.5.0 be paid to Lewis of London for a supply of books during the ensuing year on loan to the Society" was discussed when it was resolved, That the matter be entrusted to the Council to make due enquiry and conclude such negotiation as may seem right.

The President brought forward a patient presenting a difficulty of diagnosis and asked for the opinion of the members of the Society upon it.

Dr T. Reade asked were there any circumstances in the case which would give rise to any objection to the diagnosis, aortic aneurism. The case seemed to him obscure, as far as he could judge from the imperfect means of examination, and he would like to hear the President's opinion of the case before the members of the Society would state their individual

views.

The President said that a case of aortic aneurism at least to his mind had been before the Society at last meeting. There, there was a pulsating tumour in the right chest localising the mischief. In this case before the Society at present, there was no tumour observable anywhere. The sounds of the heart diminished in intensity either upwards or downwards from the base of the heart. The heart was enormously enlarged, with permanent patency of the aortic valves, patency due to an aneurismal dilatation of the artery separating the valves, which might be perfect per se, from each other. He looked upon the case then as one in which there was a great enlargement of the aortic arch so large as to give rise to permanent patency and an occasional bruit with a first sound. The dilated arch pressed the innominate upwards and partially prevented the entrance of blood into it.

The heart was an example of hypertrophy with dilatation, the latter very great, the former but trifling. The heart sounds could be heard in the left back which was the case only when dilatation existed.

The point of dullness on percussion at the right side of the sternum was defined and there was no impulse there.

Dr McGee did not consider the pulse presented at the wrist the peculiar undulation of that of aortic patency.

Dr Graves said the case was a difficult and interesting one. From the imperfect access he possessed of making a careful examination he should think the case one of enlarged heart, with a tumour of some sort, he would not say what, pressing on the circulation of the right side.

The President said he had never met with a case in which he considered the peculiar pulse of aortic regurgitation better marked, sometimes amounting to *frémissement cataire*. He did not consider the aortic arch was equally engaged. There was no solid tumour connected with it. There was no cough, dyspnoea or dysphagia to lead to such an inference.

Dr Cuming thought that the cause of the obstructed circulation might be found in the vessel itself. Patency so marked would argue disease in the valves and a portion of the fibrous vegetation having become detached would give rise to the obstruction.

Staff Surgeon Saunders

### **Pathological Rooms**

**March 14, 1863**

Present, the President in the chair, Drs Stewart, Patterson, Dill, Cuming, McCrea, Gribbin, McWilliam, Little, D. Moore.

The minutes of the previous meeting having been read and confirmed, Dr McCrea gave notice of the

following motion, "That the Secretaries be instructed to disavow the account of the supper of the Ulster Medical Society, so called, as it appeared in the daily papers recently."

Dr Little of Lurgan exhibited a diseased testis which six weeks ago he had removed from an infant, 14 months old. The child who 4 months ago had received an injury of the testis; from the mother's account by having come forcibly in contact with the crinoline of the nurse. The testicle slowly and steadily increased in size in spite of the remedies employed – iodine, strapping etc. By and by the health began to suffer and as a collection of serum had formed at the bottom of the tunica vaginalis, below the tumour, it was drawn off by the trocar. The relief of the tension so produced diminished the restlessness and feverishness of the child for the time, but as they returned after a few days and continued well marked, Dr Little considered the removal of the testicle would afford a chance of a favourable issue, while on the other hand were it permitted to remain the result was certain to be unfavourable.

Accordingly, six weeks ago, the tumour was removed, and the child improved in health after the removal till the tenth day when it became feverish, refused its food and had tenderness of abdomen. Diarrhoea set in, tympanites, and on the sixteenth day, death.

Dr Little remarked that the case determined a point of which he was previously uncertain, namely, whether or not a child of so early an age as 14 months could recover from a serious operation. He looked upon the operation as a serious one in this case as the tumour was of the size of a small orange, yet the child did well apparently for ten days after the operation. He wished for the opinion of the Society in the case.

The President said that from the history of the case he should consider the course run by it was not altogether that occurring when abdominal disease was unsuspected before the operation. That death was due to peritonitis, perhaps subacute at first, from inflammation extending along the track of the operation, and engaging at length the peritoneum. The history was not like that of ulceration and perforation of the intestine, as death would then occur much more suddenly and supervene more immediately with early symptoms of peritoneal inflammation. The tumour consisted of tubercular deposits in the testicle.

Dr Little said that no doubt a mesentery studded with tubercular deposits would be more liable to inflammation than a healthy one but if the inflammation extended from the wound, he would expect it to make its appearance before ten days had elapsed. He should think that if inflammation were to

follow the operation in such a case as the present, the time of its appearance would be the same as in cases of hernia, on the second or third day, and that period passed he should conclude the patient comparatively safe. As to whether the removal of such a tumour would increase or aggravate the tendency to deposit in other organs of the body he should like to hear.

Dr Cuming remarked that in strumous diatheses there was a marked tendency to the development of phthisis after surgical operation for the removal of diseased joints, etc, and that cases in which the chest affection is only slightly marked will frequently be hurried into rapid phthisis if operative interference with a diseased joint, for example, has been practiced, and quoted a case falling within his own knowledge in which a young person in whom the chest symptoms were so slightly marked as to give rise to a difference of opinion on the subject between two medical men, had yet succumbed to a rapid phthisis following a surgical operation on a strumous joint, and that in so short a period as five weeks. In the case at present before the Society, a child of tender age might readily sink from so large a development of tubercular matter in one organ as had probably occurred judging from the morbid specimen at present under our notice, and this in so tender an organ as the peritoneum.

The President said he would however be slow to accept the idea that a child, in the case of strumous deposit in the abdomen, would die in six days from acute inflammatory action.

J. Creery Ferguson, President

#### **Pathological Rooms**

**March 21, 1863**

Present, the President in the chair, Drs Stewart, Patterson, Michael McGee, Cuming, Gribbin, Corry, McCrea, W. MacCormac, McWilliam, Beck, Whitaker, D. Moore.

The minutes of the previous meeting having been read and confirmed, the following report from the Council was read and approved of. "That having written to Messrs Lewis and Knipton of London, and Mr Fannon of Dublin for information regarding their Libraries and having received communications from each of them, the Council have entered into arrangements with Messrs Lewis for a regular supply of books to the Reading Rooms for one year."

Dr McCrea then brought forward the motion which was seconded by Dr McWilliam, "That the Secretaries be instructed to disavow the report of the supper of the Ulster Medical Society, so called, as it appeared lately in two of the daily papers." After some discussion the following amendment was proposed by Dr Patterson, seconded by Dr William MacCormac, and passed viz "That the Society recommend that no

reports of any entertainments given by the members be published in the newspapers unless through the Secretaries, and that it disapproves of the publication of the report of the supper of the 10th instant."

J. C. Ferguson, President

#### **Pathological Rooms**

**March 28th, 1863**

Present, the President in the chair, Drs Patterson, Pirrie, Gordon, Gribbin, McCrea, McWilliam, W. MacCormac, Whitaker, D. Moore.

The minutes of the previous meeting having been read and confirmed, Dr Gordon exhibited a specimen of hypertrophy of the fang of a tooth, and stated the facts in connection with the case.

Dr Gordon exhibited a specimen of "chronic mammary tumour" recently removed from the breast of a female of 29 years of age, and read notes of the case.

Dr Gordon read notes of a case in which amputation had been performed for compression and dislocation of the ankle joint, and exhibited the removed part.

Samuel Browne V.P. Chairman

#### **Pathological Rooms**

**April 4, 1863**

Present, Dr Browne V.P. Chair, Drs Stewart, Dill, Patterson, McCrea, Arnold, McWilliam, Gribbin.

The minutes of the previous meeting having been read and confirmed, the Secretary stated that the report from the Council embodying the rules drawn up in reference to the books from time to time received from Lewis' Lending Library, would be laid before the Society at next meeting.

Dr Browne then exhibited a specimen of diseased knee joint for which amputation had been performed in the lower third of the thigh, and stated the facts in connection with the case.

Dr Dill asked if in this case there were any circumstances which obviated the adoption of treatment to produce ankylosis of the joint. He considered that at a certain stage of the disease all cases should be treated with a view to ankylosis. Within the present year one case in particular had come under his notice, that of a man who had been dismissed from the County Infirmary as he would not submit to amputation for the removal of a diseased knee joint. He was admitted subsequently into this hospital under the care of Dr Murney, and the result was an ankylosis of the joint with a firm serviceable limb. The man was a butcher by trade and could be seen daily in Hercules Street walking about in the pursuit of his business.

Dr Browne stated that when his patient was

admitted to hospital the disorganisation of the joint and disease of the articular ends of the bones had proceeded too far to admit of ankylosis. Whilst performing the amputation, the incision made passed through large abscesses in the muscular tissue of the thigh communicating with knee joint.

Dr Browne then in the absence of Dr Gordon exhibited a specimen of diseased knee joint for which amputation of the thigh had been performed by Dr Gordon, and stated the facts in connection with the case.

J. Creery Ferguson, President

### **Pathological Rooms**

**April 11, 1863**

Present, the President in the chair, Drs Stewart, Patterson, Dill, McCrea, Beck, Gribbin, D. Moore, W. MacCormac.

The minutes of the previous meeting having been read and confirmed, Dr Beck exhibited a variety of different-sized instruments which he had from time to time devised, as occasion occurred, for the removal of foreign bodies from the different passages – the nares, ear, rectum, vagina, oesophagus etc, and stated cases in which they had severally been successfully used.

Dr W. MacCormac then laid the following rules to regulate the circulation of the books received from Lewis' Lending Library before the Society – viz

Rule 1. The Secretary shall order fourteen volumes at a time, to be renewed every three months, the date of ordering to vary should the Council deem it expedient.

Rule 2. The Books, before being issued in circulation, are to lie one week on the Table of the Society for the inspection of the members.

Rule 3. Members may have one volume at a time for a period not exceeding two weeks. A penalty of three pence per day will be exacted from any member retaining a work, without renewal for a longer period. The loan may be renewed at the termination of the specified time if no member had applied for the work.

Rule 4. Any member losing or injuring a work will be required to replace or pay for it.

Rule 5. A member wishing to read a particular work can have it ordered by inserting the name in a proposal book to be provided for the purpose. Should the number of volumes inscribed exceed fourteen the Council shall have the power of selecting which books should be ordered.

Rule 6. Members will receive the Books in the order in which their names may be written down. The member, who in accordance with Rule 5, has requested a Book to be ordered shall always be entitled to the first perusal of the work.

Rule 7. No member may have his name inscribed for more than three volumes at a time.

Rule 8. A list of the works which have been ordered is to be placed in a conspicuous part of the Society's rooms.

Rule 9. Should any book be allowed to lie on the table for three days without being claimed, the member whose name appears next on the list may have the work on applying to the Secretary.

James Patterson

### **Pathological Rooms**

**April 18, 1863**

Present, Dr Patterson in the chair, Drs Browne, Dill, Staff Surgeon Saunders, Gribbin, McWilliam, W. MacCormac, D. Moore, Stewart.

The minutes of the previous meeting having been read and confirmed, Dr Browne read the history of a case of fibrous tumour of the uterus terminating fatally after pregnancy.

Dr Dill asked if in the progress of the case any other course could have been pursued than that adopted, and if the induction of premature labour would not have been advisable.

Dr Browne said the question of induction of premature labour would not have escaped attention, had not the patient been from under observation from the 12th May till the 21st September last at which latter period the time for such interference had gone by.

J. Creery Ferguson, President

### **Pathological Rooms**

**April 25, 1863**

Present, the President in the chair, Drs Stewart, Patterson, Browne, Dill, McWilliam, Arnold, McCrea, Gribbin, Mr Johnston, Drs Whitaker, D. Moore.

The minutes of the previous meeting having read and confirmed, Dr Browne read notes of a case of urethral stricture, in which "Holt's operation" by sudden dilatation had been performed. Dr Browne remarked that the experience of this case, with that of the case previously brought before the Society, confirmed the view he had entertained that there was no fear of contraction of the parts ruptured following the operation.

Dr Browne then read notes of a case of traumatic tetanus in which the issue had been favourable, and stated his belief that recovery was due more to the "vis medicatrix" than to the means employed by Art.

Dr Dill shewed a portion of an umbilical cord of a foetus, which had arrived at the full period of gestation, on which a knot had been formed in utero.

James Patterson, President

### **Annual Meeting**

**2nd May, 1863**

Present, Dr J. C. Ferguson (President, in the chair), Drs Scott (Aughnacloy), Dill, McWilliam, McCrea, Rankin (Kircubbin), Cuming, Patterson, Moore, William MacCormac, Wheeler, Gribbin, Arnold, Murray, John Smyth, James W. Smith, David Moore, and Whitaker.

The minutes of last meeting (annual) were read and confirmed.

The report from Council for the past year was then read, received and confirmed.

The Treasurers report was received and adopted.

The election of officers for the ensuing year was then proceeded with by ballot when the following gentleman were duly elected.

#### **President**

Dr Patterson

#### **Vice President (town)**

Dr J. S. Reid

#### **do (country)**

Drs Scott (Aughnacloy) and Little (Lurgan)

#### **Council**

Drs Arnold, Cuming, Mr Gribbin,

Drs MacCormac (W), McCrea, and Mr James Smyth

#### **Treasurer**

Dr J. W. Smith

#### **Secretaries**

Drs D. Moore and Whitaker

Dr Moore (D) resigned the office of Secretary.

Dr Dill handed in the following notice of motion, "That it be not necessary, in future to pay the annual subscription before taking part in the May meeting."

Votes of thanks were passed to the outgoing President, Treasurer and Secretary which were suitably acknowledged.

James Patterson

### **Monthly Meeting**

**June 6th, 1863**

Present, Drs Patterson (President, in the chair), Cuming, MacCormac, Gribbin, Arnold, McCrea, Burden H., McWilliam, Beck, Reade, Moore D.

The minutes of last meeting having been read, it was moved and seconded, "That they be confirmed."

Amendment moved and seconded "Dr Dill's name be expunged from the list of Vice Presidents, in consequence of his not having been legally elected by a majority of votes as required by the rules of the Society." Amendment put and carried.

A letter was read from Dr Reade resigning the office of Vice President and thanking the Society for

their kindness in electing him.

Dr Reade's resignation was accepted.

A letter was read from Dr Dill resigning the office of Vice President.

The President then left the Chair which was taken by Dr Arnold.

Dr Reid was elected Vice President, Dr McCrea Secretary in room of Dr D. Moore and Dr H. Burden Member of Council.

Dr W. MacCormac then read an interesting paper on M. Baradue's theory of the causation of death in cases of severe burns.

Dr Beck remarked that he had seen a case in which no vesicles had formed and which he did not think the shock was sufficient to cause death although the patient sank rapidly.

Dr H. Burden thought that M. Baradue's line of practice was founded on insufficient data; in cases of eczema there was a great exudation of fluid yet fatal results did not occur.

Dr W. MacCormac remarked that in cases of eczema there was not a rapid abstraction of fluid as in burns.

Dr Arnold thought that M. Baradue paid little attention to the shock attendant on severe burns.

Dr D. Moore thought that the shock to the nervous system and the acute prostration consequent thereon, were the principle causes of a fatal result in cases where such occurred.

James Patterson, President

### **July 4th, 1863**

Present, Dr Patterson, President in the chair, Drs Ferguson, Wheeler, MacCormac William, McWilliam, Smyth, Brice, Gribbin, Burden H., Smith J. W., Warwick, Grattan T., and Whitaker.

The minutes of last meeting having been read and confirmed, Dr Pirrie was elected Vice President of the Society.

Dr H. Burden read notes of a case of midwifery in which turning was much facilitated by the use of a simple instrument which was exhibited by Dr Burden and its mode of application explained. This instrument had been contrived by Professor Burden some 12 years ago and in his hands had also been found to answer the purpose for which it was intended.

A conversation ensued in which most of the members joined, and expressed their approval of the views expressed by Dr Burden, though some suggested that an instrument almost similar had been seen by them many years previously to its construction by Professor Burden.

James Patterson, President

**August 1st, 1863**

Present, Drs Patterson (President in the chair), Arnold, Reade, Smith, James, McWilliam, McCrea, Gribbin, Burden H., and Whitaker.

The minutes of last meeting having been read and confirmed, the proposal to add to the library "Lawrence's Lectures on Surgery" and "Syme's Observations on Surgery" fell to the ground, owing to the absence of the proposer and seconder of these books.

It was then moved and seconded, "That 'The Times' be substituted for 'The Daily Telegraph' in the new room." A desultory conversation ensued in which most of the members joined; after which the proposal was unanimously agreed to.

James Patterson, President

**Special Meeting**

**September 4th, 1863**

Present, Drs Reade (Chair), Ferguson JC, Ferguson H. S., Moore James, Cuming, Patterson, Keown, McCrea, Rankin, Gribbin, McGee Michael, MacCormac William, and Whitaker.

"Summoned by special requisition of Council" to consider the propriety of entertaining the Medical Officers of the Channel Fleet. Dr Reade (Thomas), in the absence of the President, having taken the chair called upon the Secretary (Dr Whitaker) to state the circumstances under which the meeting was summoned and whether any and if so what steps had been taken in the matter.

Dr Whitaker having briefly stated the facts of the case and that no steps had as yet been taken in the matter, expressed his regret at the absence of the President with whom the idea had originated and who would, had he been present, have given the Society his views on the subject.

Dr McCrea objected to the Society taking any part in the contemplated dinner, and thought that it would be better to let the matter drop.

Dr Michael McGee strongly supported Dr McCrea.

Dr James Moore thought that it was only proper that the members of the Society as such should shew proper courtesy to their brethren of the Navy and in no way he thought, could it be better done than by inviting them to dinner.

The President having entered the room, took the chair, and having apologised for his unavoidable absence stated fully his views and expressed his opinion in favour of the proposed dinner.

Dr T. Reade proposed and Dr Moore seconded and on a division it was resolved "That the Medical Officers of the Channel Fleet be invited to dinner on their approaching visit."

James Patterson, President

**October 3rd, 1863**

Present, Drs Patterson (Chair), Ferguson, Stewart, William MacCormac, Smyth.

Dr Stewart moved, and Dr J. C. Ferguson seconded, "That the annual address of the President and dinner thereafter be held on the first Tuesday in November." (the 3rd)

**Society's Rooms**

**November 3rd, 1863**

Present, Drs Patterson, Ferguson, MacCormac (William), Wheeler, Keown, Arnold, McGee (Michael), Cuming, Dill, Gribbin, Browne, Whitaker, Saunders.

The President then delivered his opening address. He shewed that the interests of the public and the profession are identical. He regretted that more members of the profession did not join the Society. He referred to the great progress of the profession during the present century, and referred to Registration Act. He insisted on the necessity of preliminary education. He deprecated the small remuneration which medical men received in the country. He expressed an opinion that any great change must come through the profession itself. He disclaimed the idea of a new Act, and recommended pressure on the Medical Council. He pointed out that corrections ought to be made in the Medical Register, and shewed some discrepancies between it and the Medical Directory. He mentioned several cases shewing the difficulties in the way of correct Registration. He recommended uniformity of education and examination and referred to the great change for the better that already occurred. He alluded to the vexed question of the admission of reporters; and proposed a compromise, that the Council should publicise a digest of their proceedings.

Dr M. McGee moved and Dr Arnold seconded "That the thanks of the Society be given to the President for his valuable address, and that it be printed at the expense of the Society for distribution among the members."

Dr McGee gave a notice of a motion for the first Saturday in December "That the Medical Students be not admitted to the meetings of the Society."

James Patterson, President

**General Hospital**

**November 7th, 1863**

Present, Drs Patterson, Reade, Cuming, Moore, Gribbin, McCrea.

The minutes of the previous meeting were confirmed.

The President then read a communication in reference to a proposed testimonial to Dr McKay.

Some conversation ensued among the members in

reference to the reports of Annual Meeting and Dinner of the Society.

Dr David Moore moved and Dr McCrea seconded "That an advertisement be inserted in the Banner and Morning News repudiating the report which appeared in those journals."

Dr Reade moved and Dr Cuming seconded the amendment "That Dr Arnold's attention be called to the unauthorised report in 'The Banner' and that he be requested to attend on next Saturday to inform the Society if the report in question had his sanction." After some conversation, the amendment was carried.

The President read a circular from the National Lifeboat Association on the subject of the resuscitation of the apparently drowned. It was agreed that the question should be taken up on Saturday November 21st.

James Patterson, President

#### **November 14th, 1863**

Present, Drs Patterson (Chairman), Ferguson, Moore, Pirrie, Stewart, T. Reade, Little (Lurgan), D. Moore, W. MacCormac, H. Burden, McWilliam, Gribbin, Bryce Smyth and Whitaker.

Dr D. Moore stated that he had been requested by Dr Arnold to express his great regret that the report in question should have appeared in the Banner. Dr Arnold was not aware that any rule bearing on the subject had been adopted by the Society.

Dr W. MacCormac brought forward an account of a case of laceration of the urethra caused by a fall from a height of four or five feet on the perineum, and described the injury which was received thereby; he entered fully into the case, and gave a detailed account of the treatment he pursued which was attended with most satisfactory results.

Dr Thomas Reade was surprised that no infiltration of urine took place, as it rarely happened that in cases where so much violence had been applied that infiltration to a large extent did not take place. He also thought that incisions into the distended scrotum should have been sooner resorted to.

Dr D. Moore wished to know whether the swelling arose from extravasated urine, blood, or serum.

Dr Pirrie thought that the urethra was injured in the first instance and not ruptured, and that the swelling was due to the violence inflicted on the part and not to extravasated urine. He also wished to know whether ulceration of the canal might not have taken place and so caused the opening into the urethra.

Dr T. Reade thought that there was no laceration of the urethra, that inability to pass urine was not caused by the injury to the urethra but by the shock and extravasation round the neck of the bladder.

Dr D. Moore thought that the catheter should have been retained in the bladder as too often great difficulty occurs in its reintroduction. It might in this case have prevented the formation of the urinary fistula which afterwards occurred.

Dr Ferguson thought that no sufficient cause had been brought forward except the original injury to account for the formation of the fistula in 3 or 4 days afterwards.

Dr W. MacCormac did not make incisions earlier as there was not at first sufficient swelling, or any certain evidence of extravasation of urine. He made the incisions when he found that the scrotal swelling and blackness was increasing, and that a severe rigor had occurred. The incision was freely made but not into the urethra. There was no urinous smell, only bloody serum drained off. He concluded from that if extravasation had taken place, it must have been only a drop or two and this view was confirmed by the formation subsequently of a fistulous communication with the wound in the urethra while the catheter was being retained. He did not allow the catheter to remain in permanently in the first instance because not having found any difficulty in passing the instrument, he did not think that the urethra was injured to any extent or that there would be any difficulty in again introducing it should the patient be unable to pass water for himself.

James Patterson, President

#### **Pathological Rooms**

##### **November 21st**

Present, the President, Drs Arnold, Dill, Keown, T. Reade, D. Moore, Ferguson J. C., Stewart, Gribbin, W. MacCormac.

Dr Arnold objected to that part of the minutes of the last meeting which referred to him.

Dr M. McGee's letter was read by Dr McCrea and referred to Council. Dr McCrea gave the following notice of motion: [page here blank].

A letter from Dr Arnold was read. Dr Ferguson moved and Dr T. Reade seconded that the letter be referred to the Council.

Dr Dill then gave an account of a case of aneurism of the abdominal aorta and exhibited the diseased parts.

Dr Dill stated in reply to Dr Ferguson that no absorption of the vertebrae could be detected.

Professor Ferguson said that the early symptoms were exactly those of aneurism. The oedema was to have been expected. The paralysis is a more frequent concomitant of a later stage of the disease when the vertebrae begin to be affected. What was the cause of death? The effusion was almost cadaveric. The lungs were emphysematous, which fact accounts for the

clear percussion sound but renders improbable the occurrence of pleural effusions. Might the effusion into the abdomen be the cause of death?

Dr D. Moore thought this was a good illustration of the method by which a natural cure is affected. When the man was in the Dreadnought, the aneurism was evidently in a different state from that in which it was in the General Hospital. The filling up of the sac with concentric layers of clots accounts for the absence of symptoms in the later stage of the disease. The breaking up of the clot may have caused the failure of the circulation in the lower extremities.

Dr T. Reade said that there was, on record, several cases in which effects analogous to those of ligature had been produced by the pressure of the sac on the artery. A preparation in Guy's Hospital illustrated this.

Professor Ferguson would have considered it strange if the aneurism, situated as it was under the pancreas, and covered with serous effusion had yielded any better marked signs.

Dr D. Moore could not see how, when the causes that gave rise to bruit did not exist, there could be a bruit.

In reply to Dr Saunders, Dr Dill said that there was no difference between the femoral and radial pulsation. In reply to Professor Ferguson he said that all the distress present was dyspnoea.

#### **Pathological Rooms November 29th, 1863**

Present, the President, Professor Ferguson, Drs T. Reade, W. MacCormac, Keown, H. Burden, McGee, Gribbin, D. Moore, Pirrie, Warwick, Cuming, Whitaker, McCrea, Stewart.

The minutes of the previous meeting were read and confirmed.

The report of the Council in reference to Drs W. McGee and Arnold having been brought up; Dr Cuming moved and Dr Keown seconded that it be adopted. Professor Ferguson moved "That Dr W. McGee's original letter be cancelled, and that the Secretaries be requested to acknowledge this letter of today and to express the satisfaction with which it was received by the Society; that the consideration of that part of the Council's report which refers to Dr Arnold can be deferred till next Saturday." The amendment was carried.

Professor Ferguson gave an account of a case brought before the Society at a previous meeting in which operation of tracheotomy was performed over year and a half previous to death. He read the report furnished by Dr Murney.

Professor Ferguson said that from the first this case was un-promising, and that tracheotomy was evidently [done?] the time when it was [...]

Dr T. Reade said that the most striking thing in the case was the ease with which the operation was performed. Dr Reade once performed this operation on a patient in articulo mortis who had previously been to no purpose advised to have the operation performed. The patient lived for two years after the operation. A very deep incision was necessary to reach the air passages. The patient died with pneumothorax.

Dr Cuming said the variations in depth at which the trachea was reached was considerable.

Dr McGee had operated on a case in which the patient was almost departed.

Professor Ferguson enquired how in Dr Reade's case the patient was able to speak immediately after the operation and not afterwards.

Dr Reade said that the voice was present until the tube was inserted.

Dr D. Moore said that the turgidity of the cervical veins and of the very vascular thyroid body would make a great difference in the depth of the trachea.

Thomas Reade V.P.

#### **Pathological Rooms December 6th**

Present, Dr T. Reade V.P. (in the chair), Professor Ferguson, Drs Dill, McWilliam, MacCormac, D. Moore, Cuming, Stewart, McCrea.

Dr MacCormac stated that no further communication had been received from Dr Arnold, and that the Council presented again its former report. Dr Ferguson moved, and Dr Cuming seconded, that the report be adopted. The report was adopted.

Dr W. McGee deferred the consideration of his motion till some future occasion.

At the suggestion of Dr McGee the Society recommended the Council to make a list of members. Dr W. MacCormac stated that the Council was already making arrangements for this purpose.

Professor Ferguson gave an account of a case of pleuritic effusion. Dr Dill saw him early in Summer, when there was great dyspnoea, with pain over right lung, dullness on percussion in subclavicular region, no splashing sound, but raise in amphoric vocal resonance. He looked on it as tubercular pleurisy. Dr Dill again saw him weeks subsequently when the dullness had greatly extended.

The patient was introduced, and examined by several members. The measurements of his chest taken on the present occasion were, on the right side  $19\frac{1}{8}$  in., on the left,  $17\frac{1}{8}$  in. The prominence of the right intercostal spaces had considerably diminished since Dr Ferguson's last examination.

Professor Ferguson suggested a number of queries in reference to the case. The first was the origin and

cause of the haemoptysis.

Dr Cuming thought tubercular deposit was the cause, and that the left lung was probably being affected in a similar manner.

Dr Dill also thought that the cause was tubercular.

Dr T. Reade in consequence of length of this thought that ...

Second what gave rise to the gaseous and fluid effusions into the chest if it existed.

Dr T. Reade had heard the splashing sound in his own person, on one occasion, when on horseback. He had at this time what was considered incurable disease in the chest, and had had an attack of haemoptysis.

Professor Ferguson thought that there was no tubercular deposition and that disease was acute and sthenic, in fact acute pleuritis. That both air and fluid were formed from the pleural sac. He thought that there had never been a fistulous opening, as in that case, the effusion would consist of atmospheric air, which never has been known to be absorbed, as the air in the present case had been. He thought that the sudden occurrence of haemoptysis was evidence of the acute nature of the disease. There is no morbid respiratory sound at present. May not any slight irregularity in the sounds heard be accounted for on the ground that the left lung is also subject to pressure. He attributes the altered sounds of the heart to the displacement. He thought that the sounds heard on the right side were transmitted through the fluid from the left side.

Dr Cuming said it is evident from the signs of improvement at present. He still thought that this had been phthisis. He thought that it was improbable that there had been a fistulous opening. The compression of the lung against the vertebral column ...

Dr T. Reade thought this case worthy of future observation. He did not think this case phthisical. He thought that serous membranes could give out air. He mentioned a case of the late Dr Drummond in which air had been frequently removed from the peritoneal sac.

Dr Dill mentioned another recorded case which he thought worth comparing with the present case.

James Patterson, President

### **Pathological Rooms**

**December 13, 1863**

Present, the President, Professor Ferguson, Drs Saunders, T. Reade, Keown, Stewart, MacCormac (W), McCrea, Cuming.

Dr Cuming read a paper on a case of progressive muscular atrophy.

Dr Thomas Reade referred to a paper of his own anterior to the publications of Roberts and Nagel. His

case was symmetrical. The corresponding muscles on the two sides of the body were affected. There was, he thought, no fatty degeneration in his case. He tried all the remedies recommended and found that the magneto-electric current was most efficacious. He has obtained a very favourable result. Dr Burden suggested an explanation that the only source of degeneration lay in some affection of the spinal marrow and was intimately connected with nutrition. Robert's thought it was a disease of the muscles. Disease of the spinal marrow had been frequently detected by the microscope.

Professor Ferguson saw Dr Reade's case. The difficulty is to account for the case on physiological principles. He did not think the disease peripheral, and accounted for own not finding an explanation in the central nervous system by the very imperfect state of our knowledge of the pathology of the central nervous system. The symmetrical nature of the disease in Dr Reade's case was against the idea of peripheral disease. He thought the disease quite different from paralysis and functional in its nature – a lack of nutrition. Circumstances in this case favoured Wilson Philips idea of the irritability of the nerves, and electric current.

Dr W. MacCormac thought that remarkable certain cases recently described in Germany, in which *Trichinella spiralis* had been found in the muscles throughout the body.

Dr Cuming thought that the fact of the cutting of one of the roots being attended with general weakness of the muscles was against the idea of any dissecting action. Here is a fatty degeneration. We don't refer fatty degeneration of the liver to the nervous system. No *Trichinella spiralis* had been detected in any of the cases, although submitted to the examination of imminent microscopists. There was in their cases fatty degeneration. Dr Cuming in reply to Dr Ferguson said that examinations were unanimous on the exhibition of fatty degeneration, and that there was always fatty degeneration in the wasting of a muscle.

Dr Saunders asked if there had been an arcus senilis.

Dr Thomas Reade saw a case of paraplegia in which the patient was in fuller face than any man in the Pathological Room.

James Patterson, President

### **Pathological Rooms**

**December 19th, 1863**

Present, the President, Drs Stewart, Dill, Cuming, Gribbin, D. Moore, McWilliam, Whitaker, McCrea, Keown.

Dr Dill gave an account of two cases of placenta

praevia in which immediate delivery had been affected with favourable results.

Dr Gribbin suggested the propriety of administering stimulants in these cases.

Dr McWilliam referred to the recently recommended practice of partial detachment of the placenta.

Dr D. Moore thought that partial separation would be injurious.

Dr Cuming said that the only question of interest in the first case was as to the propriety of administering ergot of rye.

Dr Dill, in reply to some observations of Dr D. Moore, stated that the difficulty of turning was much greater in the earlier months of pregnancy than in the later. He thought the loss of time was the great objection to the use of ergot. The sickening influence of the drug was also objectionable.

David Moore, Chairman

#### **Pathological Rooms**

##### **January 2nd, 1864**

Present, Drs D. Moore (in the chair), Moore, Gribbin, McWilliam, McCrea, Dill.

It was resolved that the windows be painted as to partly prevent the raise of light from coming in. It was also resolved that a cast of the diseased parts in Dr Moore's case should be prepared.

Dr Moore gave an account of a case of Fungus Haematodes.

Dr Dill referred to the greater prevalence of this form of malignant disease in young people. He had seen the disease mistaken for abscess.

It was moved, seconded and carried that Dr D. Moore be requested to open the discussion on the resuscitation question.

James Patterson, President

#### **Pathological Room**

##### **January 9th, 1864**

Present, the President, Professor Ferguson, Drs Browne, Whitaker, McWilliam, Stewart, Keown, McCrea, Dill, MacCormac.

Dr Browne gave an account of a case of fracture of the skull, and exhibited pieces of bone which had been removed. he mentioned a case in which great relief had been produced by trephining in a case of suppuration. the president referred to the greater frequency of trephining thirty years ago, and the success which had often attended the operation.

Dr Dill said that the place in which the fracture had occurred was the most invulnerable part of the skull. He had seen a case in which the central part of the right parietal had been driven in by a spade. There were no marked symptoms. The patient recovered,

and lived for at least twenty years, with the fissure persistent. At various times during the healing of the wound, portions of the brain had oozed out. The fissure was an inch and a half deep.

Dr Browne then described a case of strangulated hernia. "there was a tumour of the size of a walnut in the right groin. There was vomiting, but no symptoms of peritoneal inflammation. The taxis had been tried in vain. On division of the margin of the external ring, the hernia could be reduced, but the stricture still remained. By delicate manipulation Dr Browne succeeded in dividing the stricture which had affected only a portion of the intestinal cylinder. The stricture was in the neck of the sac." In another case of Dr Browne's the taxis, aided by chloroformization had succeeded, although the strangulation had lasted for eight days. He advocated early operation.

Dr Keown referred to the practise turning the patient upside down.

In reply to Professor Ferguson Dr Browne said there would be no case in which a surgeon could refuse operation.

James Patterson, President

##### **January 16th, 1864**

Present, Drs Patterson (in the chair), Cuming, Gribbin, William MacCormac, Stewart, Whitaker, Dill, and Moore.

Dr W. MacCormac stated that he thought Dr Sylvester's plan of restoring the apparently dead simpler than that of Dr Marshal Hall and equally effective.

Dr Cuming thought that when vitality is very low, the patient should not be raised up suddenly. He believed that the drawing of the arms and elevating the shoulders would be attended with beneficial effect.

Dr Moore agreed with Dr Cuming in thinking that Dr M. Hall believed that when the patient was put on his side, the chest expanded.

Dr Dill related a case which had recently occurred in the General Hospital and in which the patient recovered from the effects of submersion. He believed that if the heart's action had ceased all efforts at resuscitation were useless. He did not believe in Marshall Hall's treatment at all, more especially in the treatment of stillborn children in which he had had great experience, and thought that artificial respiration, heat in the form of hot baths, with an occasional sprinkling of cold water, was by far the better mode of action. He also believed that the tying of the umbilical cord was often particularly useful.

Surgeon Gribbin thought that the allowing a few drops of blood to come away from the funis on tying it was a powerful adjunct to the warm bath and

friction.

Dr Dill while not differing from Surgeon Gribbin as to the advisability in some cases of allowing a few drops of blood to escape, thought that where vitality was low such a proceeding would be attended with much risk.

Surgeon Gribbin explained that he only adopted such a course in the case of children of a full habit of body.

Dr Cuming thought the circulation through the placental circulation ought to be kept up as long as possible in anaemia cases and that it was not in his opinion wise to divide the cord while the pulsation was low and the breathing feeble.

Dr Moore thought that in those cases the cord should not be divided while the placental circulation continued.

Dr Dill thought that the tying of the cord often caused increased vitality in very weak children.

Dr Moore postponed the further consideration of his case of fungus haematodes.

Reade, V.P

#### **Saturday January 23rd, 1864**

Present, Drs Reade (in the chair), Thompson, Keown, Stewart, Gribbin, McWilliam, Whitaker, MacCormac (W), McCrea, Cuming, Moore.

Dr Whitaker brought up a report from the Council in reference to the microscope which Dr McGee had lent to the Society, and which he now asked to be returned. It was resolved that, in as much as Dr McGee's microscope although more than a year in the keeping of the Society, had been very little called for, it is inadvisable for the Society, at present, to purchase a microscope. It was also resolved that the thanks of the Society should be given to Dr McGee for his kindness in lending his microscope.

Dr Keown read a paper on the influence of a ship's malaria in the production of pulmonary diseases.

Dr Thompson said that in his time in the Navy, lung disease was very prevalent.

Dr Reade did not see why the malaria should not influence the ordinary affections of different organs to which different men are subject from changes of climate. The observations of Dr Keown made the propriety of sending cases of chest affections to the Mediterranean doubtful.

Dr Cuming remarked on the absence of intermitting from Dr Keown's report. He pointed out an analogy between Dr Keown's cases and typhoid pneumonia arising from overcrowding.

Dr Keown then exhibited the Resuscitation Apparatus in use before Drs Marshall Hall and Sylvester's methods were introduced. He recommended Sylvester's method because heat could be

readily employed which he considered the most important means.

James Patterson, President

#### **30th January, 1864**

Present, Drs Patterson (Chair), Dill, Keown, Scott (Aughnacloy), D. Moore, Whitaker, and Thompson.

Dr D. Moore introduced a patient presenting a very interesting example of Bronchocele, and having some remarks on the subject, wished to know what treatment the members present would advise him to adopt.

Dr Keown suggested that strips of plaster round each lobe would be very useful. Iodine painted externally might be of advantage as also food dietary. He thought that Iod. Potass. when pushed too far did harm by impoverishing the blood.

The President, Dr Patterson, related a case in which Bronchocele had occurred after great loss of blood from miscarriage, pulse always kept at 150, the patient seemed to suffer from lung disease, but eventually recovered and the Bronchocele disappeared.

Dr Scott thought that no good could be derived from treatment. He thought that it might be well to introduce an exploring needle to determine the contents of the tumour. He referred to a case in which a young woman came to him suffering from Bronchocele. He passed a lancet into the tumour and a quantity of serous fluid at once flowed out. The Bronchocele was considerably lessened but no permanent advantage ensued. He thought that no external rubbing or application could be of use.

Dr Dill suggested that the presence of fluid might be detected by the transparency of the tumour, but having examined it, he could not determine its presence.

Dr D. Moore thought that pressure could not readily be applied without interfering with the circulation through the large vessels of the neck. He also thought that it could be rather dangerous to open the tumour as a large vein or artery might readily be wounded and thereby give rise to troublesome haemorrhage.

Dr Keown would not expect to find any large vessel at all superficial in that neighbourhood, the veins which ramified externally could readily be avoided.

James Patterson, President

#### **Pathological Rooms**

#### **February 6th, 1864**

Present, the President, Professor Ferguson, Drs J. Reade, Stewart, Keown, W. MacCormac, Whitaker, Saunders, McCrea, Messrs Gribbin and Grattan, Drs

Browne, D. Moore.

The President proposed Mr Croskery as a member of the Society.

Dr Whitaker then read a paper on the British Pharmacopoeia and the changes introduced therein.

Dr Browne asked in reference to non-pharmacopoeal medicines hitherto in use if the apothecaries would be obliged to abstain from keeping them.

Professor Ferguson remarked that as a free British subject he asserted his right to kill as he liked.

Mr Grattan congratulated Dr Whitaker on the paper which he had read.

It was proposed by Dr Browne and seconded by Professor Ferguson that Dr Whitaker with Messrs Grattan and Pring be appointed a committee to draw up a synopsis of the changes most important to practitioners which have been introduced to the new Pharmacopoeia.

It was also passed that Dr Whitaker be requested to publish in a separate form the paper just read.

James Patterson, President

#### Pathological Rooms

##### February 13th, 1864

Present, the President, Drs Browne, Stewart, Whitaker, Little, Mr Grattan, Drs Cuming, D. Moore, W. MacCormac.

Mr Grattan brought up the report of the Pharmacopoeia Committee.

Dr Browne made some further remarks on a previously reported case of hernia. On the 15th of the month, the man was seized with faecal vomiting, and faeces began to appear at the wound. It was a case of ileus, and depended on a loaded state of the lower part of the intestine, as an enema gave relief. The wound afterwards became healthy and the man was well till the 28th. He had been for years subject to somewhat similar attacks. At the last mentioned date the former symptoms were renewed and aggravated. A poultice was placed on the abdomen, hydrocyanic acid was administered, and an enema given. On the 5th inst. he was discharged from [hospital]. There is at present a fistulous opening in the locality of the wound. The man's safety depends on the regular administration of enemas.

Dr Browne then brought forward a case of lithotomy by median section. He referred to another case which occurred in 1858 and in which he had removed a stone by a similar operation. He had also removed a foreign body in a similar manner.

The present patient had been treated two years ago for urinary irritation. Dr Cuming found in the urine crystals of ammoniaco-magnesia phosphate,

pus globules and crystals of oxalate of lime.

By the lithometer the calculus was found to measure  $\frac{7}{8}$  of an inch. After removal the stone measured  $3\frac{1}{4}$  inch in its short circumference and  $3\frac{1}{2}$  inches in its long circumference. The diameter, measured respectively  $\frac{11}{8}$  ths,  $\frac{10}{8}$  ths and  $\frac{7}{8}$  ths inch. It weighed 5 drachms, and it consisted of oxalate of lime covered with some phosphatic deposits. Three days after operation the urine came away by the urethra. In this case the density of the stone was an objection to the employment of lithotrity.

An advantage of this operation is the slight danger of wounding large vessels. There is also little danger of infiltration of urine. It avoids also wounding the prostate. This case shews the possibility of extracting a moderately large stone without making lateral section. In the old median operation the incision was made into the bulbous part of the urethra.

Dr David Moore strongly condemned lithotrity.

Dr Browne expressed himself in favour of lithotrity in proper cases.

James Patterson, President

##### 20th February, 1864

Present, Drs Patterson, Stewart, W. MacCormac, J. Reade, Keown, Cuming, H. Burden, D. Moore, Croskery, and Whitaker. Staff Surgeon Saunders was also present.

Mr Croskery was unanimously elected a member of the Society.

Dr Cuming read a paper "On recent researches on Inflammation."

Dr Reade quite agreed with Dr Cuming in thinking that the views formerly put forward on inflammation, were in many respects untenable, but did not see that the new theories led in anyway to an improvement or modification in the treatment thereof.

Dr H. Burden thought that though, in the case related by Dr Cuming, the fifth nerve was paralysed, still that the sympathetic nerve which accompanies it, might have been intact and thereby the inflammation of the conjunctiva have ensued. He also objected to the statement that the sympathetic nerve of the neck had been divided with little loss of nutrition to the parts thereby supplied.

Dr W. MacCormac wished that Dr Cuming would continue the subject in another paper.

Dr Keown asked Dr Cuming how he thought the pain was occasioned where no nerve fibrils were interfered with.

Dr Cuming in reply thought that pain might be occasioned by interference with a part over which some nerve fibril had control without any direct

disturbance of the nerve itself. In answer to Dr Burden he thought that the absence of laceration shewed that the sympathetic nerve had not been interfered with. Dr Cuming also thought that while new views on the subject of inflammation would not change the local treatment that they might materially modify the remedies given internally.

James Patterson, President

**[Undated]**

Present, Dr Patterson (President in the chair), Professor Ferguson, Dr William MacCormac, Thompson, McWilliam, McCrea.

The President read a communication from Dr McKesy.

Professor Ferguson then gave an account of a case of bronchial diphtheritis. The patient suffered from the symptoms of a cold on Tuesday. On Wednesday ... when ... saw him, there was great dyspnoea, full compressible and irregular pulse. Some substance was expectorated which on examination turned out to be a cast of the air passages. The cast appeared to reach from the larynx to the bifurcation of the trachea. The second cast appeared to him a second edition of the first. The chest was resonant on percussion. The respiratory murmur was heard here and there, sonorous and sibilant rales. The faucies were reddened, but there was only a spot of lymph exudation visible in this region. The dyspnoea was not so great as would have been the case if the larynx had been affected, and there was no pneumonia. Professor Ferguson connected the case with the reigning epidemic in which there is a tendency to lymph exudation from mucous membranes. He directed attention to the fact, that the exudation of lymph is not an occurrence confined to the passages of large diameter. He considered all these effusions of lymph were produced in the same diseases, and that the differences between them arose from differences in the form of the fever.

The President said that in this case there had been loss of voice for six months before the acute symptoms came on.

Dr McWilliam said the former belief was that the disease was till lately unknown in Britain.

Professor Ferguson said that this idea arose from our ignorance of the disease. The present disease was asthenic whereas what had long ago been described Bulonnean was sthenic. He did not think that there was any connection between the chronic and acute affection in the present case. He thought that exudate of this kind was invariably acute. Death in diphtheritic affections is caused by the fever.

James Patterson, President

**Pathological Rooms**

**March 5th, 1864**

Present, the President, Drs Little (Lurgan), McWilliam, McCrea, Mr Grattan, Dr Browne.

The President reported that Sir H. Cairns had presented the petition in favour of retiring allowances to Dispensary Medical Officers.

Dr Little then gave an account of three cases of inguinal hernia.

Dr Browne suspected that the first case was varicocele of the round ligament. He thought the operation should generally be performed as soon as possible.

Dr Browne presented his case of calculus. The wound has healed quickly and the case gets on well.

James Patterson, President

**March 12th**

Present, the President, Drs Thompson, Reade, Stewart, D. Moore, McWilliam, Dill, Cuming, Croskery and Whitaker.

Dr D. Moore brought forward a case of abdominal tumour of three years standing and gave an interesting account thereof. He entered as fully as possible into the history of the case and thought that the swelling was due to the enlargement of the liver and spleen by the deposition of tubercle therein; he also stated that tubercle was present in the lungs and that the effusion formed no part of the abdominal swelling.

Dr Reade referred to the difficulty of diagnosis in such cases, and while he thought that tubercle might have been deposited in the liver did not believe that the great expansion of the lower ribs was due thereto. He referred to a post-mortem of a case of phthisis, in which great dullness was present at base of both lungs of the patient, when it was found that the liver was fatty and enlarged, thereby distending the ribs. He had little doubt that in the present case, effusion of fluid had taken place. As to treatment he thought that painting with Iodine, Chalybeates internally, with nutritious diet gave the best chance of success.

Dr Cuming thought that no treatment would be of any avail. He agreed with Dr Reade in thinking that the difficulties of diagnosis were almost insuperable. He could not attribute the whole of the tumour to the liver and believed that the spleen was also engaged. He also thought that some fluid was present, though not in sufficient quantity to be of any importance.

The President referred to a case almost similar to that of Dr D. Moore, which terminated fatally, treatment similar to that recommended by Dr Reade had been tried, but was of no avail.

James Patterson, President

**Pathological Rooms**

**March 19th, 1864**

Present, the President, Drs D. Moore, Gribbin, Whitaker, McCrea.

Dr Whitaker introduced the corrected proof of the Summary of the New Pharmacopoeia. It was resolved that Dr Whitaker send a copy of the Summary to members of the Society, with a request that they will specify the Pharmacopoeia according to which they wish each prescription to be filled.

James Patterson, President

**Pathological Rooms**

**April 2nd, 1864**

Present, the President, Drs D. Moore, W. MacCormac, Whitaker, McCrea, and Mr Brooke the celebrated tragedian who was introduced by Dr Moore.

Dr Moore exhibited a patient in whom the scalp had been severely injured. The bone beneath had also necrosed. The patient was insensible when brought into hospital, but under proper treatment gradually recovered. Dr Moore lately removed the dead bone which included a part of the internal table. Dr Moore drew attention to the pulsation of the brain, which he described as evidenced by the pulsatile issue of blood from the gap in the bone.

Dr Moore also mentioned a case in which the whole of the upper surface of the calvarium had been denuded. Granulations were springing up from the whole surface of the wound.

Dr Moore then exhibited a case of ganglion of the wrist. The ganglion had had removed from it a considerable number of cartilaginous bodies, and was still discharging them.

Dr W. MacCormac enquired why Dr Moore had made two incisions instead of one and why he did not try force as a means of expulsion.

Dr D. Moore gave an account of a remarkable case of congenital syphilis.

James Patterson, President

**Pathological Rooms**

**April 9th, 1864**

Present, the President, Professor Ferguson, Drs W. MacCormac, Croskery, Whitaker, McCrea.

Dr Whitaker read a paper by Dr Scott of Aughnacloy on the curative effects of Glycerine and Bismuth.

Professor Ferguson thought that the effect of the mixture was merely mechanical.

Dr W. MacCormac mentioned the use of Bismuth as an injection in certain cases of glands.

Dr Moore brought forward a peculiar case of accident which required amputation of the arm. The forearm had been severely lacerated. An attempt had

been made to save the limb but the recurrence of haemorrhage and a swollen state of the limb necessitated amputation. Since the operation the patient has had rigors. The operation was performed four days after the accident.

Professor Ferguson enquired what were Dr Moore's reasons for anticipating the favourable result from the attempt to save the limb.

Dr Moore stated that although the ulna was destroyed, the radius was intact, the skin on the radial side of the arm was unhurt, and the man had the use of the thumb and two fingers. Under these circumstances he thought it mete to give the patient a chance of keeping his arm.

James Patterson, President

**April 16th, 1864**

Present, the President, Drs Moore, Stewart, Gribbin and Whitaker.

Dr Moore brought forward a case of necrosis of the bones of the carpus which occurred in a woman of about 40 years of age. He entered into the history of the case, and stated that a swelling had taken place on the back of the wrist about 3 or 4 years, that matter had formed therein, fistulous opening ensued, and the hand became flexed and entirely useless. He removed the joint and the parts healed by the first intention.

Dr Moore then referred to a case of fibro-cellular tumour of the tongue upon which he intended to operate in a few days.

Dr Moore then shewed a tumour which he had recently removed from a gentleman's brow, and entered into the history, and treatment he adopted in such cases.

James Patterson, President

**April 23rd, 1864**

Present, the President, Drs Stewart, McCrea, Ross, McWilliam, D. Moore, Croskery, Moore and Whitaker.

Dr Rea (H.P) proposed and seconded by Drs McCrea and Whitaker.

Dr Whitaker moved and Dr McWilliam seconded "That a special meeting of the Society be called for next Saturday to consider the present condition of the Society." Carried.

Dr Ross read a report of a case of intra-uterine polypies. He detailed the steps of the operation, which was successful.

Dr Moore referred to the Laminaria Digitata as particularly useful in dilating the os.

Dr McCrea asked what was the appearance of the tumour.

Dr Ross stated that the tumour consisted of [core?] surrounded by numerous fibrils.

Dr Moore referred to a case of disease of the tarsus, in which he had removed all the bones except the astragalus and os calcis. He shewed the patient. He also stated that he intends to cut the Tendo Achilles.

Dr Moore shewed the case of injury of the skull to which he had formerly called attention.

T.R., V.P.

**April 30th, 1864**

Present, Dr Reade (Vice President, in the chair), Professor Ferguson, Drs McCrea, Gribbin, McWilliam, Warwick, Smith, D. Moore, Croskery, Cuming, Stewart, and Whitaker.

The election of Dr Rea was postponed till Saturday the 7th inst.

Professor Ferguson referred to the little interest that appeared to be taken in the proceedings of the Society, and regretted that the attendance of members on so important an occasion should be so limited. He wished to know why the meetings of the Society should be so badly attended as they had latterly been.

A desultory conversation ensued in which most of the members took part.

Dr Smith apologised for his non-arrival at the time for commencing the meeting and entered into a general statement of the pecuniary condition of the Society.

Professor Ferguson moved, and Dr McCrea seconded, "That a special meeting of the Society be called for Thursday next at 3p.m. to be held in the library of the General Hospital to receive a report from Council on the state of the Society and that the notice be marked 'most urgent'".

Drs Stewart and Cuming were appointed Auditors. Carried.

James Patterson, President

**May 5th, 1864  
(Special Meeting)**

Present, Drs Thomas Reade (V.P. in the chair), Stewart, Smyth, D. Moore, W. MacCormac, Gribbin, Croskery, J. W. T. Smith, Brice Smyth, and Whitaker.

Dr Stewart moved, and Dr Brice Smyth seconded "That the report from Council be received and adopted."

Dr Smyth (Sec) entered into a detailed statement of the accounts of the Society.

Dr W. MacCormac moved, and Dr D. Moore seconded "That the ordinary subscription for town members be reduced to one guinea." Amendment put and lost. Original motion put and carried.

Dr Stewart moved and Dr J. W. T. Smith seconded

"That the Council be recommended to dispense with the services of John McCann and terminate their subscription to the two local papers."

Drs William MacCormac, J. W. T. Smith and David Moore were appointed to review the books and journals of the Society.

**May 7th, 1864 [Annual Meeting]**

Present, Drs Patterson, President in the chair, Moore, W. MacCormac, McCrea, D. Moore, Smith, Cuming, Whitaker, B. Smyth, Surgeon Croskery, Gribbin, John Smyth and Whitaker.

The minutes of the meeting of the 30th and of the last Annual Meeting were read and confirmed.

Dr H. P. Rea was unanimously elected a member of the Society.

Dr McCrea moved and Dr D. Moore seconded "That the minutes of special meeting be confirmed."

Dr W. MacCormac moved and Dr Whitaker seconded "That the minutes of last meeting so far as the annual subscription are concerned be not confirmed. That the subscription for ordinary members be one guinea per annum for the future, and that life members do pay half a guinea subscription."

Original motion was withdrawn, amendment carried unanimously.

The following gentleman were elected office bearers for the ensuing year.

**President**

Dr Stewart

**Vice Presidents [Town]**

Dr Moore, Dr Smith (J. W. T. S.)

**Do (Country)**

Dr Scott and Graves

**Members of Council**

Drs Drennan, H. S. Ferguson, B. Smyth, Dill, Wheeler and Ross

**Treasurer**

Dr Cuming

**Secretaries**

Drs Whitaker and Croskery were elected.

Surgeon Gribbin was requested to see to the circulation of the Journals.

Drs Wheeler and John Smyth moved and seconded a vote of thanks to the President which was carried by acclamation.

The President returned thanks in suitable terms.

A vote of thanks was moved and seconded to the Secretary and Treasurer for their services during the past year.

Robert Stewart, Chairman  
6th May 1865

**June 4th, 1864**

Present, Drs Stewart (President in the chair), Patterson, W. MacCormac, Moore and Whitaker.

There was no business transacted.

**July 2nd, 1864**

Present, Drs Stewart (President in the chair), Patterson, JW Smith, Cuming, D. Moore and Whitaker.

A desultory conversation took place regarding the best means to bring the Society into good working order.

**August 6th, 1864**

Present, Drs Stewart (President in the chair), Browne, W. MacCormac, Rea, Moore, McCrea, and Whitaker.

Minutes of last meeting read and confirmed.

A communication was read from Mr H. Hyndman with regard to M. Rayouot whom he described as an unqualified practitioner calling himself Dr Medicine. After some discussion Secretary was directed to write to Mr Hyndman declining on the part of the Society to interfere in the matter.

**September 3rd, 1864**

Present, Drs Stewart (President in the chair), McWilliam, H. Burden, H. P. Rea, Gribbin, and Whitaker.

The minutes of last meeting having been read and confirmed, ...

**April 23rd, 1865**

Present, Drs Stewart (President in the chair), Moore, Gribbin, W. MacCormac, D. Moore, Rea, Surgeon N. Moore and Whitaker.

As there was no business to be transacted, a desultory conversation took place among the members as regards the position of the Society etc. after which -

Drs D. Moore and H. P. Rea were elected Auditors of accounts.

Surgeon N. Moore resigned his appointment as Librarian to the Society, as he found that his time was so fully occupied that he could not properly attend to the duties of the office.

Robert Stewart, Chairman  
6th May, 1865

**May 6th, 1865 [Annual Meeting]**

Present, Drs Stewart (President in the chair), Patterson, W. MacCormac, McCrea, D. Moore, Cuming, Surgeons Nevin Moore, Gribbin, and Whitaker.

The minutes of the last Annual Meeting and of the 23rd ult. were read and confirmed.

The Accounts for the past year having been duly audited were passed. The Treasurer made some remarks on the financial position of the Society, and the probable result of the next year's income.

**President**

Dr Moore

**Vice Presidents**

Drs MacCormac (W) and Patterson

Dr MacCormac resigned the office. Dr Drennan was elected in loco.

**Country Vice Presidents**

Dr Scott and Moore

**Members of Council**

Drs Whitaker, Harkin, H. S. Ferguson, D. Moore, Browne and Murney

Dr MacCormac moved and Dr Patterson seconded that the Treasurer be requested to continue his valuable services for the ensuing year.

Dr Whitaker then tendered his resignation.

Dr Cuming moved and Surgeon Gribbin seconded the appointment of Dr McCrea as Secretary. Carried unanimously.

Dr MacCormac moved and Dr D. Moore seconded "That Mr Richard Watson, the house steward of the hospital, be elected librarian at a salary of £10 per annum." Carried unanimously.

Dr Cuming moved and Dr W. MacCormac seconded "The President leave the Chair and Dr Patterson take it." A Vote of thanks to Dr Stewart for his unwearied attention to the interests of the Society and the exertions which he has made during his year of office.

Robert Stewart, Chairman  
2nd September 1865

**General Hospital**

**June 3rd, 1865**

Present, the President, Drs Reade, D. Moore, N. Moore, McCrea, Stewart.

The President returned thanks for the honour the Society had conferred on him.

Dr D. Moore introduced a child with a large tumour on the upper part of the side of the chest. The tumour commenced about 14 months ago in the axilla. At first it subsided but afterwards increased for 5 months. During the next 4 months it was about the size of a hen's egg. At this period it was open. It has been increasing for six weeks with great rapidity. An exploratory opening lately made gave exit to serous fluid. He considered that it consisted of cysts and might become malignant. He therefore considered the question of removing it worth consideration.

Dr Reade would have no hesitation about removing it. Explore first and if contents be serous withdraw them. This would diminish the size of the tumour and facilitate its removal. Dr Reade also mentioned a remarkable case in which he had removed an enormous tumour from the side of a child's chest.

The President considered it a multi-ocular tumour with a tendency to encephaloid degeneration. Make a number of openings in it; reduce the size of it by this means. Explore with the finger inserted in one of the openings. Avoid the axillary vein which is often connected with tumours like this.

Dr D. N. Moore looked on the tumour as non-malignant.

Dr D. Moore: The child's age, the absence of adhesions, the mobility of the skin, the freedom from affection of the cervical glands are against the idea that the tumour is malignant.

On the motion of Dr Stewart seconded by Dr D. Moore it was resolved that the salary due the late librarian be paid.

Robert Stewart, Chairman  
2nd September 1865

#### **General Hospital July 24th**

Present, the President, Drs Stewart, Patterson, Drennan, Dill, Wheeler, Whitaker, D. N. Moore, McWilliam, McCrea.

Robert Stewart, Chairman  
2nd September 1865

#### **General Hospital August 5th, 1865**

Present, the President, Drs Patterson, Stewart, Reade, D. Moore, B. Smyth, McCrea, Holden (visitor).

The President brought under consideration the Coronership, and a notice from Mr Baker that an appointment of assistant to Dr Thompson, the Medical Inspector of Factories would shortly be made.

The President shewed an encephaloid tumour of the mamma, which he had removed by enucleation and without the assistance of chloroform. The wound had healed by the first intention almost entirely. The tumour had been nearly nine years growing.

Dr D. Moore remarked on the absence of affection of the lymphatics, and said that this more common the case in encephaloid than in schirrhous affections.

Dr Reade thought it worth considering whether or not an operation ought to be performed even in necessarily fatal cases, in order to make the mode of death less painful. Dr Reade was not prepared to subscribe to Dr D. Moore's opinion that affection of the glands was less likely in encephaloid.

Dr Reade called attention to a circular asking for subscriptions for a monument to the late Professor Ferguson. He thought that a public meeting should have been summoned.

Robert Stewart, Chairman  
2nd September 1865

#### **General Hospital September 2nd, 1865**

Present, Drs Stewart (Chairman), Smith, Ross, Gribbin, Holden, McCrea.

The man was admitted to hospital on April 1st of this year and went out. He was re-admitted on 17th June. He had acute pain over right temporal bone. Tongue thrust to right side. Ptosis of right eye. Pain diminished under use of Iodide of Potassium but still there was slight difficulty of speech. On August 1st readmitted. Health bad. Hiccup. Great constipation. Muscles of deglutition much affected. His left side was weak. Paralysis of left arm but not complete. Died of asthenia on August 27th. From the incompleteness of the paralysis a tumour at base of brain was suspected.

On P.M. adhesion of cerebellum at junction with Crus to petrous bone just below internal auditory meatus. A tumour on medulla oblongata. This pressed on eighth, seventh and ninth pairs of nerves. Hypoglossal obliterated. The tumour was an enlargement of one half of the medulla oblongata.

James Moore M.D.

#### **General Hospital September 23rd, 1865**

##### **Special Meeting**

Present, the President, Drs Stewart, Patterson, Drennan, Cuming, MacCormac, Whitaker, D. N. Moore, D. Moore, McCrea, Murray, Dill, Gribbin.

The following advertisement was read

##### **Belfast Union**

Wanted a legally qualified Resident Medical Officer for the infirmary etc. of the Workhouse at a Salary of £45 per annum with [?] also rations. Testimonials to be lodged with me before 11 o'clock a.m. on Tuesday the 3 prox. when personal attendance of the candidate is required.

It was moved by Dr Patterson and seconded by Dr Stewart and unanimously resolved "That the Society express its decided opinion that the remuneration proposed is entirely insufficient to recompense such Medical Officer for duties requiring his entire time, and that the offer of such salary is derogatory to the Medical Profession at large."

Dr Drennan moved and Dr Gribbin seconded "That the resolution be published in an advertisement in the Belfast papers of Monday and Tuesday.

James Moore M.D.

**General Hospital  
October 7th, 1865**

Present, the President, Drs Patterson, Stewart, Whitaker, Ross.

The President shewed a fatty tumour which had been removed from the hip.

James Moore M.D.

**General Hospital  
November 4th**

Present, the President, Drs Stewart, John Moore, David Moore, Whitaker, McCrea, Patterson.

Dr Ross read a paper on the fevers of Ireland.

Dr John Moore would wish to know what opinion Dr Ross entertained of the value of Tartaric Emetic in fever. The cases which he had observed in the ship of seaboard where he had been lately where brought from Belfast.

Dr Ross could classify under some one of the three heads Typhus, Typhoid, and Relapsing Fever every case of fever that he had met with. He would never use Tartaric Emetic except in cases of violent delirium in strong people.

Dr D. Moore would give large doses of Tartaric Emetic in the cases mentioned – say two grains every three hours.

The President referred to the great mortality after forty years of life.

James Moore M.D.

**November 18th, 1865**

Present, the President (in the chair), Drs Stewart, Wheeler, Patterson, H. P. Rea, D. Moore.

The President brought forward an account of 4 cases of Naevi, upon which he had operated during the last few weeks. He detailed the steps of the operation, the difficulty which he had met within one of cases and the uniformly successful results of the operation.

James Moore M.D.

**December 2nd, 1865**

Present, the President, Drs Stewart, Patterson, John Moore, Cuming, W. MacCormac, McCrea, Ross.

Dr Patterson exhibited a brain which had undergone tubercular meningitis. Dr Ross read some notes of the case.

Dr J. Moore made some observations on the infrequency of the disease in adult life, and the suddenness with which effusion may occur.

Dr Cuming said that a peculiarity of this case was

that the granulations appeared to four or five observers to be grey. He had thought himself that there was a yellow tinge in them.

Dr Patterson mentioned that the lips had been convulsively drawn up so as to expose the gum. This was on the same side as the squint and large tubercular deposit.

The President gave an account of case of gunshot wound of the right hand, in which amputation of the hand had been successfully performed, and the forefinger and thumb had been saved. Age 65 years.

James Moore M.D.

**December 16th**

Present, the President, Drs Stewart, J. Moore, W. MacCormac, McCrea.

Dr McCrea resigned the secretaryship.

Dr Stewart moved and Dr MacCormac seconded that Dr J. Moore be requested to act as Secretary pro tempore until a permanent Secretary should be appointed. The motion was carried.

James Moore M.D.

**13th January, 1866**

Present, the President, Drs Cuming, Drennan, David Moore, Nevin Moore, W. MacCormac, Patterson, Reade, John Moore and Whitaker.

It was proposed by Dr Thomas Reade and seconded by Professor Cuming that Dr John Moore be appointed Secretary to the Society. Carried unanimously.

Dr Drennan exhibited the liver of a boy aged 16 years who had died from cirrhosis, and read a detailed statement of the history of the case and its treatment.

The President exhibited a leg which he had amputated some days ago, which had been crushed by a railway carriage passing over it.

Dr David Moore presented a child 10 months old suffering from constricted anus.

James Moore M.D.

**27th January, 1866**

Present, the President, Dr Stewart, Dr W. MacCormac, and Dr John Moore

The President in absence of Dr Browne brought forward two cases of his of amputation near the shoulder joint.

He also exhibited a fatty tumour which he had removed from a lady's shoulder and also a case of partial amputation of the hand.

**February 10th, 1866**

Dr Moore, President in the chair. Members present Drs Reade, Stewart, Patterson, Whitaker, McCrea and John Moore.

The President exhibited an enormous fatty tumour

which he had successfully removed from a lady's breast. It weighed several pounds. He also shewed one which he had removed from the region of the parotid gland.

**February 24th, 1866**

**March 10th, 1866**

Dr Moore (President in the chair), Drs Stewart, Patterson, Smith (J. W. T.) and Whitaker.

A case of spina bifida having been introduced in which a tumour the size of an orange was placed over the lumbar vertebra, Dr Moore (President) would be inclining to pass a double thread through the tumour though he did not think that it would be of much avail. Still it was in his opinion the only chance for the child.

Dr Smith produced an ovarian tumour which he considered a well marked specimen of schirrhous, removed from a woman who suffered from dyspnoea and who died some 24 hours after admission to hospital from bronchitis. Some other tumours of a cystic character were also found in the abdomen.

The President shewed an elongated prepuce which he had removed and detailed the reasons which led him to remove it and the steps of the operation which was very successful.

Payment of [?'s] account was ordered.

**March 24th, 1866**

Present, Dr Patterson (in the chair), Drs Stewart, Drennan, David Moore, Rea, John Moore, and Professor Cuming.

Professor Cuming brought forward a case of meningitis and exhibited the recent parts.

**7th April, 1866**

Dr Moore (President in the chair), Drs Stewart, Patterson, J. W. T. Smith and Rea.

Dr Smith exhibited the lung of a man who had died of pneumo-thorax and read history of case. No tubercle had been detected in the lung during life but hard tubercular deposits were found on post-mortem examination. The immediate cause of death was congestion of the left lung after the perforation had taken place. The perforation took place from a cavity in right lung which cavity was not detected during life.

**21st April, 1866**

Drs Patterson (in the chair), Drennan, Stewart, William MacCormac and John Moore.

Mr R. H. Newett was proposed by Dr Patterson and seconded by Dr William MacCormac and unanimously elected member of the Society.

Dr William MacCormac read notes of several cases in which Dr Richardson's method of inducing local anaesthesia which consists in causing a stream of ether spray to play upon the part [was used.] The first case was that of a girl on whom an operation for onychia was performed without the slightest suffering on the part of the patient. Similar results were experienced in several other cases of the same kind. Amputation of finger and removal of part of metacarpal bone without any sensation of pain, and equally successful were two other cases of partial amputation of the hands and removal of piles etc.

Dr MacCormac states that Dr Richardson can only lay claim to having perfected the instrument as others had previously attempted to do so viz Dr Hardy of Dublin. Dr Drennan was of opinion that the anaesthetic effect of ether spray was owing to the sedative action of the medicine rather than to the cold produced, and recommended its application to other cases than operations viz neuralgia etc.

Dr W. MacCormac gave an account of a successful operation for strangulated hernia occurring in a man upwards of 80 years of age. He also exhibited the recent parts in a case of extensive fracture of the skull occurring in a person formerly the subject of fracture of the pelvis and laceration of the urethra.

John S. Drennan M.D.

**May 5th, 1866 [Annual Meeting]**

Dr Moore (President in the chair), Drs David Moore, McWilliam, Stewart, Patterson, Whitaker, Cuming, McCrea and Mr Newett.

The accounts were audited by Drs Whitaker and Patterson.

Dr Drennan was unanimously elected President.

Drs Ferguson and William MacCormac Vice Presidents.

Drs Greeves and Scott Country Vice Presidents.

Drs Stewart, Patterson, McCrea, Whitaker, Murney and H. P. Rea were elected Members of the Council.

It was moved by Dr Patterson and seconded by Dr Cuming and unanimously resolved that Dr John Moore and Mr Newett be elected Joint Secretaries for the ensuing year.

It was moved by Dr Stewart and seconded by Dr Whitaker that Dr Cuming be requested to continue as Treasurer.

Dr McCrea gave notice of his intention to propose that Dr Manley be elected a member.

Dr James Moore, President for the past year, delivered his address on vacating the Presidency. The address was published in the local papers.

On the motion of Dr Cuming, Dr Stewart took the second chair.

Dr Cuming referred to the pleasure he had in

listening to the excellent address with which they had been favoured by the outgoing President. He begged to move "That the best thanks of the meeting be given to their late President for the able and zealous manner in which he had fulfilled his official duties, and his readiness at all times to advance the Society's best interests."

Dr Patterson had much pleasure in seconding Professor Cuming's motion. The motion was put from the Chair and carried by acclamation.

John S. Drennan, President

### **June 2nd, 1866**

Members present, Dr Drennan (President in the chair), Drs Stewart, William MacCormac, John Moore and Newett.

The President briefly expressed his thanks for the honour the Society had done him by electing him as its President.

A report from the Librarian was read pointing out the present inefficient arrangements with regard to the distribution of the periodicals, and other matters connected with the library.

Dr Stewart moved and Dr MacCormac seconded the following Resolution "That the President together with Drs Cuming, Murney, Newett and John Moore be appointed a Committee to take charge of all matters connected with the management of the library and to report concerning them from time to time to the Society as they may consider necessary."

Dr Newett brought under the notice of the Society the present state of the wax casts belonging to the Society, and suggested that they should be renovated.

Dr Newett proposed and Dr John Moore seconded that Dr Manley be elected a member of the Society.

Dr John Moore proposed and Mr Newett seconded that Dr Wales be elected a member.

Dr John MacCormac proposed and Dr Stewart seconded that Mr H. Johnston, Surgeon, be elected a member.

John S. Drennan, President

### **Second Meeting**

#### **July 7th, 1866**

The President in the chair. Members present, Drs Thomas Reade, Whitaker, Patterson, H. P. Rea, John Moore, MacCormac, Murney, Dr Nevin Moore, Stewart, Professor Cuming, McCrea, Messrs Gribbin and Newett.

The following gentleman were elected members, Mr T. J. Cantrell, Dr Dunlop, Holywood, Mr H. M. Johnston, Dr H. C. Manley, Dr Angus Porter, Dr H. S. Purdon, Dr Wales.

It was moved by Dr Patterson and seconded, that the Council should take immediate steps regarding

the furniture in the new rooms.

Report from Council was read stating that the hours of attendance of the Librarian were from 10a.m. till 1p.m. and recommending that the books be still kept in the present library, and that the periodicals be placed on the table in the new rooms for a month after their issue.

Dr Thompson of Bangor was proposed by Dr Cuming and seconded by Dr Whitaker.

Dr McDonnell was proposed by Dr W. MacCormac and seconded by Dr D. N. Moore.

John S. Drennan

### **Third Meeting**

#### **August 4, 1866**

Present, the President in the chair, Professors Reade and Cuming, Drs Patterson, McWilliam, Manley, Messrs Thompson, Cantrell and Newett, Dr John Moore.

Dr Alexander H. H. McMurtry was proposed by Dr Cuming.

Dr Henry Thompson, Bangor, was elected unanimously.

Dr Cuming exhibited a specimen of fibrinous concretion of the heart, and read a paper on a case of pericarditis with unusual cerebral symptoms and exhibited the recent parts.

John S. Drennan

### **Fourth Meeting**

#### **September 1, 1866**

Present, the President in the chair, Drs MacCormac, Whitaker, Thompson Bangor, and Mr Newett.

Dr H. H. McMurtry was unanimously elected a member of the Society.

The Secretary was directed to publish in the next notice-sheet, that the meeting of the Society would, for the first time, be held in the new rooms in the Charters Wing of the hospital, and to request a large attendance of the members.

Dr Whitaker proposed and Mr Newett seconded that Henry Brown Esquire L.R.C.P. and L.R.C.S. Edinburgh be elected a member of the Society.

Dr MacCormac proposed and Dr Thompson seconded that Dr Henry Talbot Higginson of Lisburn be elected a member of the Society.

John S. Drennan

### **Fifth Meeting**

#### **October 6, 1866**

Present, the President in the chair, Drs Whitaker, Patterson, Dill, McMurtry, John Moore, Professors Reid and Cuming, Drs McWilliam, H. P. Rea, Brice

Smyth, S. H. [sic] Purdon, and Messrs Johnston and Newett.

Henry Talbot Higginson M.D. Edinburgh and Henry Brown L.R.C.P. and L.R.C.S. Edinburgh were unanimously elected members.

Dr Cuming proposed and Mr Newett seconded Josias Wilson Patrick L.R.C.P. and L.R.C.S. Edinburgh for membership.

Dr Reid read his paper on the recent cholera cases in Belfast, on which an interesting discussion followed.

John S. Drennan

### November 3rd 1866

Present, the President in the chair, Drs Pirrie, James Moore, A. Dunlop, Cuming, Patterson, Browne, Thomas Reade, McCrea, B. Smith, John Moore, J. S. Reid, H. P. Rea, McWilliam, Wales, Whitaker, Stewart, MacCormac, Surgeons Gribbin, McCleery, Johnson and Newett.

Josiah Wilson Patrick L.R.C.P.E. and L.R.C.S.E was unanimously elected a member.

The President read his address which was listened to with attention and elicited the applause of the Society.

Dr James Moore on behalf of the Society returned thanks to the President. Dr Patterson proposed that the address be published, Dr Cuming suggested the propriety of its publication in the local papers. Dr Dill was opposed to the publication of such addresses in the news-papers. Drs Thomas Reade and MacCormac spoke in favour of Dr Cuming's suggestion. Dr James Moore moved and Surgeon Gribbin seconded that the President's address be given by the council to the news-papers for publication which was agreed to.

Dr John Moore proposed a vote of thanks through Dr Wales to the donor of some pathological paintings, lately presented through Dr Wales. Professor Reid seconded this and it was unanimously adopted.

Dr James Moore expressed his intention of presenting to the Society a bust of the late Dr McDonnell.

Surgeon Gribbin addressed the meeting on the subject of a grievance under which he considered himself to suffer by his having been brought to an inquest at which he was not examined and for his attendance at which he received no fee. This matter was referred to the council to [assess?].

Dr McCrea presented a copy of a memorial sent by Dr Rea to the authorities of Dublin Castle complaining of a fee of £1.1.0 having been tendered to him for 4 days attendance at the court of Quarter Session. This was referred to the council also

John S. Drennan

### November 17, 1866

Present, the President in the chair, Drs Stewart, Browne, Patterson, John Moore, Wales, William MacCormac, Mr Newett, McCrea and D. N. Moore.

The minutes of the former meeting were read and confirmed.

The minutes of the last meeting of Council held on the 15th inst were also read and which stated that the members of the Council were perfectly satisfied with the explanation given by Dr Dill in reference to a complaint made by Mr Gribbin and were further of opinion that Dr Dill's conduct in his official position as Coroner was not a subject which came within their jurisdiction. The subject of medical fees for attendance at Quarter Sessions Court was also brought under notice, it having been fixed by the Authorities at Dublin Castle at £1.1.0 per day.

Dr Browne read an interesting paper on the case of a boy who had met with an accident from a cart passing over him, by which both the right kidney and liver were lacerated. The boy survived this serious accident from October 4th to November 7th and ultimately sank from abscess involving the injured kidney and destruction of the surrounding parts.

The Secretaries were directed to summon a meeting of Council for Wednesday next the 21st inst.

Proposed by Dr Patterson that John Martin L.R.C.S.I. be elected a member of the Society.

John S. Drennan M.D.

### 1st December, 1866

Members present, the President Dr Drennan in the chair, Dr Cuming, H. Brown, Dill, W. MacCormac, McWilliam, Moore, John Moore, Patterson and Stewart, Messrs Johnston and Newett. Staff Surgeon Major Crocker was also present.

The minutes of former meeting were read and confirmed.

The recommendation of Council "that the journals be permitted to lie on the tables in the new rooms of the Society for a fortnight after receipt", was taken into consideration and referred again to the Council for further consideration, and a special meeting of the Society was directed to be called, the day of meeting being left to the Council to determine.

It was proposed by Dr Patterson and seconded by Dr John Moore that Mr John Martin L.R.C.S.I. L.A.H. be elected a member of the Society. Elected unanimously.

Mr H. M. Johnston exhibited a specimen of malignant disease of the uterus.

Dr Dill considered that the case had not been malignant in the first instance but had become so.

Dr Reade suggested that the specimen be

submitted to microscopic examination which Professor Cuming undertook to do.

Dr John Moore read a case of inversion of the bladder. Mr H. M. Johnston related a similar one which occurred in his practice some years ago. Dr W. MacCormac referred to the extreme rarity of such cases especially in adults, the few cases on record nearly all occurred in children. Dr Patterson had seen one case which had been under Dr Simpson's care in Edinburgh.

W. MacCormac V.P, Chairman  
December 15th, 1866

### **11th December, 1866**

#### **Special Meeting of Society**

Members present, Dr Drennan (President in the chair), Drs Stewart, Patterson, William MacCormac, Moore, Pirrie, Murney, H. Thompson, Stephenson, Whitaker, D. N. Moore, John Moore, McCrea and Mr Newett.

The President explained the object of the present meeting of the Society which had been called for the purpose of making such arrangements as would facilitate the members having access to the journals and to appoint a deputation to wait upon the Hospital Committee to ascertain the exact position of the Society with regard to the new rooms which have been set apart for the Society's use.

Dr Patterson moved that rule 24 with reference to the journals be carried out. Dr Stewart seconded it.

Dr Murney suggested that the Society should allow the periodicals to remain on the table of the present library and to use it has a reading room to which he believed the Hospital Committee had not the slightest objection.

Drs William MacCormac, Pirrie and Murney (joint Trustees with Mr Girdwood for the erection of the new Wing to the hospital, the donation of Mr Charters) were present and concurred in stating that both rooms in the basement of the wing had been specially prepared, and were intended for, the Society's use: all the expenses of preparation having been defrayed out of a supplementary grant of £500 from Mr Charters. Under the circumstances this statement being considered quite satisfactory, the intention of applying to the Hospital Committee as to the Society's tenure of the Rooms was abandoned.

Dr Stephenson stated that the elliptical table at present in the library was a gift of the late Mr John Aicken to the Society and Dr Patterson stated that he had purchased on behalf of the Society the seats which match the table together with six chairs which are still the Society's property.

John S. Drennan

### **Society's Rooms**

#### **22nd December, 1866**

Members present, Dr Drennan (President in the chair), Drs Cuming, Dill, Moore, D. N. Moore, John Moore, Patterson, William MacCormac, Stewart and Mr Newett.

The minutes of former meeting were read and confirmed.

Dr William MacCormac stated that he had submitted the minutes of former meeting which referred to the Society's tenure of its new rooms, to Drs Murney and Pirrie in writing and both these gentlemen agreed with him that it was correct.

The Treasurer then laid before the Society a statement of its Receipts and Expenditure for the year.

John S. Drennan

#### **5th January, 1867**

Members present, Dr Drennan (President in the chair), Drs Reade, Murney, Smith, William MacCormac, H. Brown, Whitaker, David Moore, Cuming, John Moore, Messrs Martin, Gribbin and Newett.

Dr William MacCormac presented a patient to the Society and read the details of his case in which he had affected reduction of a dislocation of the humerus eleven weeks after the accident had happened.

#### **January 19, 1867**

Present, the President Dr Drennan in the chair, Drs Stewart, Patterson, Croker, and Messrs Gribbin and Newett.

The minutes of last meeting were read and confirmed.

The Council reported that it was not advisable to entertain Mr Greer's proposal concerning the Athenaeum.

There was no further business transacted.

John S. Drennan

#### **February 2nd, 1867**

Present, Dr Drennan (President in the chair), Drs Stewart, Patterson, Murney, Wales, Smith, H. Brown, John Moore and Mr Newett.

Dr Smith read the history of a case of cirrhosis of the liver, in which the operation of tapping had been performed several times in order to remove the fluid which had accumulated in the abdomen. On the last occasion that operation had been performed by Dr Murney at Dr Smith's request. Towards the end of the operation a considerable amount of blood flowed through the cannula and notwithstanding every effort to arrest the flow, by passing a needle deeply

through the walls of the abdominal parietes and twisting a ligature round it, it was evident that internal haemorrhage was still progressing and the patient sank a few hours afterwards.

A post-mortem examination was obtained which shewed that in the operation which proceeded that which terminated so unfortunately, a portion of peritoneum had been injured, and a circumscribed point of adhesion not larger than the cannula, had taken place between it and the abdominal parietes where the trocar had entered. As the same point was again selected for aspiration a vein was wounded, and from this unique accident the fatal haemorrhage took place.

Dr Murney had not been able to find the record of any similar case in all the journals to which he had access.

Dr Moore stated that his father who had great experience in tapping seldom selected the same spot for a second operation. Should such a case occur in his practice he would pass a [joile?] needle deeply and twist a ligature round it.

Dr Murney presented a patient in whom he had performed Pirogoff's amputation of the foot sometime ago and from which an excellent stump resulted.

John S. Drennan, President

#### 16th February, 1867

Members present, Dr Drennan (President in the chair), Drs Reade, Cuming, Stewart, Moore, W. MacCormac, H. Browne, McMurtry, John Moore and Mr Newett.

A telegraphic message having been received from Dr Porter regretting his unavoidable absence, the reading of his paper was consequently deferred to next meeting.

No other business was transacted.

John S. Drennan

#### 2nd March, 1867

Members present, Dr Drennan (President in the chair), Drs Reade, Stewart, Cuming, W. MacCormac, Whitaker, McMurtry, Moore.

Dr Porter read a case of Phagedaenic Chancre of Dorsum Penis followed by Sclerotitis and Keratitis.

Professor Cuming complemented Dr Porter on this his first paper presented to the Society and characterised it as being especially well written, but was of opinion that the eye affection which followed was not a consequence of the syphilitic disease but a mere coincidence.

Dr William McCrea coincided in opinion with Dr Cuming and looked upon the inflammation of the eye as not syphilitic.

Dr Reade thought there might be some connec-

tion between the two ailments and considered the case as one worthy of further observations.

Robert Stewart, Chairman,  
16th March, 1867

#### 16th March, 1867

Members present, Drs Stewart (in the chair), Drs Reade, Patterson, Dill, Cuming, William MacCormac, McWilliam, Wales, John Moore, Mr Newett, Dr Smith, Porter, H. Brown.

Minutes of former meeting read and confirmed.

Dr William MacCormac gave an account of three cases of haemorrhoids on which he had operated by the clamp and the actual cautery, and also gave the particulars of a case of strangulated femoral hernia successfully operated on.

The operation for piles was illustrated by a well-executed drawing of the diseased parts.

The first case operated on was J.E. aet. 43. Had suffered from the complaint for twelve years, at times it amounted to agony. Exhausting haemorrhages took place and his general health was broken down.

The bowel having been emptied by an enema, the patient was placed on his left side, and the pile taken hold of by a pair of forceps with which it was drawn downwards. Its base was then partially snipped through with a pair of scissors and the remainder enclosed in the clamp. The pile having been then removed with the scissors, the actual cautery was then applied, and the bowel returned to its place.  $\frac{3}{4}$  drs of opium with  $\frac{3}{4}$  drs of Tannin were ordered every third hour. After the first hour all pain and uneasiness subsided. The fourth day after the operation a draught of castor oil followed by a tepid water injection caused the bowels to be opened without suffering. He was discharged twelve days after the operation quite cured and most thankful.

The other cases did not differ materially from the foregoing.

Drs Dill and Reade made some observations on the cases.

John S. Drennan, President

#### March 30th, 1867

Present, the President in the chair, Drs Cuming, Patterson, Stewart, Reade, Moore, Dill, Wales, Henry Browne, Porter and Mr Newett.

The President read papers on a case of tubercle of the brain and on a case of abscess of the liver. Preparations were exhibited and a discussion ensued.

John S. Drennan

#### April 13th, 1867

Members present, Dr Drennan (President in the

chair), Drs Stewart, Patterson, Moore, H. Brown, William MacCormac, H. Purdon, Dill, John Moore and Mr Newett. Dr Croker, Staff Surgeon, was also present.

Minutes of former meeting read and confirmed.

Dr Moore exhibited an elongated prepuce which he had removed by circumcision from a gentleman who was about to get married, and to the duties consequent on such a state, the encumbrance would have presented a serious obstacle to their proper performance.

He also exhibited a diseased testicle which he had removed. The subject of the operation received a blow from an Aunt Sally stick on the testicle sometime previously. This was followed by severe inflammation and a swelling which never entirely disappeared. Ulceration at length took place and an amount of disorganisation to such an extent as required removal of the diseased organ.

Dr William MacCormac read a case of inguinal hernia which occurred in a woman and on which he had operated. The subject was a domestic servant age 52 years. The rupture had existed from childhood. On the 3rd inst. strangulation of the bowel took place and for a time she concealed the nature of her ailment. Stercoraceous vomiting occurred when the case was seen by Dr Pirrie. Not being able to reduce the strangulated bowel, he sent for Dr MacCormac and it was agreed to place the patient under chloroform and should the taxis not prove successful, to proceed at once to divide the stricture. Not succeeding, the operation was undertaken and on opening the sac the portion of bowel forming the rupture was found to be the caecum with the vermiform appendix. Considerable difficulty was experienced in returning the bowel which was at length accomplished. This was followed by great relief and all the urgent symptoms subsided. For the first twenty-four hours she continued to progress most satisfactorily but afterward unfavourable symptoms appeared. The wound shewed no tendency to heal but it was not till the 7th, four days after the operation that alarming signs presented themselves when rapid sinking came on and she died at 8p.m. on that day.

A P.M. was obtained which failed to throw much light on the cause of death. The bowels were distended with air but there were no signs of general peritonitis. There was some lymph at the constricted portion of the bowel but no perforation and Dr MacCormac was still unable satisfactorily to account for the cause of death in this case. He considered it his duty to bring the case forward as from such a terminate unfavourably more may often be learned than from those which end well.

Dr Moore, Dr Cuming and the President made

some observations on the case.

John S. Drennan, President

#### **26th April 1867**

Members present, the President in the chair, Drs Reade, Stewart, Patterson, Cuming, H. Brown, John Moore and Mr Newett.

Minutes of last meeting read and confirmed.

Dr Cuming proposed and Dr Patterson seconded that Dr Fegan be elected a member of the Society. Elected unanimously.

The Secretaries were directed to summon a Special Meeting of Council for Thursday 2nd May at 12 o'clock to prepare the Annual Report for the Society and to transact such other business as may be brought before it.

Dr Patterson proposed and Dr Stewart seconded that Drs Whitaker and H. Brown be appointed Auditors for the ensuing year. Carried unanimously.

James Patterson, Chairman  
1st June 1867

#### **Society's Rooms**

##### **4th May, 1867**

##### **Annual Meeting**

The President in the chair, members present, Drs Thomas Reade, Stewart, Patterson, Cuming, William MacCormac, Whitaker, H. Brown, T. H. Purdon, James Smith, Brice Smyth, John Moore, Messrs Newett and Martin.

Dr Monck of Holywood was elected a member of the Society having been proposed by Dr James Moore and seconded by Dr Patterson.

The minutes of last Annual Meeting were read and confirmed.

The Report of the Council for the past year was read. It was then moved by Dr Drennan and seconded by Dr William MacCormac that the Report just read be adopted and entered on the minutes of the meeting. Carried unanimously.

The Treasurer then laid before the Society a statement of its accounts for the past year.

The members then proceeded to the election of a President and Office Bearers for the ensuing year.

Dr Seaton Reid was unanimously elected President of the Society. Drs Thomas Reade and James Smith, Vice Presidents for Town, Drs Kelso of Lisburn and H. Thompson of Bangor, Vice Presidents for Country.

The following were elected Members of Council, Drs Patterson, Stewart, William MacCormac, T. H. Purdon, Whitaker, Brice Smyth.

Dr Cuming was requested to continue as Treasurer and Dr John Moore as Secretary to the Society, which both consented to do.

Dr Thomas Reade proposed that the best thanks of

the meeting be given to Dr Drennan, the retiring President, for the admirable address which he had delivered (and which at the Society's request has been published), for his constant attendance at the meetings of the Society, and for the uniformly kind and efficient manners in which he had discharged the duties of his office which has been such as to give entire satisfaction to every member of the Society: and he only regretted that the Rules of the Society were such as to preclude his re-election, a proposition which he believed would have met with the unanimous wish of the members. Dr Patterson seconded the proposition which was carried by acclamation.

Dr Drennan replied and expressed the pleasure he would at all times feel in affording to the Society all the aid which was in his power to bestow.

Dr Stewart moved and Dr Thomas Reade seconded that a vote of thanks be tendered to Mr Newett for the valuable services which he has rendered as joint Secretary to the Society, and from which post he now reluctantly retires owing to the pressure of his other engagements.

#### **Annual Report of Council**

The Council has much pleasure in submitting to the members of the Society their Report for the year just terminated.

Twenty meetings have been held at which the following instructive papers were read, pathological specimens exhibited, and interesting cases presented.

Papers by Professor Cuming on pericarditis with unusual cerebral symptoms.

Professor Seaton Reid on recent cholera cases in Belfast.

Dr John Moore on a case of inversion of the bladder.

Dr J. W. T. Smith on a case of unusual local spasmodic affection, on uraemic poisoning, and on cirrhosis of liver where fatal haemorrhage followed tapping, performed at his request by Dr Murney.

Dr Porter on phagedenic chancre of dorsum penis followed by scleritis and keratitis.

Dr William MacCormac on cases of haemorrhoids operated on by the clamp and actual cautery, and on cases of hernia operated on by him.

Pathological specimens exhibited by Professor Cuming of fibrinous concretion of the heart.

Dr Browne a ruptured liver and kidney resulting from a wagon passing over the body of a boy.

By Dr James Smith a brain the subject of recent and extensive haemorrhage.

Dr James Moore an elongated prepuce and a diseased testicle which he had removed.

Patients were presented by Dr William

MacCormac where reduction of the humerus had been effected eleven weeks after the accident.

Dr Murney where he had performed Pirogoff's amputation of the foot.

Fourteen members joined the Society during the year, Drs Drennan and Wheeler becoming life members.

The Society has lost by death one of its oldest and most respected members. Dr McMechan of Whitehouse.

One case of misunderstanding between two members of the Society was referred to the Council and amicably arranged.

The following is the attendance of members at meetings of Council: Dr Drennan 15, Dr James Moore 7, H. S. Ferguson 0, William MacCormac 14, Scott 0, Graves 0, Stewart 12, Patterson 10, McCrea 1, Whitaker 3, Murney 3, H. P. Rea 1, Cuming 8, John Moore 15, Mr Newett 19.

On the 6th October the Society entered into possession of the new Rooms which have been set apart for its use and on the 11th December a Special Meeting of the Society was held when the following minute was entered on the records of the Society: Drs William MacCormac, Pirrie and Murney, joint Trustees with Mr Girdwood for the erection of the New Wing of the hospital, the donation of Mr Chartres were present and concurred in stating that both rooms in the basement of the Wing had been specially prepared and were intended for the Society's use all the expense of preparation having been defrayed out of a supplementary grant of £500 from Mr Chartres.

The Council regret to state that though they have given their best attention to the circulation of the periodicals they have been unable to make as satisfactory arrangements as they would desire. It would further desire to call the Society's attention to the fact that the Library Room of the Society being now so occupied by the Committee of the General Hospital as to render it unavailable to the members as a reading room for which purpose it was originally set apart; the Council are of opinion that their claims upon it should be laid before the Committee and a distinct undertaking arrived at in the subject.

John Moore M.D., Secretary

R Stewart, Chairman

1st May 1868

#### **List of Present Members of Society And Dates of Joining**

1822	June 8th	Dr Stevenson	<i>Life Member</i>	1842
1825	Aug 1	Mr Walkington	<i>Dead</i>	

Minutes of the Ordinary Meetings

1826	July 3	Mr John Grattan	1846
1828	May 1st	Dr Henry MacCormac	1848
1813	May 4th	Dr Hurst	1815
1832	Jan 2nd	Dr Thomas Thompson	Dead 1852
1834	Nov 3rd	Dr William Burden	1854
1836	May 2nd	Dr Andrews	1856
1839	Mar 4th	Dr Patterson	1859
1839	July 1st	Dr Kelso, Lisburn	1859
1840	Sept 7th	Dr Stewart	1860
1841	May 3rd	Dr Thomas Reade	1861
1841	Nov 1st	Dr Dill	1861
1842	Dec 5th	Dr Browne R.N.	1862
1843	Feb 6th	Dr Gordon	1863
1843	May 1st	Dr Beck	1863
1843	May 1st	Dr Seaton Reid	1863
1845	Aug 4th	Dr Pirrie	1865
1845	Nov 3rd	Dr Mulholland	1865
1846	Sept 7th	Dr Drennan	1866
1846	Nov 2nd	Dr Wheeler	1866
1847	Oct 5th	Mr McCleery	1867
1847	Oct 5th	Dr Murney	1867
1849	Dec 4th	Dr J. W. T. Smith	1868
1849	Mar 5th	Dr McGee	
1849	Dec 3	Mr John Smith	
1851	June 4th	Dr James Moore	
1854	Dec 6th	Dr Harkin	
1856	June 2nd	Dr Cuming	
1858	June half	Dr Whitaker	
1858	July 5th	Dr Ross	
1859	Dec	Mr Pring	
1857	Nov 15th	Dr Charles Purdon	
1860	Sept 3rd	Dr Henry Burden	
1861	June 3	Dr Murray	
1861	Aug	David Moore	
1861		W. MacCormac	
1862	June 7th	Dr H. S. Ferguson	
1862	June 7	Mr Gribbin	
1862	June 7	Mr Grattan	
1862	Nov	Dr McCrea	
1862	Dec 13	Dr McWilliam	
1862	Dec 20	Dr John Moore	
1864	May 7	Dr H. P. Rea	
1864		Dr Nevin Moore	
1866	Apr 21	Mr Newett	
1866	July 7	Dr Angus Porter	
1866	July 7	Mr Cantrell	
1866	July 7	Mr Manley, Whitehouse	Resign
1866	July 7	Dr H. S. Purdon	
1866	Aug 4	Mr Thompson, Bangor	
1866	Sept 1	Dr McMurtry	
1866	Oct 6	Dr Henry Browne	
1866	Oct 6	Dr Higginson, Lisburn	
1866	July 7	Dr H. M. Johnston	
1866	July 7	Dr Wales	
1866	July 7	Dr Dunlop, Holywood	

1866	Nov 3	Dr Patrick, Carrickfergus	
1866	Dec 1	Mr Martin	
1867	Apr 26	Dr Fagan	
1867	May 4th	Dr Monck, Holywood	
1861	July	Dr Brice Smith	
1867	Aug 2	Dr Hayes	
1867	Aug 2	Dr Hannah	
1867	Aug 2	Mr H. Moore	
1867	Aug 2	Mr Berry	
1867	Aug 2	Dr Thompson, Donaghadee	Resign
1867	Dec 6	Dr Hill	
1867	Dec 6	Dr D. Johnston	
1868	June 15	Mr Thomas Ball	
1868	June 15	Dr Frederick E Beck	
1868	June 15	Dr J. Walton Browne	
1868	June 15	Dr Reuben Bolton	
1868	June 15	Dr Richard Barnett	

**First Meeting Society's Rooms, 1st June, 1867**

Present, Dr Patterson in the chair, Drs H. Brown, Whitaker, McMurtry, Fegan, McCrea, Wales, Dill, William MacCormac, Monck, Stewart, David Moore, Nevin Moore, John Moore, Messrs Newett and Gribbin.

Minutes of last ordinary meeting read and confirmed.

The circular summoning the meeting was read and also a minute of Council Meeting in which it was recommended to change the day and hour of Society's meetings from Saturday at 3 o'clock p.m. to Friday at 7.30p.m.. This recommendation was proposed as a resolution by Dr William MacCormac and seconded by Dr Dill. It was carried unanimously.

The Secretary was directed to have placed on the circular summoning next meeting, the day and hour to which the meeting had been changed, and notice of confirmation of resolution making such change.

The Secretary stated that as authorised by the Council he had engaged a man to distribute the journals and deliver the circulars at a remuneration of three shillings a week.

It was unanimously agreed to, that a letter of condolence be addressed to Miss Thompson on the death of her Father, one of the oldest members of the Society, and that the Secretary be instructed to write it.

Dr H. Brown read part of an elaborate and most carefully written paper on the new edition of the British Pharmacopoeia in which he brought before the members the omissions, the changes and the additions which have been made in the Pharmacopoeia. He will conclude his paper at next meeting of Society.

J. Seaton Reid, Chairman

**Second Meeting Society's Rooms, 6th July, 1867**

Present, the President (in the chair), Drs James Moore, Thomas Read, Patterson, Wales, H. Brown and John Moore.

Dr James Moore exhibited a large tumour which he considered to be of a malignant nature, and which he removed from the right mamma of a lady on the 30th ult. The tumour was of about five months growth and had attained an enormous size, it was comparatively painless and the constitution had not suffered much. Several surgeons had been consulted and different opinions expressed both as to the nature of the tumour and the propriety of its removal. As the tumour was perfectly free and moveable, and the weight of the mass a source of great discomfort, it was at length decided to remove it which was done accordingly.

The haemorrhage attending the operation was not nearly so great as might have been anticipated and was easily controlled. The patient has since progressed most favourably and the wound is healing kindly.

Mr James Moore further detailed the history of a case of nevus in a child in which he had operated by means of passing a current of electricity through the tumour. He thought this was the first case in which this method had been tried in this country.

The following gentleman were proposed as members of the Society by the Secretary and seconded by Dr Patterson: Dr Hayes, Dr H. Hanna, Mr H. Moore, Mr Berry.

J. Seaton Reid, Chairman

**Third Meeting Society's Rooms, 2nd August, 1867, 7.30p.m.**

The President in the chair. Members present, Professor Cuming, Drs H. Brown, Dill, Fegan, William MacCormac, D. Moore, John Moore, Patterson, H. S. Purdon, H. P. Rea, Wales and Whitaker, Messrs H. M. Johnston, Martin and Newett.

Minutes of former meeting read and confirmed.

Dr Wales requested permission to introduce a patient, who was in waiting, and who was suffering from an unusual form of paralysis especially of the muscles of the pharynx, and which gave rise at times to great debility from her inability to swallow. He was anxious to ascertain the opinion of the members of the Society in reference to her case and any plan of treatment they might suggest.

Professor Cuming, Dr Dill and others were of opinion that the case was one of hysteria, and that the remedies usually applied for that disorder might be found beneficial in this case.

Professor Cuming detailed the history of a case of Addison's disease and introduced the patient whose

skin presented a very peculiar mottled appearance, some portions of the skin presenting an appearance whiter than natural and others the darkened appearance peculiar to this disease. He did not consider that the connection between the disease of the super-renal capsules, and the bronzed skin had been yet established, but inclined to the view that is now held by most pathologists, that it depends upon an alteration of the blood discs which become broken up and this pigmentary matter becoming deposited in the skin.

Mr H. M. Johnston laid before the Society the uterus and liver of a patient who had died in the Union Workhouse from rupture of the former during labour. She had been an inmate of the hospital for some time and her abdomen was so large that her confinement was looked forward to with some degree of apprehension. When labour set in it was weak and powerless, during the first 24 hours the pains were few and feeble but the os began to dilate and the fundus descended. The breech presented. Little progress was made during the next 24 hours, the woman being able to walk about the ward; there being no urgent symptoms present to demand interference, and pulsation of the cord having ceased it was deemed better to wait in hopes that expulsive pains would come on and delivery be effected by natural means. About 48 hours after the commencement of labour he received a note from the Resident Surgeon requesting his attendance when he found on his arrival that she had suddenly expired a few minutes before. It was evident that rupture of the uterus had taken place, as the child had been dead for some time and the patient in a ward surrounded by others no interference was then attempted.

A post-mortem examination was made next morning when a large rupture of the uterus was found to exist from which the breech and lower extremities of the child had escaped into the abdomen. But the most remarkable point was that the liver was found enormously enlarged and diseased and that between the fundus of the uterus and the inferior surface of the liver close, firm and extensive adhesions had been formed preventing all expulsive efforts of the uterus and causing the fatal termination of the case. An interesting discussion followed in which nearly all the members present took part and the case was considered one of the most remarkable on record.

Dr Dill was of opinion that earlier interference and delivery might have given the patient a better chance than the delay which had taken place. Dr D. Moore and others were of a contrary opinion and believed it would only have hastened what in any case must have terminated fatally. Dr H. Brown had examined the

liver microscopically and found the disease to be malignant.

As the above case fully occupied the time of the Society Meeting on the motion of Dr Patterson was unanimously resolved that an adjournment meeting be held on Friday evening the 16th inst. to hear Dr H. Brown's paper on the new British Pharmacopoeia which was on today's circular for this evening.

The following gentleman having been balloted for were elected unanimously members of the Society: Drs H. Hanna and Hayes, Messrs Berry and H. Moore. Dr Smith proposed and Dr John Moore seconded Dr Thompson of Donaghadee as a member of the Society.

J Seaton Reid

**Third Adjourned Meeting Society's Rooms, 16th August, 1867**

An adjourned meeting of the Society held this evening, present Professor Cuming in the chair, Drs H. Brown, Fegan, D. Moore, James Moore, Wales and Whitaker, Messrs Berry, Martin and Newett.

Dr H. Brown read the concluding portion of his paper of the new edition of the Pharmacopoeia.

**Fourth Meeting Society's Rooms, September 1867**

**Fifth Meeting, 5th August, 1867**

Present, Dr Thomas Reade in the chair, Professor Cuming, Drs Stewart, William MacCormac, H. Brown, Porter, H. S. Purdon, McWilliam, John Moore, Messrs Martin and Newett.

Dr H. Brown introduced a patient labouring under progressive locomotor ataxy and read notes of the case.

Dr McWilliam read the notes of an unusual case of paralysis of the intercostal muscles.

Dr Porter read remarks on the termination of a case of phagedaenic chancre, notes of which were read before the Society at a former meeting.

Dr William MacCormac exhibited parts removed in a case of fracture of the spine.

R Stewart, Chairman 22nd November, 1867

**Sixth Meeting, 1st November, 1867**

Dr Samuel Browne in the chair, members present, Drs H. Brown, Fegan, Porter and John Moore.

In absence of Mr H. M. Johnston who was to have exhibited a specimen of ulceration of cartilage etc, no business was transacted.

**Seventh Meeting, 22nd November, 1867**

Dr Stewart in the chair, Drs Samuel Browne, Dill, Whitaker, H. Brown, and John Moore.

Dr S. Browne read a communication from Dr

Curgenven Secretary of a newly formed Society for the Prevention of Venereal Diseases and requesting the assistance and cooperation of the Ulster Medical Society. The communication was referred to the Council.

Dr Hill was proposed by Dr Whitaker and seconded by Dr Dill and Dr David Johnston was proposed by Dr Dill and seconded by Dr Whitaker.

**Eighth Meeting, Friday 6th December, 1867**

Dr Patterson in the chair, members present Professor Cuming, Drs Stewart, James Moore and John Moore.

Drs Hill and David Johnston having been duly proposed and seconded at former meeting of Society were balloted for and unanimously elected members of the Society. The Secretary was directed to receive in future the weekly periodicals direct and issue them without delay to the members of the Society.

James Patterson, Chairman

**Ninth Meeting, Friday 20th December, 1867**

Dr Patterson in the chair. Members present, Drs Stewart, James Moore, H. Brown, Fegan, Wales.

Dr James Moore exhibited a cancerous penis which he had amputated and narrated the history of the case.

He also gave an interesting account of a recent visit to Arcachon, Gironde, France, a new favourite resort for invalids suffering from chest affections.

**Tenth Meeting, 3rd January, 1868**

The President in the chair. Members present, Professor Cuming, Drs Stewart, Wales, David Johnston, Hill, Fegan, James Moore, Messrs Newett, Patterson and John Moore.

Dr Drennan sent for exhibition kidneys with diseased super-renal capsules.

Dr James Moore exhibited a fibrous tumour which he had removed from a patient's breast.

Professor Cuming read notes of a remarkable case of empyema.

James Patterson, Chairman

**Eleventh Meeting, 17th January, 1868**

Dr Patterson in the chair, Drs Stewart, James Moore, McMurtry, Fegan, William MacCormac, Wales and John Moore.

Dr William MacCormac gave an account of a case of popliteal aneurism treated by compression.

Dr John Moore read the notes of three cases of labour followed by haemorrhage and two placentae praevia.

**Twelfth Meeting, 31st January, 1868**

The President in the chair. Members present, Drs

William MacCormac, Fegan, Wales, McMurtry, Thomas Reade and Johnston, and Mr H. M. Johnston.

Professor Cuming exhibited two cases of cardiac disease and gave an account of a case presenting some features of clinical interest.

Mr H. M. Johnston exhibited a gangrenous leg which he had amputated. It had occurred as a sequel of fever.

**Thirteenth Meeting, 14th February, 1868**

Present Professor Cuming, Drs Fegan and John Moore.

Adjourned the meeting till this day week.

**Thirteenth Adjourned Meeting, 21st February**

Dr William MacCormac in the chair. Members present, Drs Hill, H. S. Purdon, Fegan, McCrea, Johnston and John Moore.

Dr William MacCormac introduced a patient in whom he had operated for cleft palate and for hare lip nearly two years ago, and gave a description of the case. He also described a case of operation for hare lip which he performed in a child eight days. He also exhibited a testicle which he had removed for medullary disease.

Dr John Moore read a paper on "The Influence of Flax Spinning on the Health of the Mill Workers of Belfast".

J Seaton Reid

**Fourteenth Meeting, 6th March, 1868**

The President in the chair. Members present, Drs William MacCormac, Cuming, H. Brown, Fegan, Hill, Wales and John Moore.

Dr William MacCormac gave an account of two cases of strangulated femoral hernia upon which he recently operated; one terminated fatally and in which case the portion of strangulated bowel was exhibited.

J. W. T. Smith

**Fifteenth Meeting, 20th March, 1868**

Dr J. W. T. Smith in the chair. Members present, Drs Stewart, Hill, H. Brown, Professors Cuming and Dill, Drs Murray and John Moore.

Dr Smith read notes of a case of cancer of stomach and liver and exhibited the recent parts.

Dr Hill read a paper on a case of suppression of urine complicating pregnancy.

Professor Dill exhibited a cephalotribe and the head of a child which he had extracted therewith. He believed the case was the first in which that instrument had been employed in Belfast or in the North of Ireland, and described the ease with which he was enabled by its assistance to extract the child.

Dr H. M. Johnston exhibited the heart and lungs of a child whose death had taken place suddenly and where it was difficult to say what was the cause of death.

Thomas Reade

**Sixteenth Meeting, 3rd April, 1868**

Dr Thomas Reade in the chair. Members present, Professor Cuming, Drs Whitaker, Wales, Fegan, D. Moore, James Moore, H. Brown, John Moore, Murney, H. M. Johnston.

Professor Cuming read notes of a most interesting case of thoracic aneurism and exhibited the recent parts.

Mr H. M. Johnston exhibited a bowel where the operation for strangulated hernia had been performed and where sloughing of the bowel for nearly nine inches had taken place. She survived the operation about nine months with a fistulous opening.

J Seaton Reid

**Seventeenth Meeting, 17 April, 1868**

The President in the chair. Members present, Drs Wales, Porter, Hill, James Smith, Cuming.

Professor Cuming exhibited a cancerous liver.

Dr John Moore read a paper on mortality following confinement.

**Annual Meeting, 1st May, 1868**

Present, Drs Stewart, in the chair, William MacCormac, Dill, John Moore, Hill, Fegan, Porter, David Johnston, Whitaker, Cuming, McCrea, Rea and James Moore.

The minutes of last Annual Meeting were read and confirmed.

The Annual Report was then read. Moved by Dr James Moore and seconded by Dr William MacCormac "That the report now read be adopted". Carried.

The Treasures report was next laid before the Meeting with the Auditors report. Moved by Dr James Moore and seconded by Dr Dill "That the reports now read be adopted". Carried.

The election of office-bearers for the ensuing year was proceeded with by ballot, when the following gentleman were duly elected.

**President**

Dr Cuming

**Vice-President (Town)**

Drs Whitaker and McCrea

**Ditto (Country)**

Kelso and Dunlop

**Council**

Drs Patterson, Stewart, James Moore,  
Sgns M. Porter, Fagan

**Treasurer**

Dr William MacCormac

**Secretaries**

Drs John Moore and Hill.

Moved by Dr James Moore and seconded by Dr Patterson That the night of meeting be changed from Friday to Monday. Carried.

James Cuming

**First Ordinary Meeting, June 1st, 1868**

Present, Dr Cuming, the President in the chair, Drs Patterson, David Moore, Fagan, Angus M. Porter, Whitaker, Mr Cantrell, Dr Monck of Holywood and Dr Hill.

Dr Hill proposed and Dr Whitaker seconded "That Mr Ball be admitted a member of this Society."

Dr Cuming proposed and Dr Patterson seconded "That Dr J. Walton Browne and Dr Frederick E. Beck be admitted members of this Society."

Dr Whitaker proposed and Dr Angus M. Porter seconded "That Dr Bolton be admitted a member of this Society."

Dr Patterson proposed and Dr David Moore seconded "That Dr Barnett be admitted a member of this Society."

Dr David Moore moved that the Librarian be requested to call in all the books belonging to the Society before the 1st July in order that the library be inspected; it was resolved that the following gentleman be the committee, Drs David and John Moore and Hill.

Dr David Moore introduced a patient affected with local oedema of some years standing, the progress of which he proposes observing and bringing before the Society at some future time.

Dr Monck of Holywood exhibited some pearl-like calculi which had been passed from the bowel. He related the history of the case and stated that in his opinion they were gall-stones. Dr Cuming undertook to examine them for next meeting.

Dr W. MacCormac exhibited a fibrous tumour removed from the cervix uteri. Up until seven years ago the patient had enjoyed perfect health except that she was greatly pained at her menstrual periods when she had also very profuse discharge. After this date, however, she gradually failed in health until about 3 years ago, from which time until her admission to hospital she became rapidly worse. She then complained of pain in the back - loins - thighs - was emaciated - face oedematous - much troubled with vomiting - had profuse leucorrhoea and foetid discharged from the vagina - difficulty in micturating

which sometimes required the use of the catheter, especially at the menstrual term. She suffered much when she attempted to sit up and had in fact the cachectic aspect of malignant disease and her general condition was almost hopeless. On separating the labia a white glistening tumour was observed which seemed nowhere adherent to the vagina and was slightly moveable. It was removed by torsion and considerable difficulty was experienced in getting it out of the vagina. The tumour weighed 10 oz and on section presented the appearance of white fibrous tissue. After removal the patient made a rapid and complete recovery and was as if snatched from out of the jaws of death. The vaginal discharge and vomiting ceased and she shortly recovered strength and left the hospital.

As time would not permit of the reading of Dr Angus M. Porter's paper it was moved by Dr Patterson, seconded by Dr Whitaker, and unanimously agreed to that the next meeting of the Society be summoned for Monday 15th inst. instead of the first Monday in July.

Communications from Drs Malcolmson and Crawford, Banbridge, were referred to the Council.

James Cuming M.D.

**Ulster Medical Society Second Ordinary Meeting, June 15th**

Present, Dr Cuming (the President) in the chair, Drs Monck, William MacCormac, Whitaker, Rea, Angus M. Porter, Thomas Reade, John Moore and Hill.

The minutes of the former meeting having been read and confirmed, Dr John Moore introduced a patient, the subject of a well-marked epileptic aura. He is twenty-six years of age - married - and apparently of a nervous temperament. Does not appear to have had any epileptic attacks till at the age of seventeen years: since which time he has been so much and almost continuously troubled with a peculiar sensation in his right thumb that he is even desirous of having it removed. Has had only three or four epileptic fits and these at long intervals, but he keeps up continuous pressure by means of a cord on his thumb, and believes that the fits would be very frequent were the pressure removed. There is no history of hereditary disease.

Dr Angus M. Porter read notes on peculiar cases of syphilis.

Dr Angus M. Porter exhibited a number of needles and portions of pins which he had removed from different parts of the body of a young hysterical female.

Dr John Moore moved, and Dr Hill seconded "That application be made to the Register-General for a fuller account of the causes of the mortality of Belfast

and its district than that now published.”

After a considerable amount of discussion the matter was referred to the Council.

(signed) James Cuming, President

#### **Ulster Medical Society Third Meeting, July 6th**

Present, the President (Dr Cuming) in the chair, Drs Dill, Fagan, McCrea, William MacCormac, J. Walton Browne and Hill.

The minutes of the former meeting having been read and confirmed, Dr McCrea introduced a patient suffering from thoracic aneurism, who was examined by several gentleman present. After the patient had retired Dr McCrea stated that she had come to him complaining of a burning pain in the dorsal region between the scapula which afterwards became more deep seated or more in the centre of the chest: and on examination he found a well marked aortic murmur following the first sound of the heart, and a distinct bruit in the left subclavian artery, but the principle point of interest – and the one he was desirous of bringing before the members – was that the disease had gone so far without any well marked symptoms of aneurism – or much inconvenience. No difference was observed in the pupils nor in the radial pulses. No dyspnoea, no dysphagia, no angina.

Digitalis and iron had given her great relief. Acetate of lead had had a fair trial but it proved of no service.

Dr Dill said that though it wanted, as Dr McCrea had stated, the principle symptoms yet it had the symptoms viz pulsation and prominence of the chest.

The President said there was no doubt it was strange what large arterial tumours could exist without dysphagia or dyspnoea. He had been a good deal struck by a method of treatment introduced by Dr Tufnell of Dublin and more lately upheld by Dr Waters of Liverpool viz complete rest, and he did think that absolute rest was worthy of a trial in this case.

Dr William MacCormac then presented to the President for the Society a copy of J. Sampson Gamgee's "History of a case of successful amputation at the hip joint." On the motion of Dr Dill seconded by Dr McCrea it was unanimously resolved "that the best thanks of the Society be given to Dr MacCormac for the book."

Dr Cuming then shewed a preparation with an aneurism situated at the junction of the left anterior cerebral and the anterior communicating artery of the Circle of Willis and remarked how difficult it would be to make a diagnosis in such a case. The preparation was obtained in the dissecting room at Queen's College.

James Cuming

#### **Ulster Medical Society Fourth Meeting, 3rd August**

Present, Dr Cuming the President in the chair, Drs Reade, William MacCormac, McCrea, David Moore, Rea, Porter, and Hill.

The minutes of the former meeting having been read and confirmed, the Secretary read a report from the Council concerning a motion brought forward some time ago by Dr John Moore and which had been referred by an ordinary meeting to the Council to consider and report upon.

"At our second meeting this session it was moved 'That application be made to the Registrar General for a fuller account of the causes of mortality of Belfast and its district than that now published.' And the motion having been referred to the Council they have now to report that 'After having obtained information from Dublin as to the manner in which the statistics of mortality are compiled there, they do not think it expedient that the application be made at present.'"

It was moved by Dr Angus M. Porter and seconded by Dr McCrea and agreed to "That the Report presented by the Council be adopted."

Thereafter at the request of the President who had to leave, Dr Thomas Reade took the chair when Dr William MacCormac read a paper upon lateral lithotomy with reference to a case operated upon by him, and which will be fully reported in the Transactions.

Dr McCrea asked had pyaemia not likely been the cause of the fatal result.

Dr MacCormac said he thought the fatal result was due simply to exhaustion, and not to any intercurrent disease. To this result the large abscess in the perineum which had formed previous to operation had to a great extent contributed. Whether the local or general condition of the patient were taken into account, no more unfavourable case could have happened, and the condition of the boy was such as not to admit of any delay.

James Cuming

#### **Special Meeting, 1st September**

Present, the President in the chair, Drs McCrea, Whitaker, James Moore, H. Brown, and John Moore.

The President stated that the meeting was called for the purpose of giving the members an opportunity of expressing their views on the propriety of entertaining the Medical Officers of the Channel Fleet now about to visit Belfast.

It was moved by Dr McCrea, and seconded by Dr James Moore "That the calling of this meeting by the President be approved of."

It was moved by Dr John Moore and seconded by Dr Whitaker, "That it is not admissible at present to

undertake an entertainment.”

James Cuming

**Special Meeting, 3rd September 1868**

Present, Dr Cuming (the President in the chair), Drs Patterson, Fagan, Drennan, Dill, John Moore and Hill.

The President explained that at the ordinary meeting of Council yesterday it was deemed expedient that an entertainment should be given to the Medical Officers of the Channel Fleet and that if a sufficient number of promises could be obtained a special meeting should be called.

This meeting then showed that it was the desire of a number of members that a Dinner should be given and it remained now to determine the time, and other particulars.

It was moved by Dr Patterson and seconded by Dr Dill that Monday next at 6.30 o'clock be the day and time of entertainment. Agreed to.

It was moved by Dr Drennan and seconded by Dr Dill that Drs Patterson, H. S. Ferguson and Dill together with the President and Secretaries form a Committee to make all the necessary arrangements.

It was suggested that the Annual Dinner of the Society be held now so as to enable the members to entertain the Medical Officers of the Fleet.

James Cuming

**Ulster Medical Society, September 21st**

Present, Dr Cuming in the chair, Drs David Johnston, Fagan, John Moore, H. Brown and Hill.

The minutes of the former regular meeting with those of the Special Meetings having been read and confirmed, Dr Cuming introduced a patient suffering from progressive locomotor ataxy and gave the history of the case.

Dr David Johnston then read a paper on a case of acute hydrocephalus in which he had succeeded in getting a post-mortem examination. It will be fully reported in the Transactions.

(signed) James Cuming

**October 12th**

Present, Dr Cuming the President in the chair, Drs Wales, John Moore, McCrea, William MacCormac, and Hill, with visitors Surgeon Barclay and Assistant Surgeon Lamb H. M. 54th Regiment. Dr Whitaker also present.

The minutes of former meeting having been read and confirmed Dr McCrea introduced a patient who a few days before felt a throbbing commence in her chest and immediately on putting her hand to her neck she detected a tumour pulsating violently.

On examination at different times it is found to vary, sometimes having a loud bruit with the first

sound of the heart, at others no bruit. The most remarkable feature seemed to be its sudden origin for it appeared to be merely an enlargement of the thyroid gland.

Dr John Moore then showed a tumour which he had removed from the uterus and read notes of the case. On section it presented the well-marked characteristics of a fibrous tumour. He had removed it by his fingers.

Dr John McCrea then read a paper on “Recent Doctrines in Vital Dynamics” and showed that it was now the generally received opinion that much of the force was developed in the blood.

James Cuming

**November 2nd**

Present, Dr Cuming (President) in the chair, Drs Thomas Reade, William McGee, MacCormac, Dunlop, Wales, H. P. Rea, Andrews, Stewart, H. Brown, McCrea, S. Browne, Ross, J. W. Browne, McWilliam, Angus M. Porter, Drennan, Dill, Murray, David Moore, David Johnston and Hill. Visitors Dr Lamb 54th Regiment and Dr Dixon and several students.

The Treasurer made a report of the state of the funds of the Society which was adopted.

The President then delivered his Inaugural Address.

Dr Reade moved that the best thanks of the company present be given to the President for his very eloquent address, seconded by Dr McGee and carried unanimously.

Moved by Dr Whitaker and seconded by Dr Thomas Reade and carried unanimously that the President allow the address to be printed.

James Cuming M.D

**[Undated]**

Present, Dr Cuming in the chair, Drs Thomas Reade, Berry, J. Walton Browne and Hill.

The minutes of former meeting have been read and confirmed, as none of the gentleman who were to read cases were present the meeting was adjourned.

James Cuming M.D

**Ulster Medical Society, December 7th 1868**

Present, Dr Cuming in the chair, Drs Stewart, Murney, Pirrie, William MacCormac, Wales, Porter, McCrea, David Johnston, Core, J. Walton Browne, Fagan, H. M. Johnston, Messrs Moore and Hill.

The minutes of the former meeting having been read and confirmed, Dr Murney read notes of a case of fracture through the laminae of the 4th cervical vertebra. The man lived 32 hours and the case was adduced as an instance where had the fracture occurred a little further out so as to damage the

inter-vertebral foraminae death would have been instantaneous. In this case trephining which has been suggested in fracture of the vertebrae would have been of no use whatever, in fact it might have hastened death.

Dr MacCormac then gave the particulars of two cases of ovariectomy and exhibited the parts removed. In introducing the subject he gave a most interesting historical sketch of the operation. In the former case wire ligature of the pedicle was resorted to; in the latter the clamp was used.

Dr MacCormac could not help thinking that the use of the ligature in the first case had something to do with the death. Both cases ended fatally.

Dr Pirrie was sure every member of the Society would sympathise with Dr MacCormac in the untoward result.

After some further observations from different members, Dr H. M. Johnston read notes of a case of aneurism which had been rapidly fatal.

Dr Murney then read notes of a case of fracture of the skull which terminated fatally in about 16 hours.

James Cuming (Chairman)

#### **Ulster Medical Society, December 21st**

Present, Dr Cuming the President in the chair, Drs Murney, Wales, William MacCormac, Fagan, Berry, H. Brown, Thomas Reade, D. Moore, A. M. Porter, John Moore and Hill.

Dr Murney read notes of a case of hernia which ended fatally. It was peculiar in this respect that though there was a very tight stricture there was entire absence of any urgent symptoms. The man was 60 years of age and the rupture existed from boyhood. Fifteen months ago the hernia came down and had to be returned under chloroform. The pulse never rose above 76 either before or after the operation, there was no tenderness and hardly any vomiting. On P.M. examination a considerable quantity of bloody serum came from the wound and the bowels were glued together by recent lymph. He showed the recent parts.

Dr William MacCormac then read notes of a case of hernia which was remarkable for the urgency of the symptoms without the hernial tumour being either tense or tender. It was that of an old woman about 70 years of age who for the last 10 years at least had been troubled with a rupture. It had never caused much inconvenience but never wholly disappeared. She was admitted to hospital on the 18th December and stated that at about 2a.m. she had been suddenly roused from sleep by sickness and pain and enlargement of the tumour. Before coming to hospital a medical man had tried to reduce the hernia. When seen she appeared to be in a state of collapse –

the surface was cold – face pinched – pulse small, quick, weak. She had also well-marked epigastric pain which troubled her even after the operation. There was a tumour the size of a large orange in the right inguinal region but it was neither tender nor tense. Although the strangulation had not existed long, yet as the symptoms were urgent it was deemed right to operate at once. This was done in the usual way. Beneath the hernia a small knuckle of intestine quite black was observed. The stricture was very tight. The omentum adhered largely to the sac thus accounting for the tumour never wholly disappearing. She never rallied from the state of prostration in which she was when admitted but died on the following Sunday. Immediately after the operation she had three free evacuations from the bowels. She was ordered opiates.

On P.M. examination the bowels were found congested but there was no serum or lymph. There was, however, a large clot of effusion beneath the peritoneal covering of the stomach along the lesser curvature which Dr MacCormac asked the President to describe.

The President said that when Dr MacCormac asked him to see the stomach he thought it well worthy of investigation and accordingly he had it very carefully dissected. On the outside was found a large mass of extravasated blood and on careful examination of the parts, a small aneurism was found on the splenic artery. This at once suggested that the extravasation might be from an aneurism of the gastric artery. The only possible explanation is that the excessive straining and vomiting caused rupture. A small opening was found and it is purposed to examine it microscopically to ascertain if it be recent.

Dr David Moore thought that the rupture had probably taken place before admission thus causing the shock for the state of the bowel did not appear to be such as to give rise to so urgent symptoms.

Dr Murney thought that atheroma was pretty general throughout the arterial system – possibly other haemorrhages may have occurred.

The President then asked if any one present had seen such a case when Dr Bartley said he had once seen a man who appeared to be suffering from internal haemorrhage. There was increasing debility and death occurred in three days. Blood was found in the peritoneum but although all the vessels were closely examined the source could not be ascertained.

Dr William MacCormac then exhibited a tumour of the tibia which he had removed from a patient 21 years of age. He had been in good health till 14 months previously when thickening commenced on the outside of the knee. On admission to hospital he had an irregular lobed tumour involving the upper

two-thirds of the right leg. It was 26 inches in circumference while the thigh above the knee was only 13 inches. It had an elastic feel with an obscure sense of fluctuation and had a dull aching pain and the lad presented altogether a cachectic appearance. It was considered to be a medullary cancer and accordingly the limb was amputated. Till shortly before admission there had been no oedema of the foot and the movement of the knee joint had been perfect.

Lister's carbolic oil was used for a dressing and complete union occurred in a very few days.

As the ordinary time for the meeting had been already exceeded it was moved by Dr Murney, seconded by Dr John Moore that the President's communication regarding the sphygmograph be postponed.

James Cuming M.D

#### **Ulster Medical Society, January 4th 1869**

Present, Dr Cuming (the President) in the chair, Drs J. W. Smith, J. W. Browne, James Moore, Rea, McWilliam, B. Smyth, H. S. Purdon, Mr Berry, and Dr Hill.

Dr Cuming exhibited and described Marey's sphygmograph and took tracings of the radial pulse from different patients.

Dr H. P. Rea asked what the utility of it was expected to be. Dr Cuming said that till Physiologists had definitely determined the cause of the pulse it would not be of much service, but ultimately he had no doubt it would be of great benefit.

Dr James Moore then shewed a tumour which he had removed being the third from the same lady. The first weighed about 7 pounds and was of slow growth. It was removed about 3½ years ago. The second was likewise perfectly removed about 2½ years ago. This one commenced about 3-4 months ago and its growth has been comparatively rapid. Though the first was a perfectly innocent growth, he had grave doubts about this one, and feared a similar or more noxious tumour would soon return.

#### **Ulster Medical Society, February 1st 1869**

Present, Dr Cuming (President) in the chair, Drs Dill, William MacCormac, McWilliam, Porter, John Moore, J. W. Browne and Mr Berry.

Dr Cuming exhibited recent parts in a case of acute peri- and endo-carditis.

Dr John Moore read notes on 7 cases of puerperal convulsions.

(Signed) James Cuming M.D

#### **Ulster Medical Society, March 1st**

Present, Dr Cuming the President in the chair, Drs Gribbin, A. Porter, Fagan, Browne, John Moore, and

McWilliam.

Dr Fagan read a paper on a case of hydroureter.

Dr John Moore read notes of a case of meningitis.

James Cuming

#### **24th March 1869**

A Special Meeting of the Society was held for the purpose of taking into consideration Dr Brady's Bill for the Superannuation of Dispensary Medical Officers, which is at present before Parliament.

The President in the chair. Members present, Drs James Moore, McCrea, Whitaker, David Moore, H. Brown and John Moore.

The following resolutions were unanimously agreed to.

First Resolution. Moved by Dr James Moore and Seconded by Dr Whitaker That ...

Seconded Resolution. Moved by Dr John Moore, Seconded by Dr H. Brown That ...

#### **5th April 1869**

The President in the chair. Members present, Drs Drennan, Thomas Reade, William MacCormac, H. Brown, Wales, David Johnston, James Smith, Stewart, Fegan, Porter and John Moore.

Dr Drennan moved in feeling terms the following resolution which was seconded by Dr Stewart and unanimously agreed to:

That at this our first meeting since the death of Dr Patterson we feel called on to express our deep respect for the loss this Society has sustained by his demise and to record the respect in which we hold his memory as one of its most valuable members. In the Ulster Medical Society and proceeding ones of like kind we always found in him an active, intelligent and friendly counsellor and cooperator whilst by the general community he was recognised as a useful citizen and a man of stainless integrity.

We would hope that this our unanimous expression of esteem for her husband's character may afford some slight solace to his widow in her present great affliction.

The Secretary was instructed to convey to Mrs Patterson a copy of the Resolution.

The President introduced a patient and gave a most interesting history of his case which was that of a rare form of spinal disease.

Dr William MacCormac exhibited the left half of the lower maxilla which he had removed from a young woman for osteosarcoma. The case done well.

Dr James Smith detailed the history of a case of heart disease which had terminated fatally.

#### **Ulster Medical Society, 19th April 1869**

Present, Dr Cuming (the President) in the chair, Drs J.

W. T. Smith, Browne, Seaton Reid, Thomas Reade, William MacCormac, McWilliam, J. Walton Browne, Ross and Hill.

It was moved by Dr Seaton Reid, seconded and agreed to that Drs Brice Smyth, H. S. Purdon and Hill form a committee to examine and report on the state of the library at the Annual Meeting.

Dr Smith then [read] notes of a case of abscess of the lung. After some remarks on the case by Dr Seaton Reid, who had seen the man, by Dr Thomas Reade and the President,

The President proceeded to give an account of the case of the late Dr Patterson.

Dr Browne then read the particulars of a case of acute necrosis of the thigh requiring amputation.

It was then proposed by Dr Hill, and seconded by Dr Smith that Reynolds System of Medicine be added to the library.

J. W. T. Smith, President

#### **Annual Meeting, 10th May 1869**

Present, Dr Cuming (President) in the chair, Drs Stewart, J. W. T. Smith, William MacCormac, Whitaker, Murney, Harkin, David Johnston, John Moore, J. W. Browne, H. Brown, Porter, Fagan, Ball and Hill.

The minutes of the former Annual Meeting having been read and confirmed, Dr Hill (Secretary) read the report of the Council which on the motion of Dr Hill, seconded by Dr Fagan, was adopted.

The report of the Library Committee was then read and adopted.

Dr MacCormac then read the Treasurer's report.

Moved by Dr Murney and seconded by Dr J. W. T. Smith that the very satisfactory report now shall be adopted.

The election of office bearers then took place with the following result viz

#### **President**

Dr J. W. T. Smith

#### **Vice-Presidents**

Drs John Moore, Murney

#### **Council**

Drs Stewart, H. Brown, Fagan, McCrea,  
H. S. Purdon, Whitaker

#### **Treasurer**

Dr William MacCormac

#### **Secretaries**

Drs Hill and A. M. Porter

The new President having been installed it was moved by Dr Stewart and seconded by Dr Murney that the best thanks of the Society are due to Dr Cuming our late President – unanimously adopted.

Moved by Dr Stewart and seconded by Dr William MacCormac

That it be an instruction to the Council to report for the future, at the Annual Meeting, the attendance of its members during the Year, and that such be read at each Annual Meeting before proceeding to the elections of Council. Carried unanimously.

J. W. T. Smith, President

3rd May 1870

#### **Ulster Medical Society, June 1st 1869**

Present, Dr J. W. T. Smith (President) in the chair, Drs Cuming, William MacCormac, Fegan, Ball, Hill and Porter.

Dr Smith read notes of a case of cerebral meningitis.

J. W. T. Smith, President

#### **Ulster Medical Society, July 1st**

Present, Dr J. W. T. Smith (President) in the chair, Drs Cuming, Murney, H. Brown, Porter, Hill and D Johnston.

Dr Murney read notes of a case of extravasation of urine.

Dr David Johnston exhibited an acephalous foetus.

J. W. T. Smith, President

#### **Ulster Medical Society, 3rd August**

Present, Dr J. W. T. Smith President in the chair, Drs Murney, William MacCormac, Whitaker, Stewart, J. W. Browne, H. Brown, H. S. Purdon, Mr Cantrell, Drs Hill, McWilliam and Porter.

Dr H. S. Purdon read a paper on discolouration of the skin.

Dr Murney exhibited recent parts in a case of amputation for railway injury of leg.

Moved by Dr Murney and seconded by Dr Whitaker "That it be an instruction to the Council to consider their minute of 28th June with reference to Mr Monck's alleged misconduct and to report at the next meeting."

J. W. T. Smith

#### **Ulster Medical Society, September 7th 1869**

Present, Drs J. W. T. Smith (President) in the chair, S. Browne, Stewart, Cuming, Whitaker, H. P. Rea, McWilliam, W. MacCormac, Fagan, James Moore, Wales, Porter and Surgeon Bartley (of the 54th Regiment).

Minutes of last meeting read and confirmed. Report of Council read and commented on.

Report of Council.

"Moved by Dr Stewart and seconded by Dr W. MacCormac that the Council, whilst strongly

reprobating the conduct of Mr Monck, is glad to find, that for some time he had ceased to be a member in accordance with Rule XIX, and that therefore, the Society would appear to be precluded from further action."

Proposed by Dr Whitaker and seconded by Mr MacCormac "That the Report of Council be adopted." Passed.

Professor Cuming exhibited a rare specimen of cardiac disease.

Mr William MacCormac exhibited or introduced a patient in whom he had performed, most successfully, excision of half the tongue, the operation having been accomplished by means of the *Écraseur*.

Mr William MacCormac narrated three cases of strangulated hernia upon which he operated, giving interesting details of each.

The thanks of the meeting were accorded to him and Professor Cuming for their instructive and interesting contributions.

Dr Samuel Browne read a letter from Dr Martin of Portlaoise (President of the Irish Medical Association) in reference to the introduction of scientific matter into the Association so as to have a similar basis to that of the British Medical Association at the same time remaining distinct from the latter corporation. Dr S. Browne, whilst advocating the object of the letter, desired to ascertain the feeling of his professional brethren in Belfast for the subject.

Professor Cuming thought the change should succeed but he considered that it would be putting the members at a disadvantage not to give them time for consideration on the subject. Still he questioned if medical science could easily be shoved into a society of the character of the Irish Medical Association.

Dr McWilliam thought an Irish branch of the British Medical Association would be better.

Mr MacCormac agreed with Dr McWilliam.

Several remarks followed from other members where upon the President stated that the proposition did not appear to be favourably considered.

Dr S. Browne then said that he would write and state the foregoing remarks to his correspondent (Dr Martin).

J. W. T. Smith

### **23rd November 1869**

Present, Dr J. W. T. Smith President in the chair, Drs Stewart, Cuming, Murney, MacCormac, John Moore, McWilliam, Fagan and Hill.

Dr William MacCormac showed a tumour of the tibia which he had removed by amputation through the knee joint and gave the history of the case. It was diagnosed by Dr MacCormac and his colleagues as a benign growth, but the microscope showed that it

had characters of a malignant type. It will be interesting to watch the further history of the case.

Dr MacCormac also referred to a somewhat similar case where he had removed the leg for a malignant growth and the history of which he detailed to the Society on the 21st December last. He stated that the case had turned out as he expected unfortunately, the patient having died recently with every appearance of secondary malignant growths on different parts of his body.

Dr William MacCormac then showed some calculi which he had removed by lithotomy. He also showed the patients.

Dr William MacCormac then detailed the history of a case in which he had excised the head of the humerus.

Dr William MacCormac then gave the history of a case of injury of the elbow joint in which he excised a part of the humerus containing the fractured parts of the bone along with the head of the ulna and radius. About 4 inches of the humerus was removed. The parts of bone removed were shown.

J. W. T. Smith

### **Ulster Medical Society, 21st December 1869**

Present, Dr J. W. T. Smith President in the chair, Drs Cuming, William MacCormac, McWilliam, John Moore, Wales, Fagan, McMeekin, Porter and Hill.

Dr John Moore read a paper on craniotomy and detailed the history of six patients in whom the operation had been performed altogether twelve times at different periods.

Dr Cuming then showed a preparation of abdominal aneurism.

J. W. T. Smith

### **Ulster Medical Society, January 4th 1870**

Present, Dr Smith (President) in the chair, Drs Hill, John Moore, McWilliam, Fagan, J. W. Browne, and Porter.

The President read notes on a case of "Erysipelatous after labour". The erysipelatous patch occurred near the anus where piles were situated. In 4 days the eruption crept over the right loin. In a week it had extended over both buttocks. The primary treatment consisted of Quinine, Milk, Eggs, Wine, and [?] of Muriate of Iron together with the local application of Caustic. No medicine at first seemed to have any effect. Dr H. S. Ferguson recommended the use of Bisulphite of Soda which had to be discontinued owing to the diarrhoea produced by it. Stimulants, nourishment and opiates then constituted the treatment. The patient was out of danger at the end of a month but not thoroughly well for several weeks after. It was subsequently

discovered on enquiry that the nurse in this case had recently been attending a lady suffering from erysipelatosus.

Dr McWilliam next read notes of "A Case of Scarlatina during the progress of which labour occurred". The patient received contagion whilst attending upon her child. She nourished her infant for ten or twelve days after its birth. This infant was in utero for two days during the scarlatinal poisoning of the mother. It was born free from the disease and remained so. The patient is now ill in typhus.

Dr John Moore then read notes of "A Case of Paraplegia" and gave P.M. results. The only treatment from which benefit was derived was the subcutaneous injection of morphia. There was swelling of the limbs, which Dr Thompson of Lisburn diagnosed as consequent on a pelvic tumour. The P.M. proved his diagnosis correct.

John Moore

#### **Ulster Medical Society, January 18th 1870**

Present, the President (Dr Smith) in the chair, Drs John Moore, James Moore, Stewart, Whitaker, Thomas Reade, J. W. Browne and Porter.

The President exhibited a heart with extensive disease and gave a history of the case. The woman in whom the disease occurred exhibited many peculiar signs and symptoms. The diagnosis was clear as to mitral regurgitation. The signs over aorta were not healthy. The pneumonia which was present shortly disappeared. The P.M. revealed disease of the aortic, mitral and tricuspid orifices. The condition of the aortic orifice was worse than might have been expected from the signs during life. The rarity of systolic murmur was corroborated by this case. There was no dropsy present. The pneumonia must have been acute as it resolved itself in hospital. There was an absence of the peculiar pulse of aortic regurgitation. There was minimal thickness of the mitral valve.

The case was afterwards commented upon by Dr Thomas Reade and other members.

Dr Angus Porter next read a portion of a paper on "Syphilis", which was followed by comments from Drs James Moore and Reade.

John Moore

#### **Ulster Medical Society, February 1st 1870**

Present, Dr John Moore (Vice-President) in the chair, also Drs Thomas Reade, H. P. Rea, McCrea, H. Brown, Porter, McWilliam and H. M. Johnston.

Dr John Moore read a paper on the "Recent Epidemic of Scarlatina" and went into statistics of the cases, from which it appeared that in 66 families, 132 instances of the disease occurred.

As regarded the sequelae 6 cases were followed by suppurating glands and three times that number by dropsy.

A discussion then took place on the question of Weekly Returns of the Causes of Death etc, from the dispensary Medical Officers, Dr John Moore urging the necessity of increased facilities in this respect.

The general remarks made by the members present appeared to be opposed to Dr Moore's views.

J. W. T. Smith

#### **Ulster Medical Society, 1st March 1870**

Present, Dr Smith (President) in the chair, Drs John Moore, William MacCormac, James Moore, McWilliam, H. Brown, H. S. Purdon, Mr Cantrell, Drs Porter and Hill, and as visitors Drs Dougherty, Armstrong and Mackenzie.

The peculiar case of monstrosity at present being exhibited in town was introduced by Dr H. Brown who gave an interesting account of the case.

Mr William MacCormac then gave an account of a case of acute periostitis of the tibia in which it had been found necessary to amputate. The amputation was performed through the knee joint.

At the time he appeared to be in a desperate condition and Mr MacCormac believed that the reason the boy had escaped pyaemia was that the operation was performed through the knee joint instead of through bony tissue. The specimen was exhibited.

Dr William MacCormac then showed a patient from whom he had removed a bony tumour of the jaw. The operation was performed only a fortnight ago and yet union has taken place sufficiently strong to allow the boy to masticate.

Dr James Moore then gave particulars of a case of fungus haematodes and at the same time alluded to several operations for the removal of tumours from the same patient. These were brought before the Society last year.

Dr MacCormac then read a paper on cases of syphilis after which it was resolved to hold a Special Meeting on the 8th March to discuss the Contagious Diseases Act.

J. W. T. Smith

#### **Ulster Medical Society, 8th March 1870**

Present Dr Smith President in the chair, Drs John Moore, William MacCormac, McWilliam, Wales, Cuming, Fagan, McGee J.P., Ross, H. Brown, Murney J.P., Walton Browne, Mr Cantrell, Dr Hill and as visitors Drs Dougherty, Armstrong, Bacot and Croker.

The President having stated that this was a Special Meeting called for the purpose of discussing the Contagious Diseases Acts, introduced the subject by

laying before the Society a résumé of the various agreements brought forward for and against the acts.

After a long discussion it was proposed by Dr McGee J.P. "That in the opinion of this Meeting it is expedient to take action for the extension of the Contagious Diseases Acts to the civil population". Seconded by Dr Murney and carried with only two dissentient votes. It was further resolved

That the operation of the Contagious Diseases Acts of 1866 in the naval and military towns to which it had been applied has been attended with much success on checking the amounts and severity of the diseases against which it was enacted.

That it has tended to increase morality and to diminish open vice without legalising the latter.

That owing to its operation being confined to only a few towns, and to the imperfect manner in which the provisions of the acts have hitherto been carried out its effectual working is greatly impeded.

"That deploring the prevalence of these diseases in this town and in the population of this country,

We believe that such laws should be enacted as shall extend the principles of the said acts to the civil population of the United Kingdom."

It was also resolved that every member of the Society should have an opportunity of signing the document before taking any steps towards publishing the resolution.

It was also resolved that these resolutions be embodied in a Petition to Parliament.

J. W. T. Smith, President

#### **Ulster Medical Society, April 12th 1870**

Present, Dr Cuming in the chair, Drs Murney, W. MacCormac, James Moore, H. Brown, Anderson, Porter (Secretary).

Dr Murney gave a very accurate and interesting account of a case of malignant disease of the thigh, necessitating amputation. The operation was performed almost at the joint; the head of the femur and both trochanters being left. The tumour for which the operation was performed occupied the middle third of the thigh and previous to operation became adherent to the bone. Dr Murney stated that it had formed within five weeks and that in the month of February it had attained the size of a cocoa nut. Today the patient is reported as doing well and having spent a good night.

In reply to Dr Moore, Dr Murney said that the superficial appearance of the tumour, at first, was that of an encysted tumour.

Dr Moore thought that an exploratory operation might have been adopted to determine beforehand the true character of the tumour.

Dr Murney remarked on Dr Moore's observation

that the nature of the growth removed on the 1st February had helped to determine him in the course pursued.

Dr Murney then exhibited a morbid specimen of knee joint disease, implicating the head of the tibia especially at its inner side. Amputation was performed immediately above the condyles of the femur as extensive disease was found in the bones of the joint. One of Teale's operations was adopted. Up to the present the lad had done well. Carbolic dressings were used.

Dr W. MacCormac next exhibited a diseased tibia (with extensive loss of periosteum and bony substance) which he had removed by amputation of the leg through the knee joint, from a young female child. Previous to operation a diseased condition of the joint was ascertained.

The patient's health having begun to suffer Dr MacCormac decided on taking off the limb which he did this morning at the site mentioned. The condyloid end of the femur was discovered to be perfectly sound. The stump was well washed with carbolic dressing. Dr MacCormac concluded by remarking on the advisability of forming the posterior flap first.

J. W. T. Smith

#### **Ulster Medical Society, 26th April 1870**

Present, Dr Smith President in the chair, Drs Cuming, John Moore, William MacCormac, McWilliam, Harkin, J. W. Browne, Fagan, H. Brown, Porter and Hill.

Minutes of last meeting read and confirmed.

Dr Murney exhibited a specimen of brain diseased by alcohol.

Dr Harkin related a case of scarlatina in a dog.

Dr Fagan exhibited a specimen of hydatids expelled from the womb in which brandy and ergot were employed.

J. W. T. Smith

#### **Annual Meeting Ulster Medical Society, 3rd May 1870**

Present, Dr J. W. T. Smith President in the chair, Drs John Moore, Stewart, McWilliam, Gribbin, W. MacCormac, Fagan, J. W. Browne, H. P. Rea, H. Brown, and Porter.

Dr Porter read the report of the Council.

Dr W. MacCormac then read the report of the Treasurer.

Moved by Dr John Moore and seconded by Dr Gribbin that the report of the Council be adopted.

Moved by Dr Stewart and seconded by Dr Hill that the report of the Treasurer now read be adopted.

The members then proceeded to elect office bearers with the following result

**President**

W. MacCormac M.A., M.D., L.R.C.S.L., M.R.S.A.

**Vice-Presidents**

Drs Stewart and Murney

**Council**

Drs Porter, Hill, McWilliam, Fagan, Browne, Rea

**Treasurer**

Dr J. M. Pirrie

**Secretary**

J. Walton Browne B.A., M.D.

Dr Smith having left the chair it was taken by Dr William MacCormac.

Proposed by Dr Stewart, seconded by Dr Gribbin and carried unanimously that the best thanks of the Society be given to Dr Smith for the valuable services rendered by him to the Society during the past year.

Proposed by Dr Smith and seconded by Dr John Moore that the thanks of the Society be given to the retiring Secretaries, Drs Hill and Porter.

It was moved by Dr Hill and seconded by Dr Smith that in future there be only one Secretary to the Society.

Proposed by Dr John Moore that the privileges of Life Membership be not accorded to future members.

Moved as an amendment that the privileges be extended only to members of 30 years duration.

It was then moved by Dr Stewart that the subject relating to the privileges of Life Members be considered at the next Annual Meeting.

Moved by Dr Stewart and seconded by Dr Hill and passed that "Journals" do lie upon the table of the library for a period of one week, in order that they may be consulted by the members of the Society before being circulated.

Moved by Dr John Moore and seconded by Dr Gribbin that the day of meeting be changed from Tuesday at 7.30p.m. to Saturday at 3.30p.m..

Dr J. Walton Browne and Dr Hill were appointed to examine the Museum during the summer.

Dr H. Brown and Dr Fagan were appointed a Library Committee and requested to examine and report upon the condition of the library.

Robert Stewart, Chairman  
13th May 1870

**Special Meeting, Belfast General Hospital, 15th May 1870**

The President (Dr MacCormac ) in the chair, present, Drs Stewart, Dr Whitaker, Dr Brice Smyth, Dr H. S. Purdon, Dr J E Beck, Mr Grattan, Mr Pring and Dr J. Walton Browne.

"For the purpose of considering the laws about to be made as regards the compounding of medicines in this country."

Mr Grattan said that by the laws of the Pharmaceutical Society of England, all persons prior to the year 1867 who had been occupied as druggists, would be allowed by passing a very modified examination to practice as a properly qualified Apothecary and be put upon a level with the Licentiates of the Apothecaries Hall, Dublin.

Dr Whitaker had no objection to members of the Pharmaceutical Society of England coming over to Ireland and practicing as Apothecaries, but he had a decided objection to men, who had formerly been mere druggists, passing a modified examination, coming over to practice in Ireland as Apothecaries and at once putting themselves upon the level with the Licentiates of the Apothecaries Hall (Dublin).

Dr Whitaker urged upon the Society to take steps to represent to Government to see that the standing of the Candidates for the membership of the Pharmaceutical Society should not be lowered.

Dr Whitaker proposed and Dr Stewart seconded that a Sub-Committee consisting of Drs MacCormac, Walton Browne and Messrs Grattan and Pring be formed to draw up a memorial to Parliament.

Petition written and forwarded to Thomas McClune Esq. M.P., 17 May 1870

To the Right Honourable and Honourable the Members of the House Of Commons in Parliament assembled

-----  
Petition of the Ulster Medical Society humbly  
sheweth

That for the last seventy-nine years the practice of Pharmacy in Ireland has been exclusively carried on by the Licentiates of the Apothecaries Hall Dublin, to whom the special privileges were accorded by Act of Parliament.

That during that time Pharmacy in Ireland was and still continued to be conducted in such a manner as to give satisfaction and confidence both to the Medical profession and to the public.

That it has been brought under the notice of your petitioners that a Bill to amend the laws relating to Pharmacy in this country has been laid before your honourable house.

That your petitioners would earnestly deprecate any change which would tend to lower the standard of special pharmaceutical knowledge at present required to be possessed by Licentiates of the Apothecaries Hall, Dublin.

That your petitioners consider that any person (not at present qualified to do so) wishing to open shop in Ireland for the practice of Pharmacy or compounding of medicines, previously to his being admitted to do so, should follow a prescribed course

of study in matters relating thereto, and give prove by examination of his fitness for the discharge of pharmaceutical duties.

Your petitioners therefore humbly request your honourable house to take into consideration this memorial.

Signed upon behalf of the members of the Ulster Medical Society.

W. MacCormac P.R.C.S.I., President  
J. Walton Browne B.A. M.D., Secretary

#### **Ulster Medical Society Special Meeting, 23rd May 1870**

Dr MacCormac (President) in the chair. Present, the Mayor (Dr Samuel Browne R.N.), Drs Murney, H. P. Rea, Stewart, Thomas Reade, H. Brown, Hill, McWilliam, Cuming, Whitaker and Dr J. Walton Browne. Also Mr Grattan.

To consider 1. The new Medical Act Amendment Bill. 2. The question of the representation of the Medical Profession in the Medical Council. 3. The new Irish Pharmacy Bill.

The President pointed out the purpose of the Medical Act Amendment Bill, and read over several clauses.

Moved by Dr Cuming and seconded by Mr Grattan that for the satisfactory working of the new act it is necessary that the Apothecaries Hall of Ireland should cease to be one of the Medical Authorities, and no longer send a representative to the Medical Council. That the Apothecaries Hall should be [devoted] to the science and practice of Pharmacy, and that their function as a body competent to license practitioners of Medicine and Surgery should be cancelled by the act.

Second resolution. Proposed by Thomas Reade, seconded by Dr Stewart and resolved, That we decidedly disapprove of the too absolute powers given to the Privy Council of negating any schemes proposed for adoption to the Privy Council by the Medical Council.

Third resolution. Proposed by Dr Whitaker and seconded by Dr Hugh Porter Rea. That the Diploma of Licentiates granted by the Examining Board be an Imperial Diploma and bear nothing on the face of it to show in what part of the United Kingdom it was granted; and that the second column in schedule three be expunged and also the portion of clause fourteen bearing on the subject.

Moved by Dr Stewart and seconded by Dr Hill That the foregoing resolution be embodied and forwarded to Parliament.

W. MacCormac, President  
November 5th 1870

#### **Session 1870-71**

##### **First Meeting 5th November 1870**

Dr W. MacCormac in the chair, Drs J. Moore, W. McGee, Drennan, H. S. Purdon, Ball, Fagan, W. Browne, Harkin, McWilliam, H. P. Rea, Mr Wood, Dr T. H. Reade, Dr Wales, Mr Grattan, Dr H. Anderson, Dr H. MacCormac, Dr Stewart, Dr Murray, J. M. Pirrie, Dr F. E. Beck, Dr H. M. Johnston.

Minutes of previous meeting having been read the President Dr W. MacCormac gave the opening address – Surgical experience gained during the present war.

##### **Second Meeting 19th November 1870**

Present, Dr Stewart in the chair, Drs Browne, Reade and John Moore.

Dr John Moore was to have read a paper upon pyaemia but as the meeting was very small the reading of the paper was postponed until this day fortnight.

##### **Third Meeting of the Society 3rd December 1870**

Present, Dr Stewart, Vice-President, in the chair, Drs MacCormac, John Moore, Fagan, Brice Smyth, McWilliam, and Murney.

Dr John Moore read notes of a case of pyaemia occurring in the person of a millworker who had received a laceration of hand requiring removal of a finger which was performed in the Belfast General Hospital where the patient was retained until the wound was nearly cicatrized. The symptoms of pyaemia set in a fortnight after the dismissal from hospital, the case terminated fatally.

Dr Murney, J.P., gave the history of a case of excision of the shoulder joint for necrosis of the humerus.

Dr Murney exhibited the recent parts of a case of luxation of the femur at the lower margin of the ischiatic foramen.

Dr Murney also exhibited a patient with an extensive healing surface on the dorsum of the hand on whom he had transplanted skin four times.

John Moore, Chairman

##### **Fourth Meeting December 17th 1870**

Drs John Moore; in the chair, H. MacCormac, John Smyth, H. S. Purdon, MacWilliams, J. Walton Browne, A. M. Porter.

Dr H. MacCormac read the first portion of his paper entitled "Some remarks on the more recent progress of anatomical science – general and comparative."

##### **Fifth Meeting 31st December 1870**

Present, Dr Stewart, Vice-President in the chair, Drs

H. MacCormac, Cuming, John Smith and Fagan.

Dr H. MacCormac read the second portion of his paper entitled "Some remarks on the more recent progress of anatomical science – general and comparative."

After some remarks from the President, Dr Cuming stated that he would communicate with the Editor of the Dublin Quarterly Journal with the aim of having Dr MacCormac's paper published in the next issue of the journal.

The Vice-President wished it to be put upon the notice paper for next meeting that a ballot be taken to fill up the vacancy caused by the departure of H. Brown, L.R.C.S.E from Belfast.

Dr Stewart also stated that he would propose Dr Pearsall, L.R.C.S.I. be elected a member of the Society.

W. MacCormac, President  
March 25th 1871

#### 25th March 1871

##### Ordinary Meeting of the Ulster Medical Society

Present, Dr W. MacCormac (in the chair), H. MacCormac, Stewart, Dill, Hill, McGee J.P., Reade, Fagan, J. W. Browne, John Moore, McWilliam, Cuming.

The President gave a very interesting account of the new St Thomas' Hospital of London.

After the President had given his lecture he resigned the Presidential Chair. Dr McGee, V.P., then moved that an address from the Medical Society be presented to Dr W. MacCormac.

Drs Thomas Reade, Murney, Stewart, Hill, John Moore were appointed a Sub-Committee to draw up and present an address to Dr MacCormac.

#### 8th April 1871

Dr Stewart (in the chair), Drs Browne R.N., J. Walton Browne, James Hill, Fagan, H. S. Purdon.

Dr Browne R.N. read notes of case of malignant tumour of thigh. The case necessitated amputation which was performed by Dr Browne upon the 6th April 1871 at the junction of the upper and middle thirds. The tumour was exhibited which proved to be "recurrent fibroid" a microscopical examination of the tumour having been kindly made by Professor Redfern.

Dr Stewart then brought up for consideration the New Medical Bill.

Drs Reade, Browne R.N. and Murney were appointed a deputation to wait upon Thomas McClune M.P. relative to the Medical Bill.

Dr McGee R.N. was appointed as a Deputation to wait upon Mr McClune relative to the Lunacy Regulation Bill.

Robert Stewart M.D., Chairman  
22nd April 1871

#### 22nd April 1871

Dr Stewart (in the chair), John Moore, H. S. Purdon, John Fagan, Hill, Pearsall, J. Walton Browne, John Grattan, Murney J.P.

Dr Murney gave a short résumé of the Medical Bill now before Parliament.

Dr Grattan (of Dublin), a visitor to the Society, offered to bring the Bill before the notice of the College of Physicians.

Proposed by Dr Stewart that Dr Murney in conjunction with the Council draw up a Medical Bill and transmit it to the College of Physicians.

Dr Stewart introduced the Lunacy Bill.

Dr McGee R.N. and Council to deliberate upon the Lunacy Bill.

Dr Murney introduced two patients upon whom the operation of skin transplantation had been performed.

#### Annual Meeting 1871

Present Drs Stewart (in the chair), McCleery, H. S. Purdon, MacWilliam, Gribbin, Murney, Fagan, McCrea, Wales, Mr Browne, Proctor.

Dr Murney proposed and seconded by Dr Fagan that the length of time for Life Membership be extended from 20 to 30 years.

Dr Gribbin proposed as amendment and seconded by Dr McGee that no change as regards the Life Membership be made at present (passed).

Dr Murney proposed that a sub-committee consisting of Drs Hill, Walton Browne and Murney be appointed to look after the Museum.

Dr Murney and Fagan presented their report regarding the condition of the library.

Dr Murney proposed that a special meeting of the Society be summoned to look over duplicate copies of books and that a list of duplicate copies be prepared, so that they may be sold.

Dr Walton Browne read the report of Council, moved by Dr Hill and seconded by Dr Gribbin that the report of Council be adopted.

Dr MacWilliam reported that he had obtained £16.16.0 remaining uncollected from last year.

The Meeting then proceeded to the election of office bearers.

Dr McGee moved and Dr Gribbin seconded that Dr Murney be elected President for the ensuing session. Passed unanimously.

Dr Stewart and Dr S. Browne were elected Vice Presidents.

Council Dr MacWilliam, H. S. Purdon, Hill, Wales, Porter, McClurg.

Dr Stewart and Dr Wales [proposed and seconded] that Dr Fagan be elected Treasurer.

Dr H. S. Purdon proposed and Dr Gribbin

seconded that Dr Walton Browne be elected Secretary.

Robert Stewart, Chairman  
22nd November 1872.

### Session 1871-72

#### First Meeting November 4th 1871

Present, the President (Dr Murney J.P.) in the chair, Dr McGee P.R.N.A., Dr Browne R.N. J.P., Dr John Moore, Dr Stuart, Dr Fagan, Dr MacWilliams.

Dr Murney (the President) returned thanks to the Society for the honour conferred upon him of having elected him as a President for the ensuing session, and drew the attention of the Society to several matters which may probably come before Parliament during the present year namely sanitary matters, and the "Contagious Diseases Act".

Arrangements were made for the Annual Dinner to be held up on Wednesday the 15th of November 1871 at 6.30 o'clock p.m.

The President, Dr Browne R.N. and Dr Patterson were appointed as a Committee to make arrangements for the Annual Dinner.

Dr H. S. Purdon brought forward his case of general leprosy, and exhibited the patient who suffered from anaesthesia and tubercles; he had been treated at several hospitals in London.

Dr Murney exhibited a specimen of epithelioma of the forearm which necessitated amputation.

Dr Murney also exhibited the portion of bone removed in a case of excision of the shoulder joint and exhibited the patient. The patient is now capable of a certain amount of motion at the joint.

Proposed by Dr McGee and seconded by Dr Fagan that the Library Committee draw up a list of duplicate books which may be sold.

Henry Murney, Chairman

#### Second Meeting November 18th 1871

President in the chair, present Dr H. S. Purdon, Dr McClurg, J. W. Browne, Hill, Fagan, McGee R.N., John Moore, Dr Stewart, S. Browne, Gribbin.

Dr McKeown (M.D. L.U.I.), Dr B. H. Spedding and Dr Fergus Brown were proposed as members of the Society to be balloted for at next meeting of the Society.

Dr Browne R.N. brought forward a case of excision of the elbow joint and exhibited the patient.

The President (Dr Murney J.P.) then read notes of a case of excision of the knee joint and exhibited the portion of bone removed.

Dr H. S. Purdon exhibited Piffard's Cutisector and Bayne forceps for epilation

Henry Murney

#### Third Meeting of Society Saturday 2nd December 1871

President in the chair, present Drs MacWilliams, H. S. Purdon and Fagan.

The President introduced a patient on whom he had performed the operation of tracheotomy fourteen years ago and who still requires to wear the cannula.

Dr H. S. Purdon exhibited specimens of Olyatheril[?], a remedy he has introduced into the treatment of certain forms of skin disease and especially successful in the destruction of acari scabies.

The President proposed and Dr Purdon seconded the rescinding of Rule 11 as presented on the notice paper; passed unanimously.

The Council was requested to review the rules of the Society and report thereon.

Dr Fagan was requested owing to the smallness of the meeting to hold over the reading of his notes on the present epidemic of small-pox.

Henry Murney, M.D.

#### Fourth Meeting 16th December 1871

President in the chair, present Drs Stewart, McGee R.N., John Moore, McWilliam, H. S. Purdon, Murray, Fagan, Hill, J. W. Browne, James Moore, McConnell.

Proposed by the President and seconded by Dr Fagan that Rule 11 be rescinded; passed unanimously.

Proposed by the President and seconded by Dr John Moore that the commencement of Society's year be changed from the 1st of May until the 1st of November, and that a subscription of 10/6<sup>d</sup> be payable upon 1st May to carry the Society over until the 1st of November 1872.

Both resolutions confirmed.

Ballot was then taken for the following gentlemen: Dr B. H. Spedding, Dr Fergus Brown, Dr W. A. McKeown, Dr John James Charles, all of whom were declared duly elected.

Dr Fagan read notes upon the present epidemic of variola. The members after the reading of the paper made a number of interesting remarks upon variola.

Henry Murney, M.D.

#### Fifth Meeting 6th January 1872

The President (in the chair) - Dr McGee P.R.N.A., John Moore, Fergus Brown, Charles, Hill, Murray, JN Browne, Bennett, Stewart, Spedding, Cuming, McConnell, McCred, McKeown.

Proposed by Dr McGee that a letter of condolence be drawn up [by] the President, Dr Hill and the Secretary and transmitted to the friends and relatives of the late Dr McWilliam.

Dr Murney (the President) exhibited an extensively lacerated arm, requiring amputation.

Proposed by Dr Hill and seconded by Dr BH Spedding that James McMeekin be elected a member of the society.

Dr Murney (the President) exhibited Nélaton's probe and related the particulars of the case in which he had used the probe with success.

Dr McCred brought forward his proposition that a committee be appointed to consider the position of professional fees in Belfast.

Dr McCred proposed the following committee be appointed to consider the position of the fees: the President, Drs Cuming, John Moore, Pirrie, Murray, Fagan, McCred, Hill.

Henry Murney M.D., President.

### **Sixth Meeting 20th January 1872**

Present Dr Murney President in the chair, Drs Stewart, Magee J.P., Wales, J. W. T. Smith, McCrea, Moore, John Moore, Charles and Hill.

The minutes of former meeting having been read and confirmed the President stated that the letter of condolence to the friends of the late Dr McWilliam has been drawn up and was to be forwarded immediately.

Dr McCrea stated that he had been unable to call a meeting of the committee appointed to consider the state of medical fees in Belfast but that he hoped to do so early in the following week.

Dr James T. Smith then related the history of a case of pneumonia complicated with pericarditis and effusion into the pleural and pericardial cavities and ending in death. He also brought under the notice of the members Dunlafoy's pneumatic aspirator which he had used in this case to withdraw the fluid from the pleural cavity.

The case was chiefly remarkable for the progressive intensity of the inflammation which at first was confined to the lower part of the lower left lobe.

After remarks on the case by several members, and an examination of the aspirator a ballot was taken for Dr McMeekin Esq L.R.C.P.S. etc. and he was declared duly elected as a member of this Society.

The President having stated that Dr J. Walton Browne had tendered his resignation of the Secretaryship Dr James T. Smith proposed and Dr John Moore seconded a motion to the effect that the best thanks of the Society be given to Dr Browne and that the members accept his resignation with regret which was passed unanimously.

It was then proposed by Dr Murray and seconded by Dr McCrea, that Dr Hill be requested to accept the office which having been supported by the members present he accordingly did.

Henry Murney M.D., President.

### **Ulster Medical Society 7th Meeting 3rd February 1872**

Present Dr Murney (President) in the chair, Drs Cuming, Stewart, Gribbin, John Moore, Charles, McMeekin, McConnell, Fergus Brown and Hill.

The minutes of former meeting having been read and confirmed, Dr Charles proceeded to give an account of a case of avulsion of the right arm and scapula by a mill accident in a boy about 10 years old; the parts mainly required trimming and although there was no haemorrhage from the axillary artery a ligature was put on it as a safeguard. The boy made an excellent recovery.

Dr Cuming then related a case of aneurism of the aorta extending from the 9th dorsal vertebra downwards into the right iliac region, distending enormously the opening for the blood vessels in the diaphragm, also sending a small process to the left side. The parts were exhibited.

Henry Murney M.D., President  
17th February 1872.

### **Ulster Medical Society 8th Meeting 17th February 1872**

Present Dr Murney (President) in the chair, also Drs McGee J.P., John Moore, James Moore, Charles, Fergus Brown, Walton Browne, McMeekin, Fagan, H. S. Purdon and Hill.

Dr Fergus Brown then exhibited a child about 6 months old, presenting a curious malformation of the hands, both of which wanted the thumbs, and presented a turning upwards and inwards somewhat similar to talipes varus in the foot.

The general opinion was that it was inadvisable to interfere by any operative measures.

Dr John Moore then give an account of a fractured base of skull which terminated fatally, and in which on P.M. examination a fracture of the calvaria of oldstanding was discovered.

It appeared that the man during life was particularly susceptible to the influence of drink, becoming at times quite maniacal - the fits however easily passed off under the influence of opiates.

A ballot was then taken for two members of Council when Dr J. Walton Browne and Dr Charles were duly elected.

Proposed by Dr Hill and seconded by Dr William McGee that Churchill's Medical Directory for 1872 be added to the library.

Notice was given that it would be proposed at next meeting that the Medical Register be added to the library.

Henry Murney M.D., President  
2nd March 1872.

**Ulster Medical Society 9th Meeting 2nd March**

Present Dr Murney President in the chair, Drs Cuming, Fergus Brown, Spedding, McCrea, Charles, Gribbin, Murray, Fagan, David Johnston, Stewart, James Moore, H. Johnston and Hill.

The minutes of former meeting having been read and confirmed, Dr Cuming proceeded to relate the particulars of a case of aneurism of aorta extending into abdomen which caused death by rupturing into left pleura.

In the absence of Dr Browne, the President then related the case of a man aet 58 who fell from a height on the 2nd February and who died on the 25th after having suffered from symptoms of pyaemia.

On post-mortem examination a fissure was discovered across the right parietal bone, and corresponding with the fissure the brain surface presented an erosion covered with pus. On cutting up the brain no abscesses were discovered. The other parts of the body were not examined.

Dr James Moore then related the particulars of a case of scrofulous disease of knee joint in which he performed amputation of the thigh by a modification of the circular operation.

It was moved and seconded that the "Medical Register" for this year be added to the library.

It was moved by Professor Cuming and seconded by Dr Gribbin and unanimously resolved that those periodicals which were incomplete through some of the posts having gone astray be completed.

Dr McCrea then read the report of the Fee Committee, and as the time of the meeting has expired they discussion thereon was postponed until next day of meeting.

Henry Murney, President

**16th March 1872**

Present Dr Murney (President in the chair), Drs Stewart, William McGee, Charles, Gribbin, Walton Browne, Spedding, Fergus Brown, Murray, John Moore, James Moore, McCrea, D Johnston and Hill.

The President related the particulars of a case of injury requiring amputation of shoulder joint to which he had referred on 6th January.

For many weeks he continued to do well. On the 7th of February the bed was raised and on the 9th he was permitted to get up. He was also up on the 10th. The ligatures, with one exception and that a small one, had come away.

At 3 p.m. on 11th got a message that haemorrhage had taken place and on visiting him at once it was found he has lost about 2 ounces of blood although he was collapsed but that might be consequent from the fright. Ice was applied and rest enforced.

From 11th February till 4th March a watcher was

continually with him.

On 23rd February - till which time the man ate and slept well - at 4:30 a.m. haemorrhage again occurred to the extent of 6 ounces. At 9:30 a.m. after consultation it was resolved to postpone operation measures till the bleeding should lessen which it did on the same day.

On the 27th he had a rigor. Also on 28th and 29th and 2nd March. Haemorrhage again occurred and a rigor in the afternoon 3rd March 2 p.m. Slight haemorrhage evening also. Also a recurrence on the fourth and he died same evening. On P.M. examination no clot was found.

The rest of the time was taken up with the consideration of the report of the Fee Committee which was adjourned till next meeting.

Henry Murney M.D., President  
13 April 1872

**Ulster Medical Society 13th April 1872**

Present Dr Murney (President) in the chair, Drs Stewart, Wales, Gribbin, Fergus Brown, McMeekin, Cuming, Walton Browne, Charles, McKeown, McCrea, John Moore and Hill

The minutes of former meeting having been read and confirmed it was moved by Dr Wales seconded by Dr Murney and resolved that a copy of the resolution of 20th April 1848 with the addition of the words "one guinea" be drafted out and circulated among the members of the profession for signature and approval.

A ballot having been taken for Dr William Aickin he was unanimously elected a member of the Society.

The consideration of the report of the Fee Committee having been concluded the President proposed that the tariff be printed and laid before the Society at its next meeting.

Dr McKeown then exhibited some patients on whom he had operated for various degrees and varieties of convergent squint and made remarks thereon.

In consequence of the amount of business to be transacted it was resolved to hold an extra meeting on Saturday the 20th inst.

Henry Murney M.D., President  
20th April 1872

**Ulster Medical Society 20th April**

Present Dr Murney, President, in the chair, Drs Stewart, Wales, John Moore, Gribbin, Spedding, H. S. Purdon, Charles, McMeekin, McCrea and Hill.

The minutes of former meeting having been read and confirmed, Dr Charles proceeded to exhibit the following specimens viz.

Intracapsular fracture of neck of femur, and ossification of tendon of iliacus and psoas muscles of

opposite side.

2 Malacosteon.

3 Chronic rheumatic arthritis of neck and hip joints

4 Fracture of tibia and fibula

5 Colloid cancer of stomach.

6 Tubercular peritonitis.

He gave a description of each, but as all the specimens have been obtained in the dissecting room he could not give the history of any of them.

The specimens themselves were exceedingly interesting and the President in the name of the Society thanked Dr Charles for bringing them forward.

Henry Murney M.D., President  
27th April 1872

### **Ulster Medical Society Concluding Meeting of Session 27th April 1872**

Dr Murney, President, in the chair, also Drs Stewart, Wales, John Moore, Spedding, David Johnston, Fergus Brown, Walton Browne and Hill.

The minutes of former meeting having been read and confirmed, Dr Johnston exhibited a subclavian artery taken from a man who had died of haemorrhage 10 days after amputation at the shoulder joint on account of injury.

The examination of the vessel showed that the haemorrhage had not come from the main vessel but probably from a comparatively small branch which had been cut very close to the trunk.

He then exhibited a fracture of the spine which had occurred by a man falling off a house top. On admission to hospital though the nature of the injury was quite evident he did not present all the signs of grave spinal injury yet he only lived 36 hours.

John Moore also exhibited an enlarged heart, a hepatized lung, carcinoma of uterus and diseased kidneys but as the time was limited no discussion was given.

Doctor Wales then read a paper on positional pulmonary crepitus in which he described a fine crepitus like that of pneumonia heard on inspiration only and only in certain positions of the body. Having noticed this in several instances, and that it never led to serious consequences, and having been so frequently puzzled with it, he brought the subject under the notice of the Society in 1869-70.

He stated that his further experience only confirmed his former opinion that we frequently meet with pulmonic crepitus in practice which was attributed to pneumonia, limited no doubt, but treated as such; that if the patient's position had been altered and he was again examined the crepitus would be found to have disappeared but on resuming the

former position it could again be heard. He had not altogether made up his mind as to the theory of the phenomenon but it was no doubt interesting.

As the subject appeared to be altogether new to the members it was not discussed but all promised to be observant so that they might express an opinion should Dr Wales bring up the subject at a future meeting.

The President then in a few words thanked the members for their attendance during the session and said that the next meeting will be held in November for the election of officer-bearers but that if anything of moment should occur in the meantime, he would summon an extraordinary meeting.

Henry Murney, M.D., President

### **Special Meeting called by circular held 14th August 1872 to consider the propriety of asking the British Medical Association to hold its Annual Meeting in August 1873 in Belfast.**

Present Dr Murney President in the chair, Drs Pirrie, Dill, M'Crea, John Moore, Walton Browne, Cuming, Stewart and Hill.

Moved by Dr Dill seconded by Dr Pirrie that thanks are due to the President for calling the meeting.

Moved by Dr Pirrie that the Association be invited to meet be raised, seconded by Dr M'Crea - negatived by 5 to 4.

### **Annual meeting 1872**

#### **Held upon the 2nd November 1872**

Dr Stewart in the chair, Drs John Moore, W. McGee, Spedding, J. J. Charles, Fagan and J. W. Browne.

The report of Annual Meeting of 1871 was read and adopted.

### **Session 1872 & 3**

#### **The First Meeting of the Society was held in the Library on Saturday 11th November 1872.**

The President in the chair. Members present Drs Stewart, Murney, Smith, H. S. Purdon, McKeown, J. W. Browne, John Moore, Charles, Messrs B. Smyth, Spedding, F. Brown and Gribbin.

The President briefly thanked the members for the honour they had conferred upon him by electing him as President of the Society for the ensuing year.

The President then read notes of a case of a patient suffering from enlarged prostate gland and retention of urine and also exhibited the bladder and the enlarged gland.

Dr Charles stated that from his observations in the dissecting room that he did not consider enlargement

of the prostate to exist to such a large extent as some authors represented it, and he also said that the specimen before the Society was the largest he had ever seen.

Dr Murney also stated that it was his opinion also that enlargement of the prostate in men advanced in life was not so widespread as was commonly supposed.

The President next exhibited a specimen of stricture of the oesophagus causing ulceration of the aorta and causing death by haemorrhage. He stated that six cases of this disease had been under his care within the last few years.

Dr Murney stated that the question of gastrotomy had recently been raised in the treatment of cases of impassable stricture of the gullet.

Dr John Moore said that he had seen a patient in St Thomas' Hospital in whom Mr Le Gros Clarke had performed this operation and was afterwards present at the post-mortem examination. From what he had seen he was not favourably impressed with the operation and would not be inclined to repeat it.

He said he recently had a case under his care where the patient has been from Tuesday to Saturday unable to swallow anything. He succeeded in passing a very small catheter into the stomach and feeding him for some time after which he could swallow and left the hospital greatly improved.

**The Second Meeting of the Society was held in its Library on Saturday 30th November.**

The President in the chair. Members present Drs William McGee, Stewart, Smith, McCrea, Charles, J. W. Browne, Croker, David Johnston, Messrs McConnell, Spedding, F. Brown and assist. Surgeon Johnston 78th Highlanders.

Dr David Johnson introduced a patient suffering from occasional attacks of dyspnoea and stridulous breathing. There was some swelling over right sterno-clavicular articulation. No bruit could be heard, but several members considered the case to be one of the thoracic aneurism.

Dr John Moore introduced a patient who had received a gunshot wound during the riots in August last. The ball had entered the back between the scapula and the spine on the left side and made its exit under the clavicle close by the subclavian artery. There was not much shock nor any complications and the point of interest in the case was the curious course the bullet must have taken to reach its point of exit.

Dr James Smith exhibited a specimen of thoracic aneurism and read the notes of the case.

Dr Torrens was proposed as a member of the

Society by Dr John Moore.

**The Third Meeting of the Society was held in its Library on Saturday 14th December 1872 at 4 o'clock**

The President in the chair. Members present Drs Stewart, H. S. Purdon, J. W. Browne, J. W. T. Smith, Charles, Croker, Porter, John Moore and Wales, Messrs McMeekin, Spedding and Gribbin. Assist. Surgeon Johnston 78th Highlanders was also present.

Drs Torrens and Bolton were elected members of the Society and Dr Filson of Portaferry and Dr Tyrrell of Banbridge also.

Dr Porter introduced a patient with great deformity of chest. There was considerable projection of sternum with corresponding falling-in of the costal cartilages. The boy was healthy and did not suffer except from the deformity which it caused.

Some of the members were of opinion that a considerable improvement might be affected by a proper mechanical apparatus.

Dr McMeekin read a most interesting paper on a case of induced labour in a patient who had on two previous confinements been delivered by craniotomy. In this case both mother and child done well.

Dr McMeekin exhibited at the same time Dr Barnes's dilators which he had employed in accomplishing delivery.

Most of the members joined in the discussion which followed and all agreed in thanking Dr McMeekin for his valuable paper.

Dr Spedding read notes of a case of ligature of internal piles the discussion to which was adjourned till next meeting.

**The Fourth Meeting of the Session was held in the Library on Saturday 4th January 1873.**

The President in the chair. Members present Drs Stewart, Murney, James Moore, John Moore, H. S. Purdon, McCrea, Charles, McMeekin, Torrens, J. W. Browne, McKeown, Scott, Messrs Spedding, Ball, Garde, Aickin, Fagan, Bolton and F. Beck.

Mr Garde was proposed by Dr McCrea.

The discussion on Dr Spedding's case of literature of piles was resumed.

Drs J. Scott and Croker were elected members of the Society.

Dr H. S. Purdon introduced a patient suffering from favus and give a history of the case with an outline of its treatment.

Dr Murney give a description of the post-mortem examination which he made of Miss Kerr [sic] and of her servant Jane Toner both of whom were murdered in Holywood.

**Fifth Meeting of the Society was held in its Museum on Saturday 18th January 1873.**

Dr Murney in the chair, members present Drs James Moore, John Moore, McKeown, Stewart, McCrea, J. W. Browne, D. Johnson, Charles, Scott and Spedding.

Dr Spedding introduced a patient with tumour in neck which was considered to be glandular enlargement and likely to end in suffocation.

Dr McKeown introduced a number of patients on whom he had performed the operation of iridectomy illustrating the various cases where that operation may be beneficial.

Consideration of the cases were adjourned to next [meeting].

Mr Garde proposed by Dr McCrea at last meeting was elected a member of the society.

**The Sixth Meeting of the Society was held on Saturday 1st February 1873.**

**The Seventh Meeting of the Society was held on Saturday 15th February.**

**The Eighth Meeting of the Society was held on Saturday the 22nd of February 1873.**

**The Ninth Meeting of the Society was held on Saturday 1st March 1873.**

The President in the chair. Members present Drs H. S. Purdon, Whitaker, Fagan, J. W. Browne, McCrea, Torrens, Brice Smyth, D. Johnson, Charles, Scott, John Moore, Messrs Garde and Spedding and Dr McKeown.

Dr McKeown give notice of motion for next meeting of Society that he would move for the appointment of a Sanitary Committee.

Dr H. S. Purdon introduced a patient suffering from muscular atrophy.

Dr McCrea read notes of several cases of idiopathic neuritis.

**The Tenth Meeting of the Society was held on Saturday 8th March**

The President in the chair.

**The Eleventh Meeting of the Society was held in its Museum on Saturday 15th March 1873.**

The President in the chair. Members present Drs Stewart, H. S. Purdon, Charles, McCrea, John Moore, Bolton, Messrs Garde, Gribbin and Spedding.

The Secretary reported the death of Dr Murray, a member of the Society, during the week and stated that in accordance with the custom in such cases he had issued a circular to the members requesting them to attend the funeral which took place this forenoon.

It was then moved by Dr Stewart and seconded by Dr Gribbin and passed unanimously that the

Secretary be instructed to write a letter of condolence from the Society to the widow of Dr Murray.

Dr Corry was elected a member of the society.

The President exhibited a placenta and read notes of the case in which a woman had been confined of twins, one having perished about the middle of pregnancy and yet was retained in the uterus till full term when it was expelled and followed by a fully developed living child. Several members made remarks in this case.

Dr Charles exhibited several interesting specimens taken from subjects in the dissecting room and read notes of them.

Dr McKeown was elected Member of Council vice Hill removed to England.

Robert Stewart, Chairman  
22nd March 1873

**The Twelfth Meeting of the Society was held on Saturday 22nd March 1873.**

Dr Stewart V.P. in the chair, members present Drs McCrea, J. W. Browne, James Moore, Core, David Johnston, John Moore, Whitaker and Mr Garde and H. M. Johnson.

Minutes of last meeting read and confirmed.

The Secretary read the proof sheets of the reports of the first three meetings of the session which were approved of.

Mr H. M. Johnson exhibited a small cyst which he had removed from between the eyes of a gentleman. The contents were found to consist of hair.

Dr McCrea read notes of two cases of hepatic dropsy successfully treated.

Robert Stewart, Chairman  
12th April 1873

**The Thirteenth Meeting of the Society was held on Saturday 29th March 1873.**

The President in the chair. Members present Drs Stewart, David Johnston, James Moore, John Moore, J. W. Browne, J. J. Charles, Torrens, Spedding, Garde, and Dr Johnston 78th Highlanders.

**The Fourteenth Meeting of the Society was held on Saturday 5th April 1873.**

Dr Stewart V.P. in the chair, afterwards it was occupied by the President. Members present Drs Aickin, Charles, McKeown, James Moore, Corry and John Moore.

Dr Aickin read notes of two cases of twin labour, the first in which an ovum was carried with another foetus till the full period of pregnancy.

The other was one of unusual collection of liquor amnii with extraordinary size of children and

placentae: it terminated fatally for the mother.

Dr Corry exhibited the uterus of a woman who died this morning from laceration of the upper portion of the vagina permitting the child to escape into the abdominal cavity. He promised to bring the case again before the society with a more perfect history of the case.

Robert Stewart, Chairman  
12th April 1873

**The Fifteenth Meeting of the Society was held on Saturday 12th April.**

The President occupied the chair, having been vacated by Dr Stewart. Members present Drs D. Johnson, Charles, McCrea, Aickin, J. W. Browne, Bolton, John Moore, Messrs Fagan and Gribbin, Spedding, Garde and Dr McKeown.

Dr John Moore introduced a patient who had been the subject of concussion of the spine from a railway collision.

The President exhibited several interesting pathological specimens among which was a case of impacted fracture of the neck of thigh bone and another of the kidneys, bladder and urinary organs in a case of diseased prostate.

The President proposed Dr Thornley as a member of the society.

Robert Stewart, Chairman  
19th April 1873

**The Sixteenth Meeting of the Society was held on Saturday 19th April 1873.**

The President in the chair. Members present Drs Stewart, H.S. Purdon, Charles, Scott, McKeown, Dr D Johnston, Cuming, Wales, Spedding, John Moore and Dr Johnston 78th Highlanders.

Dr Thornley was voted for and admitted a member of the Society.

The President exhibited a specimen of intra-uterine tumour, associated with pelvic abscesses and also a bladder and urethra of a patient who had died from extravasation of urine.

**The Seventeenth Meeting of the Society was held on Saturday 26th April 1873.**

The President in the chair. Members present Drs Stewart, Murney, McCrea, Charles, McKeown, David Johnston, Croker, James Moore.

A resolution was passed that the Society should meet during the summer at 8 o'clock p.m. on the first Tuesday of each month.

A conversation took place in reference to the fees paid to medical witnesses attending Sessions which were considered inadequate.

The report of the Sanitary Committee was handed

in, and a query sheet arranged to be forwarded to the Dispensary Medical Officers and others.

Dr Murney exhibited a specimen of fracture of spine and read notes of case.

**The Eighteenth (concluding meeting of Winter Session) was held on Saturday 6th May 1873.**

**Annual meeting 1873 [November?]**

Present H. M. Johnston President in the chair, Drs Stewart, H. S. Purdon, Brice Smyth, Charles, McKeown, McMeekin, J. W. Browne, Core, Spedding, Garde, J. W. Smith, John Moore and Fagan.

Minutes of last Annual Meeting read and confirmed.

The Secretary read the Annual Report of Council which was ordered to be entered in the minutes of the Society.

The election of office bearers for the ensuing year was then proceeded with.

S. Browne L.K.Q.C.P.I. R.N. was unanimously elected President.

Drs J. W. T. Smith and Murney Vice Presidents

Drs Charles, McKeown, Brice Smyth, H. S. Purdon, Spedding and McCrea were elected Members of Council; Dr John Moore was requested to continue his services as Secretary and Dr Fagan as Treasurer. Drs Spedding and Whitaker to act as Auditors.

**Report of Council**

The Council has much pleasure in stating that the progress of the Society during the past year has been most satisfactory. The increased interest of the two previous years has not only been maintained but exceeded.

Ten new members have been enrolled; and eighteen meeting of the society held: the meetings were well attended and the papers read, the specimens exhibited, the patients introduced, the cases narrated, together with the discussion following them, were unusually interesting.

The Council regret to have to record the loss of three of its most estimable members, Drs Thomas Reade, Pierre and Murray.

The former was one of its oldest members and long occupied a most prominent position in the profession in this province. His researches on the effect of the poison of syphilis on nervous tissue were the first to point out that these tissues were not exempt from the ravages of that disease. He had a high social position and was greatly respected.

Dr Pirrie was cut off in the prime of manhood and in the midst of his labours. His genial, pleasant face will long be missed from the meeting of the Society; a consultant in the department of medicine which he

had made his own namely obstetrics. He willingly placed his services at the command of his professional brethren and was ready to accompany them at all times and to all places and often without hope of fee or reward. He was much loved and deeply regretted.

Dr Murray was an industrious, painstaking and skilful practitioner and had formed a large circle of friends.

The Council look forward with interest to the approaching meeting of the British Association for the Advancement of Science to be held in Belfast in August next and would recommend this Society to make arrangements for providing suitable entertainment for the distinguished members of the profession who will no doubt visit our town at that time.

The appointment of a Sanitary Committee to watch over and report upon the condition of the Town will it is hoped be attended with advantage by not only affording the public some knowledge of sanitary science but by pressing upon the authorities the necessity of attending to conditions which impair the health of the community and increase its death rate.

The council regret the delay that has occurred in the publication of the Transactions which arose from causes beyond their control, but hope that very shortly the complete volume will be in the hands of the members

John Moore, President  
4th November 1874

**The First Meeting of the Society was held on Saturday 15th November 1873.**

The only members present were Drs Charles, J. W. Browne and John Moore.

As several students were present Dr John Moore introduced a patient whose elbow joint he had excised.

**The Second Meeting of the Society was held on Saturday 29th November.**

Dr McCrea in the chair, members present Drs Charles, McKeown, Bolton, J. W. Browne and John Moore.

**Ulster Medical Society. The Fourth Meeting of the Society was held on Thursday January 1st 1874.**

The President (Dr John Moore) in the chair, members present Drs Stewart, Charles, J. MacCormac and H. S. Purdon.

Dr Whitla who was proposed at the last meeting was balloted for and duly elected a member of the Society.

The President remarked that he had been in communication with the Secretary of the British Medical Association with the object of having our Society associated thereto.

Dr Stuart proposed and Dr Charles seconded the following resolution "That the British Medical Journal be added to the list of those taken by the society."

A committee consisting of the President, Drs Stewart, Charles, MacCormac and H. S. Purdon was appointed to make arrangements about the Annual Dinner to meet at Thompson's on Monday 5th inst at 4 o'clock p.m.

The President then read a paper on "A case of labour complicated with abnormal presentation and contracted pelvis."

John Moore  
January 15th 1874

**Ulster Medical Society. The Fifth Meeting of the Society during present session was held on January 15th 1874.**

The President in the chair. Members present Professor Dill, Drs Stewart, McCrea, Walton Browne, Fagan, McKeown, Charles, Garde, McConnell, Gribbin and H. S. Purdon.

It was agreed that Drs McCrea and Fagan be appointed a subcommittee to see if a suitable room could be obtained in a central position for a reading room for the use of members.

Dr Charles exhibited a specimen of gastric ulcer.

The Secretary read notes of two cases of lupus erythematosus.

John Moore, Chairman

**Ulster Medical Society. The Sixth Meeting of the Society was held on Thursday evening January 22nd 1874.**

The President in the chair. Members present Professor Dill, Drs Aickin, Stewart, Fagan, Walton Browne, Stewart, Whitla, David Johnson and H. S. Purdon.

Dr David Johnson proposed and Dr Walton Browne seconded a motion "That Dr McMurtry be re-elected a member of the Society."

Dr Whitla exhibited a horseshoe kidney and Dr David Johnson gave notes of a case of postpartum haemorrhage.

John Moore

**Ulster Medical Society. The Seventh Meeting was held on January 29th.**

The President in the chair. Members present Drs Walton Browne, Charles, Murney, Cuming, Whitla, James Moore, Garde and H. S. Purdon.

A subcommittee consisting of the President, Drs Smith, Murney, Whitla and H. S. Purdon were appointed to examine into the state of the library.

Dr McMurtry was voted for and duly elected a member of the Society.

Dr Murney exhibited a specimen of diseased knee joint and read notes of an interesting case of post-mortem.

Dr H. S. Purdon proposed and Dr Murney seconded the following "That Andrew Spence L.R.C.P.&S. Edin., Henry Murray M.D. L.A.H., Samuel McKee M.D. M.Ch., William Rankin L.R.P.&S. Glasgow, be elected members of the Ulster Medical Society."

**Ulster Medical Society. Eighth Meeting of the Society was held on February 11th.**

The President in the chair. Members present Drs Dill, Stewart, Fagan, McMurtry, Charles, Gribbin, Spedding, Scott and Hon. Secretary.

Before the business of the meeting commenced the President brought under the notice of the Society the death of an old and valued member Dr William McGee J.P. and it was proposed by Dr Stewart and seconded by Dr Dill that the Secretary be directed to write a letter of condolence to the deceased gentleman's family.

The following were then balloted for and duly elected members of the Society viz. Andrew Spence L.R.C.P. Edin., Henry Murray M.D. L.A.H., Samuel McKee M.D., William Rankin L.R.P.&S. Glas.

Dr Fagan exhibited a specimen of cancer removed from breast and Dr Dill showed a tumour expelled from uterus.

John Murray

**Ulster Medical Society. Ninth Meeting during present session was held on February 19th 1874.**

The President in the chair. Members present Drs Barnett, Dill, Fagan, Murray, Rankin, J. W. Browne, Spedding, Moore, Stewart, Wales, Johnston and H. S. Purdon.

The minutes of previous meeting having been read and confirmed, a discussion on the aspirator then took place in which the President, Drs Dill, Fagan, Browne, Purdon, Moore and Spedding joined.

Dr Barnett read a paper on fracture of inferior maxilla and exhibited casts of bone etc.

John Moore

**Ulster Medical Society. The Tenth Meeting during present session was held on February 26th 1874.**

The President in the chair. Members present Drs Stewart, Spedding, Charles, Whitla, Purdon, Wales, J. Browne and Rankin.

Dr Whitla exhibited a forearm removed that day.

Dr Charles showed several interesting specimens of osteo-arthritis of shoulder and hip joints.

Dr Spedding read notes of cases of cystitis.

R. Stewart, Chairman

5 March 1874

**Ulster Medical Society. Eleventh Meeting of the Society was held on March 5th.**

Dr Stewart in the chair. Members present Drs Whitla, Browne, Spedding and Purdon.

Dr Whitla exhibited several interesting pathological specimens.

John Moore.

**Ulster Medical Society. The Twelfth Meeting of the Society during present session was held on March 12th.**

The President in the chair. Members present Drs Wales, Charles, Purdon, McMurtry. Surgeons Whitla, Rankin and Spedding.

Dr Whitla exhibited a diseased liver and ovary.

The President read a paper on pyaemia.

**Ulster Medical Society. The Thirteenth Meeting was held on March 19th 1874.**

The President in the chair. Members present Drs MacCormac, Bolton, Smyth, McMurtry, Spedding, Whitla, Fagan, Charles, H. S. Purdon, J. W. Browne.

Dr Charles introduced a patient with fracture of humerus. Dr MacCormac read a paper on "Strages Medicorum" (or exercise for the heart).

Robert Dill, Chairman

**Fourteenth Meeting was held upon the 2nd April 1874.**

Present Dr Dill, J. Fagan, J. J. Charles, J. W. Browne, Dr Rankin.

Dr J. W. Browne read notes of a case of puerperal convulsions.

Dr James Moore exhibited a fatty tumour which he had removed from the back of a man aged 45 years.

Also a scirrhus removed from the mammary gland of a man aged 74 years.

James Murray

**Ulster Medical Society.**

The President in the chair. Present Drs Cuming, Purdon, William Browne, McCrea, Dill, McKeown.

The President proposed J. K. Houston M.D. as a member of the Society.

**Ulster Medical Society. The Concluding Meeting of the present session was held on April 30th.**

The President in the chair. Members present Drs Fagan, H. S. Purdon, Charles, Rankin, D Johnston.

John Knox Houston M.D. was balloted for [and]

unanimously elected a member of the Society.

Surgeon Rankin gave the notes of a case of paralysis agitans treated by hypodermic arsenic.

Dr Fagan introduced a patient with a rare affection of shoulder joint.

Dr Charles read notes of a case of intussusception.

### **Ulster Medical Society**

#### **Annual Meeting, November 4., 1874**

Present, Dr John Moore (President) in the chair, Drs Stewart, McCrea, H. M. Johnston, H. S. Purdon, Fagan, James Moore, J. W. Browne, Core, Spedding, and Charles.

Minutes of last Annual Meeting read and confirmed.

The President read the Annual Report of Council, when it was moved by Dr Stewart and seconded by Dr H. S. Purdon "That the report now read be adopted". (Carried.)

The Office Bearers for the ensuing session were then selected.

#### **President**

Dr Charles D. Purdon

#### **Vice presidents**

Dr Stewart and H. S. Purdon

#### **Council**

Drs McCrea, J. W. Browne, Spedding,  
H. M. Johnson, Murney and Core

#### **Hon. Treasurer**

Dr Fagan

#### **Hon. Secretary**

Dr J. J. Charles

Dr Stuart moved "That the best thanks of the meeting be given to Dr Fagan, Treasurer, and to Dr H. S. Purdon, Secretary, for their valuable services during the past session". Dr Charles seconded the motion, which was carried unanimously.

The Treasurer's report having been read, Drs Whitaker and Spedding were appointed Auditors.

Dr James Moore having been called to the chair, it was moved by Dr Stewart and seconded by Dr Spedding "That Dr John Moore, the retiring President, deserves the most cordial thanks of the Society for the efficient manner in which he discharged the duties of his office". (Passed by acclamation.)

#### **Report of Council**

The Council in presenting to the Society their report for the past year regret to state that the attendance of members has to some extent fallen off, though in their opinion the papers read, the cases described, and the morbid specimens exhibited, were not of a less interesting character than those of

preceding occasions.

The Society has to regret the loss, during the past year, of one of its oldest, most respected, and most influential members – Dr William McGee, J.P. He was formerly President of the Society and Mayor of Belfast. From the high position he held in his profession as well as from his social standing among his fellow townsmen, he exerted a great influence on questions of sanitary science and others affecting the medical profession. He was beloved and respected by a wide circle of friends, and was followed to the grave by a large number of his professional brethren.

During the past session seven new members joined the society; and eighteen meetings were held, the average attendance at which was 7½.

There were ten meetings of Council, and the attendances of members was as follows:-Dr John Moore 10; Dr Stewart 7; Dr Charles 7; Dr H. S. Purdon 6; Dr Fagan 5; Dr Spedding 4; Dr McCrea 3; Dr Smith 1; Dr Murney 1; Dr McKeown 1; Dr H. M. Johnston 1; and Dr J. W. T. Smyth 0.

The Transactions of the Society were published in the *Dublin Monthly Journal of Medical Science*, and have since been reprinted and distributed among the members.

During the meeting of the British Association in Belfast, the members of the Association belonging to the medical profession were invited to a breakfast held in Thompson's Rooms, Donegall Place.

The visitors were: – Dr William Carpenter, of London; Professor W. Wilde, of Dublin; Sir Duncan Gibb and Drs Wood and Hare, of London; Professor [Ghege?], of Brussels; Dr Michael Foster, of Cambridge; Dr Cleland, of Galway; Professor Macalister, of Dublin; Dr Muirhead, of Glasgow; Drs Pye-Smith and Thomas C. Charles, of London; Dr Caton, of Liverpool; Dr Stewart, of Dublin; Dr Corfield, of London; Professor Redfern and Dr Thomas H. Purdon, of Belfast; Dr O'Dwyer, of the 13th Regiment; Dr Ashe, of Derry; and Dr Grimshaw, of Dublin.

Thirty members of the Society were present: – Dr John Moore, in the chair, Drs C. D. Purdon, Dill, Seaton Reid, Ferguson, Henry MacCormac, Fagan, McCrea, McKeown, McConnell, H. S. Purdon, Brice Smyth, Cuming, Spedding.

After breakfast, claret and champagne were served. The President then proposed "The Queen" a toast which was heartily responded to. "The British Association and its Medical Members" was then drunk; it was responded to by Sir W. Wilde, Dr Michael Foster, and Dr Carpenter. "The Queen's University" was the next toast: Professors Cleland and Redfern responded. "Our Foreign Visitors" was proposed by Professor Cuming and responded to by

Professor [Ghege?]. "The Ulster Medical Society" was proposed by Dr Carpenter and responded to by the President.

John Moore, Chairman.

**Ulster Medical Society. First Meeting  
November 10, 1874**

Present, Dr Charles D. Purdon (President) in the chair, Drs Murney, Stewart, James Moore, John Moore, McCrea, McKeown, Bolton, Ball, Spedding, F. Beck, and J. J. Charles. Dr Moss was introduced as a visitor by Dr Stewart.

The President postponed the delivery of his opening address to the next meeting.

Dr Murney exhibited a man on whose shoulder he had made several skin grafts, and he promised to give the members an opportunity of seeing the case again at a further stage of its progress.

W. Whitla, L.R.C.S. Ed. exhibited a large multi-ocular cystic tumour of the ovary taken after death from a patient in hospital, and give full details of the history of the case.

Dr James Moore then exhibited and give a brief account of a malignant tumour which he had removed from the thigh of a woman aged 62 years.

C. D. Purdon, Chairman  
December 3, 1874

**Ulster Medical Society. Second Meeting  
December 9, 1874**

Present, Dr C. D. Purdon (President) in the chair, Drs John Moore, Stewart, Fagan, J. W. Browne, Houston, Beck, H. M. Johnston, Spedding, Rankin, Whitla, and J. J. Charles.

The President delivered the opening address of the session on "The past medical charities of Belfast as compared with the present".

Dr John Moore then moved that the best thanks of the meeting be given to Dr Purdon for his very interesting address. The motion was seconded by Dr Stewart and carried by acclamation.

H. W. Johnson L.R.C.S.I. next moved that Dr Purdon be requested to allow his address to be published in the medical journals and in the local newspapers. Dr Stewart seconded the motion, which was carried.

John Moore, Chairman  
December 16, 1874

**Ulster Medical Society. Third Meeting  
December 16, 1874**

Present, Dr Charles D. Purdon (President) in the chair, Drs Stewart, John Moore, H. S. Purdon, Barnett, McKeown, J. W. Browne, Houston, Core, Fagan, Bolton, Whitla, and J. J. Charles. Dr McKenzie was

introduced by Dr Houston as a visitor.

W. A. McKeown M.D. exhibited a patient in whom he had performed a small iridectomy with good results.

J. J. Charles M.D. exhibited and described a recent specimen of necrosis of the jaw from phosphorus. The patient was a female aged 28 years, and had worked in a Belfast Match Manufactory for several years.

J. K. Houston M.D. read an able paper on necrosis of the cranial bones, and detailed the history of a case he had seen in the Union Infirmary.

He exhibited the necrosed frontal bone, and, from the appearance of it and the soft parts which surrounded it, he inferred, in accordance with Virchow's views, that the necrosis was the result of the syphilitic virus, though there was no history of such.

Some of the members coincided with Dr Houston's opinion, but others thought it possible that the necrosis might have a strumous or even a local origin.

C. D. Purdon, Chairman  
December 30, 1874

**Ulster Medical Society. Fourth Meeting  
December 30, 1874**

Present, Dr Charles D. Purdon (President) in the chair, Drs J. W. Browne, Fagan, J. J. Charles, and James Moore.

J Fagan L.R.C.S.I. introduced a patient on whom he had performed Syme's amputation and exhibited the parts removed. He related the history of the case and at the same time denounced the use of the gouge in the treatment of caries.

One or two of the members present took exception to some of the principles he had enunciated, and considered the gouge very useful in suitable cases.

J. J. Charles M.D. exhibited a recent specimen of gangrene of the lower lobe of the left lung, the result of pneumonia in a cachectic constitution.

He also showed a specimen of extensive calcification of the mitral valve of the heart, and give details of the history of the case.

J. W. Browne M.D. then made some interesting observations on partial dislocation of the head of the radius in children.

John Moore, Chairman  
January 13, 1875

**Ulster Medical Society. Fifth Meeting  
January 13, 1875**

Present, Dr Charles Purdon (President) in the chair, also Drs Stewart, John Moore, McCrea, McKeown, Spedding, Fagan, Core, Whitla, and J. J. Charles.

W. A. McKeown, M.D. introduced an aged patient

from whom he removed a tumour which involved the eye, eyelids, and orbit. He believed the tumour was of a cancerous nature, but as it had been kept for some time, it was difficult to form a decisive opinion regarding it.

B. H. Spedding, L.R.C.P. & S. exhibited what he considered a "cancerous bladder" taken from the body of an aged female.

The bladder was very much contracted and its walls greatly thickened, but the urethra, uterus, and vagina were healthy. The kidneys had not been examined.

Some of the members thought that the patient had likely suffered from an affection of the kidneys which caused death, and that the changes in the bladder were in all probability due merely to cystitis.

J. J. Charles, MD related the particulars of an interesting case of scrofulous pyelitis, and showed the parts.

Two of the members thought the case one of calculus pyelitis in its origin, though no calculi had ever been discovered by the patient.

Joseph Mark, M.D. was proposed as a member by B. H. Spedding L.R.C.P. & S. The motion was seconded by Dr John McCrea M.D.

John Moore, Chairman  
January 27, 1875

**Ulster Medical Society. Sixth Meeting  
January 27, 1875**

Present, Dr John Moore (in the chair), Drs James Moore, Barnett, McCrea, Stewart, Cuming, Whitla and J. J. Charles.

Joseph Mark, M.D. was elected a member of the Society.

J. McCrea, M.D. read a paper on "Rest of the Lung in Phthisis" which elicited an interesting discussion.

James Moore, M.D. exhibited a leg which he had lately amputated for malignant disease of the upper ends of the fibula and tibia.

Professor Cuming proposed A. Dempsey, M.D. as a member of the Society.

C. D. Purdon, Chairman  
February 10, 1875

**Ulster Medical Society. Seventh Meeting  
February 10, 1875**

Present, Dr John Moore (Ex-President) in the chair, Drs Stewart, Core, C. D. Purdon, Mark, Fagan, and J. J. Charles.

A. Dempsey, M.D. was unanimously elected a member of the Society.

J Fagan, F.R.C.S.I. introduced a patient on whom he performed amputation of the thigh, and read notes of the case.

He also shewed a patient from whom he removed a urethral calculus by incision and made some remarks on the operation.

Some of the members took exception to the reader's views on the removal of calculi from the urethra and thought incision should always be the "derriere resort" in such cases.

W. Whitla, L.R.C.P. being absent, Mr Moorhead give a short account for him of a case of rupture of the liver from external violence.

John Moore, Chairman  
February 24, 1875

**Ulster Medical Society. Eighth Meeting  
July 24, 1875**

Present, Dr John Moore (Ex-President) in the chair, Drs Cuming, Dill John W. Browne, Stewart, C. D. Purdon, Dill [sic], McCrea, Whitla, Dempsey, and J. J. Charles.

Professor Cuming, M.D. exhibited a specimen of aneurism of the heart and detailed the history of the case.

The President read a paper on the "Factory Reports of the last two Epidemics of Smallpox, and the means which proved successful in checking its ravages".

Professor Dill, M.D. give an account of a case of hydramnios with an anencephalic foetus. Exhibited the foetus which was aged 7 months, and presented a spina bifida and talipes varus of the right foot.

John Murray, Chairman  
March 10, 1875

**Ulster Medical Society. Ninth Meeting  
March 10, 1875**

Present, Dr John Moore (Ex-President) in the chair, also Drs Stewart, Core, J. W. Browne, Fagan, Dempsey, Whitla and J.J. Charles.

J. J. Charles, M.D. exhibited a recent specimen of "Hydatidiform Mole".

W. Whitla, L.R.C.P. exhibited an upper extremity which had been removed that day at the shoulder joint by Dr Murney. The whole of the soft parts had been lacerated to an extraordinary extent in one of the mills in town.

John Moore, Chairman  
March 24, 1875

**Ulster Medical Society. Tenth Meeting  
March 24, 1875**

Present, Dr J. Moore (Ex-President) in the chair, also Drs Stewart, Fagan, Dill, Whitla, Dempsey, Scott and C. D. Purdon and J. J. Charles.

J. Fagan, F.R.C.S.I. read notes of a case of what he considered acute inflammation and suppuration of

the sacro-iliac synchondrosis and introduced the patient.

J. M. J. Scott, M.D. gave the history of a case of encephaloma of the testis and exhibited the gland.

Professor Dill, M.D. read a paper on puerperal convulsions.

C. D. Purdon

#### **Ulster Medical Society. Eleventh Meeting**

**April 14, 1875**

Dr C. D. Purdon (President) in the chair, also Drs J. W. Browne, Dempsey and J. J. Charles.

Dr C. D. Purdon gave an account of a case of ovarian neuralgia in which he had found Sal Ammoniac very useful.

J. J. Charles, M.D. exhibited a dissection of the parts in an old dislocation of the elbow.

Dr J. W. Browne proposed "That the best thanks of this Society be accorded to our worthy President for the dignified manner in which he has occupied the chair this session, and for his gentlemanly bearing towards every member of the Society".

Dr J. J. Charles seconded the resolution, which was passed unanimously.

Dr Purdon having replied, the meeting separated.

#### **Ulster Medical Society. Special Meeting**

**July 9th 1875, at 7:30 o'clock**

This meeting was called in accordance with the wish of the Council which met on the 7th inst., "To consider the proposed Pharmacy Bill, and, if necessary, adopt a petition to Parliament regarding it".

In the absence of the President, Dr J. W. T. Smith was called to the chair. There were also present Drs Whitaker, James Moore, Ross, Core, Ball, Fagan, Whitla, Spedding and J. J. Charles and Mr Pring.

Mr Pring having explained the different clauses of the Bill, Dr Whitaker read a Petition to Parliament containing objections to the Bill.

The Petition having been modified at the suggestion of members, Dr James Moore proposed and J. Fagan F.R.C.S.I. seconded the resolution "That the Petition now read be adopted". Passed unanimously.

Dr Ross then moved "That two Petitions be [prepared?] and one forwarded to Lord O'Neill for presentation to House of Lords, and the other to Mr Corry for the House of Commons: and further that a printed copy be sent to each of the Irish Members". This resolution was also passed.

#### **Annual Meeting Session 1875-76**

Present, Drs John Moore in the chair, John MacCormac, Whitla, Fagan, Core, Wheeler, Dempsey, Ball, Bolton, Spedding, J. W. Browne.

The minutes of the Annual Meeting of 1874 were read and confirmed.

Dr J. W. Browne, Secretary *pro tem* read the report of Council. Proposed by Dr Spedding and seconded by Dr Fagan that the report of Council be adopted and entered upon minutes.

Dr Fagan, Hon. Treasurer, then read a statement of accounts.

The following office bearers were then elected.

#### **President**

J. K. Wheeler M.D.

#### **Vice Presidents**

G. F. Wales M.D. and Richard Ross M.D.

#### **Council**

Dr Spedding, Dr John Moore, Dr Core, Dr Whitla, Dr Murney J.P., Dr John MacCormac.

#### **Secretary**

J. Walton Browne B.A. M.D.

#### **Treasurer**

John Fagan L.R.C.S.I.

The two following gentlemen were proposed as members of the Society; to be balloted for next week. Dr B. Coates, House-Surgeon, Royal Hospital, proposed by Dr John Moore, seconded by Dr Fagan. Dr S. Merrick, Resident Superintendent, Belfast Hospital for Insane, proposed by Doctor John Moore and seconded by Dr Fagan.

The Secretary to communicate with Dr Torrens regarding his subscription in arrears (two years).

Proposed by Dr Dempsey and seconded by Dr John MacCormac that copies of the rules be printed and presented to each member upon joining the Society.

Thomas K. Wheeler

#### **Council Report 1875-76**

The Council have much pleasure in submitting ...

#### **The First Meeting of Ulster Medical Society 17 November 1875**

President (Dr Wheeler) in the chair, Drs John Moore, Ross, Whitla, Fagan, J. Walton Browne, Core, J. W. T. Smith, Dr Dempsey, McKeown, Coates.

The members proceeded to ballot for S. B. Coates, House-Surgeon at the Belfast Royal Hospital, and Dr R. S. Merrick as members of the Society. Both gentlemen were elected unanimously.

Dr Wheeler (the President) thanked the members of the Society for their kindness in electing him to the chair.

Dr Fagan L.R.C.S.I. read a paper upon a case of

calculus of the urethra and also related the leading symptoms of a second case.

He exhibited the calculi removed; also Durham's urethral forceps.

Dr J. W. T. Smith related a case in which a calculus was lodged at the neck of bladder and Smith Thompson [sic] pushed it back into the bladder, remarking that it was easier to extract the stone than to push it back.

The President mentioned two cases of calculi which had occurred in his practice.

The President read notes of cases of puerperal convulsions. He brought forward the history of five cases. All treated without bleeding. He advocated the early evacuation of the contents of the uterus, and free purgation.

Dr J. W. T. Smith also approved of the treatment recommended by the President. Dr Smith had not been satisfied with the use of chloroform in convulsions.

Dr Ross used hydrate of chloral in these cases with good effect. He had no faith in bleeding.

Dr J. W. Browne stated the causes of convulsions as laid down by Barnes; also some peculiar symptoms noted in case No 5.

Dr Dempsey mentioned that bleeding is still in vogue at the Coombe Lying-In Hospital.

Dr McKeown related a case of chronic disease of the kidneys in which bleeding was used.

Dr Core also declared a case which had occurred in the Union Hospital.

Dr John Moore has had ten cases of convulsions in his practice. He does not approve of puncture of membranes in the early months of pregnancy.

Dr Moore has also bled with effect; he would not like to give up using the lancet. He has also used chloral largely and efficiently.

Dr Whitla brought forward a case of atropine poisoning. Patient had taken  $\frac{1}{4}$  grain of atropine. Four and half grains of [asarum?] were given inside five hours.

Thomas K. Wheeler

### **Second Meeting 1st December 1875**

President (Dr Wheeler) in the chair, Drs Whitla, J. W. Browne, Coates, Dempsey, John Moore, Wales, MacCormac, Core.

Dr Whitla read a paper entitled "Uraemia", endeavouring to prove that uraemic 'poisoning' may occur also in connection with diseases of the liver.

Dr J. W. Browne read for Dr Coates (who was suffering from indisposition) a paper upon a case of vesical calculus.

Thomas K. Wheeler

### **Third Meeting 15th December 1875**

Present the President (Dr Wheeler) in the chair, Dr Fagan, Dr Dempsey, Drs John Moore and J. W. Browne, Coates, Whitla.

Dr Fagan read notes of a case of excision of the elbow joint and exhibited the recent parts.

Dr John Moore read a paper entitled "Prisons and Prisoners" detailing some very interesting matters regarding the County Antrim jail.

Dr Wheeler proposed and Dr Fagan seconded Dr Robert Esler as a member of the Society.

Thomas K. Wheeler, M.D.

### **Fourth meeting 5th January 1876**

The President (Dr Wheeler) in the chair, Drs Core, Coates, Whitla, J. W. Browne, John Moore. Several students were present.

Dr Esler was elected unanimously a member of the Society.

Dr Coates read for Dr Murney a case of vesical calculus. Paper amongst the transactions.

Dr J. Walton Browne read a paper upon a case of cysticercus cellulosae.

Dr Coates exhibited a cystic tumour of the kidney.

Thomas K. Wheeler.

### **19th January 1876**

The President (Dr Wheeler) in the chair, Drs John Moore, J. W. Browne, Coates, Esler, Dr Dempsey, Dr J. W. T. Smith, Dr Spedding. Several students were present.

Dr John Moore described a case of spina bifida which was treated by the introduction of the aspirator. Death ensued one week after the evacuation of the fluid.

Dr J. W. Browne read notes of a case of partial dislocation of the head of the radius.

Dr J. W. T. Smith exhibited the lungs of a man who had died owing to an attack of double pleuritis.

Dr Browne exhibited Stokes' instrument for the treatment of granular lids.

Thomas K. Wheeler

### **Sixth Meeting 2nd February 1876**

President (Dr Wheeler) in the chair, Drs John Moore, J. W. Browne, Esler, Whitla, Aickin, Dempsey, Spedding, Fagan.

Dr John Moore related an interesting case of complete paralysis of the body, probably the result of myelitis of the cord.

Dr Spedding related the history of two cases of intestinal obstruction.

Dr Walton Browne exhibited Field's artificial membrana tympani.

Thomas K. Wheeler

**Seventh Meeting 16th February 1875**

Present (Dr Wheeler in the chair), Drs Dempsey, Fagan, Core, Spedding, Coates, J. W. Browne, Aickin, John Moore, Dr D. Johnson, Dr Dempsey [sic]. Several students were present.

Dr Aickin read a paper upon intestinal obstruction advocating the use of a [?] hydrostatic pressure [?] placing the head and shoulders downwards, allowing the fluid by gravitation to find its way along the colon.

Dr Coates read notes of two cases of fracture of the cervical vertebrae.

Thomas K. Wheeler

**Eighth Meeting 1st March 1876**

Present (Dr Wheeler in the chair), Drs Fagan, J. W. Browne, Coates, Dempsey, Esler, McConnell, Dr D. Johnston.

Dr Fagan read a paper upon amputation of the thigh in which he applied torsion to the femoral and dressed the wound with carbolized [wire?] and catgut sutures. The wound healing almost by the first intention.

Dr J. Walton Browne read a paper upon a case of uterine haemorrhage.

Thomas K. Wheeler

**Ninth Meeting 5th April 1875**

Present Dr Wheeler (in the chair), Drs Esler, Whitla, John Moore, J. W. Browne. Several students were present.

Dr John Moore read notes of a case of tetanus and introduced [the patient] who had been successfully treated by chloral.

Dr John Moore exhibited a patient upon whom he had performed Syme's amputation at the ankle joint.

**Tenth Meeting 12 April 1875**

Drs Wheeler (in the chair), Coates, J. Walton Browne, Fagan, Ross, Dempsey. Several students were present.

Dr Fagan read notes of a case of excision of the knee joint and exhibited a number of photographs of the parts he had operated upon.

**Eleventh Meeting**

Present (Dr Wheeler) in the chair, Drs Ross, J. W. Browne, Whitla, McCrea, Coates, John Moore, Fagan, Spedding.

Dr Fagan exhibited two patients upon whom he had performed excision of the knee joint, the cases were very favourable. Dr Fagan will bring them under the notice of the Society at some future period.

Dr J. W. Browne proposed a vote of thanks to the President and Dr McCrea seconded it. Dr Wheeler returned thanks.

The President proposed a vote of thanks to Dr J.

W. Browne and Dr Whitla seconded the vote of thanks.

**Session 1876-1877**

**Annual Meeting held in the Library of the Hospital on Friday Evening November 3 1876.**

Present Drs Wheeler (President), Fagan, Spedding, J. Moore, Beck junr, Esler, Coates & Whitla.

Dr Fagan (Treasurer) read his report and explained that owing to some fourteen members not having paid their subscription, he did not balance his books but hoped that next month he would be in a position to wind up his accounts and report to the Society the result. His report was considered satisfactory and adopted.

Secretary's report and Council report: Dr Fagan explained and apologized for Dr Browne's absence. Dr Browne had asked him to state to the Society that the Council not having requested him to prepare a report, he had not done so. No report then being read it was agreed to ask Dr Browne to prepare one for next meeting.

Office Bearers: Richard Ross M.D. was appointed unanimously to act as President. Dr Wales and Dr J. W. Browne as Vice-Presidents. Dr Fagan to continue as Treasurer. W. Whitla to act as Secretary.

Council. Drs Spedding, John Moore, F. Beck, S. B. Coates, H. Murney and W. S. Core.

The President introduced the question of the time of meetings and whether this should be monthly or fortnightly.

After some general discussion it was unanimously agreed to have the meetings (when possible) every fortnight, and the evenings to be Tuesdays at 8 during the winter, and monthly during the summer (till July 20).

Dr Spedding proposed that arrangements should be at once made about the Annual Dinner which should be held before Xmas. This was agreed to and a dinner committee of the following gentlemen appointed: Drs Murney, Fagan, Moore, Spedding and Whitla.

Proposed by Dr Fagan "That in case the proposed change takes place (in dispensing with a messenger) a suitable Librarian should be appointed, salary to be fixed by the Library Committee. Seconded by Dr Moore and carried unanimously.

Proposed by Dr Wheeler seconded by Dr Spedding that following gentlemen act as Library Committee: Drs Murney, Moore, Fagan, Coates and Whitla.

After a discussion about the advisability of dispensing with the services of the messenger it was agreed that nothing could be done as the matter was omitted to be put in the circular of the meeting and Dr Fagan gave notice that he would move the

question next meeting.

Thomas K. Wheeler M.D.  
November 7/77

**Membership Ulster Medical Society 1876**

[Listed at the back of the 1862-1884 Minute Book.]

Dr Henry MacCormac	Fisherwick Place
Professor Andrews	Queen's College
Dr Kelso	Lisburn
Professor Dill	Fisherwick Place
Professor Gordon	Howard Street
Dr Samuel Browne	College Square
Professor S. Reid	Glengall Place
Dr Mulholland	Botanic Road
Dr T. K. Wheeler	Clarence Place
Dr McCleery	Clarence Place
Dr Murney J.P.	Linenhall Square
Dr J. W. T. Smith	Glengall Place
Dr James	Chichester Street
Dr Cuming	Wellington Place
Dr A Harkin	College Square
Dr Whitaker	Clarendon Place
Dr Ross	Wellington Place
Dr Charles Purdon	Wellington Place
Mr Pring R. W.	Corn Market
Dr Gribbin	Crummock Street
Dr John Moore	Carlisle Circus
Dr H. S. Purdon	Beckenham Place
Dr Wales	York Street
Dr Dunlop	Hollywood
Dr Fagan	College Square
Dr Martin	Clarendon Place
Dr B. Smith	College Square
Dr Hayes	Carlisle Circus
Dr D. Johnston	Carlisle Circus
Dr Ball	Donegall Place
Dr F. Beck	Clarence Place
Dr J. W. Browne	College Square
Dr R. Boulton	York Street
Dr R. Barnett	Wellington Place
Dr J. McCrea	Howard Street
Dr R. Esler	Pakenham Place
Dr S. Merrick	Lunatic Asylum
Dr J. Smith	Donegall Street
Dr W. Aiken	Murray Terrace
Dr J. W. Beck	North Street
Dr W. S. Core	York Street
Dr T. Corry	Donegall Pass
Dr G. Brooker[?]	Mountpottinger
Dr S. B. Coates	Royal Hospital
Dr A. Dempsey	Donegall Street
Dr J. S. Drennan	Chichester Street
Dr H. S. Ferguson	Fisherwick Place
Dr T. W. Garde	Falls Road

Dr H. W. Johnston	Donegall Street
Dr J. Mark	Donegall Street
Dr S. McKee	North Street
Dr McConnell	Falls Road
Dr McKeown	Glengall Place
Dr McMeekin	Mountpottinger
Dr J. M. Scott	Donegall Square
Dr B. Spedding	Carlisle Circus
Dr A. Spence	Donegall Pass
Dr W. Whitla	Victoria Place
Dr T Grattan L.A.H.	
Dr O'Malley	
Dr Pirrie	
Dr Graham	
Dr Strachan	
Dr McIvor	
Dr A. Reid	
Dr Fisher Anderson	
Dr W. S. Speer	
Dr T. C. S. Corry	

**Session 1876 & 77**

**First Meeting**

The 1st ordinary meeting of the Society was held in the Belfast Royal Hospital on Tuesday evening November 14th 1876.

Present Drs Ross (President), Wheeler, James Moore, John Moore, Merrick, Core, F. E. Beck, Beck, Snr., Mr Grattan, Dr Gribbin, Esler, Coates, Dempsey, Spedding, J. W. Browne, Whitla.

On the motion of Dr Browne Dr Wheeler (in Dr Ross' absence) took the chair. Dr Ross entering the meeting Dr James Moore moved in an elegant and complimentary speech a vote of thanks to Dr Wheeler for his valuable services during the past session as President. This was seconded by Dr John Moore and passed with acclamation.

On the motion of Dr Browne the President, Dr Ross, took the chair and thanking the Society for the honour of representing them, delivered in an eloquent address the opening lecture of the session.

Dr Browne read the Council report of last session which was unavoidably omitted at the Annual Meeting. It was unanimously adopted.

Dr Coates read notes of cases of acute rheumatism treated by salicylic acid with remarks on the acid etc.

Dr Core had tried the acid in two cases both of which were very satisfactory. He gave in 6 doses in one case 120 grains and from what he saw and read believed it was the best remedy for the disease.

Dr Esler tried the acid in one case and was satisfied with its result which was most marked.

Dr Spedding used the acid in one case only where

he could narrowly watch its effects. Though he had given it in several dispensary cases he could not answer for its action. He found in the case referred to that the acid produced in 10 grain doses every hour very alarming apoplectic symptoms. He was satisfied thoroughly as to the purity of the article and he attributed the symptoms to the toxicological effects of the acid.

Dr Beck, Snr., had very large experience in the treatment of acute rheumatism and he at various periods believed he had found the "true remedy" but after a time he became convinced he must resign each for another until now he could hardly say which was the most favourable. On the whole he leaned to the alkaline treatment.

Dr Merrick felt from the pathology of the disease that the alkaline treatment was the safest.

Dr John Moore thought the treatment of the disease was anything but satisfactory. Contrasted the vagueness of medical theories with the definite results of surgery.

Dr J. W. Browne was not satisfied with the efficiency of the acid in acute rheumatism. He referred to the cases treated in Charing Cross Hospital and did not believe it had any effect in reducing the temperature.

Dr Wheeler who highly approved of the alkaline treatment did not agree with Dr Moore and others who advocated the expectant treatment. He believed much could be done in acute rheumatism. The relief of pain by opium as experienced in his own case was very satisfactory.

Dr Whitla (Honorary Secretary) thought that before the efficacy of a remedy could be thoroughly established the nature of the disease must be carefully studied.

Acute rheumatism was a disease which in many instances was observed to abort and he believed in a large percentage of cases it did "cut itself short". This explains the history of the treatment; lots of remedies have been warmly advocated as specifics mainly owing to this peculiarity. He believed no conclusion could be safely arrived at till a large mass of evidence was collected.

Dr Gribbin had used various remedies with varying success; the alkalis were in his hands most successful. He agreed that many cases of acute rheumatism did abort without any remedy.

Dr Ross (President) in thanking Dr Coates for his paper said he had appealed to the thermometer and pulse undeniable indications in the treatment of the cases.

He had himself, he believed, introduced the acid into the hospital and was satisfied with its results but he did not believe the best effects would be produced

by such large doses. He found most benefit from 10 grain doses every 3 hours.

The motion of the Treasurer was then very freely entered into and after a very general discussion it was agreed to allow the distribution of the journals to go on as before and all the new journals remaining on the table of the Hospital for 1 week before going out.

Members proposed: Dr Strahan (by Dr Spedding and Browne) and Dr Pirrie (by Dr Esler and Dr Wheeler).

It was decided that the Annual Dinner would come off on Wednesday 8th December at 6

Richard Ross  
November 28th 1876

### Session 1876 & 77

#### Second Meeting 28th November

Present Doctors Ross, John Moore, Fagan, F Beck, Browne, Esler, Gribbin, Coates, Pirrie, McKee, Dempsey and Whitla. (12)

A ballot was taken for each of the following gentlemen and they were elected members of the society: Doctors Strahan, G. Pirrie, O'Malley, Graham.

The Treasurer made a statement explaining the condition of the funds of the Society.

The Secretary was directed to communicate with Doctors Murray and Hayes and inform them of the rule bearing upon the subscriptions of the members.

Dr Beck read notes of a case of tertiary syphilis and exhibited a piece of bone expectorated by the patient. The most of the members thought the bone was part of the body of a cervical vertebra.

Dr Gribbin after a long experience never treats a case of syphilis without opium. He believes that the absence of opium with the mercury gives rise eventually to tertiary symptoms.

Dr Fagan thought that as regards the offspring the period most favourable to transmission was about the time the primary sore healed.

Dr John Moore referred to the exanthematous theory of syphilis and related some cases of congenital syphilis which he had noticed in prisons got well without treatment.

Dr Beck replied to the remarks made.

Dr Browne (J. W. ) read notes of a case of tapping where the bladder was opened in the parities above the pubes and per rectum. He exhibited the patient who was in a state of convalescence. The wound was completely healed. There was some matter coming from the umbilicus the cause of which Dr Browne explained was an abscess under the pectoral muscle which travel downwards.

The members present congratulated Dr Browne on the issue of the case.

Richard Ross

1876-77.

**Third Meeting Tuesday 19 December 1876**

Present 17. Drs Ross (President), Wheeler (Ex.), John Moore, McKeown, Wales, F. Beck, Dempsey, Pirrie, Stratton, O'Malley, J. W. Browne, Fagan, Spedding, Esler, Coates, Murney, Whitla (Secretary).

The following resolution was proposed seconded and carried. "That having heard with very great sorrow of the melancholy death of Doctor John McCrea we hereby recorded our sincere sympathy with those friends who mourn the demise of one whose life was so valuable and whose removal from our midst is felt to be such a loss not only to his relatives but to society generally and more especially to the Medical Profession of which he was a distinguished member. And especially do we desire to express our deep sympathy with Mrs McCrea and her children who have been so suddenly bereft of a loving husband and affectionate father."

The Secretary was requested to forward to Mrs McCrea a copy of the above.

Dr McKeown gave a most instructive and able description of operation for trichiasis and entropion describing and figuring a new operation which he had adopted with success.

Dr Murney said he had operated by the older methods. The operation described was entirely new to him. He approved of the principal.

Dr John Moore had been present at some of the cases while Dr McKeown operated. He was glad to hear of their success and thought the operation a great improvement and a success.

Dr J. W. Browne operated by the older methods. He saw Dr Percival Wright operate about 9 years ago by a method which seemed similar to that described by Dr McKeown.

Dr Wales was pleased with the ingenuity of the operation. He thought it was a decided improvement upon older methods.

Dr Wheeler commented upon its principal which he said was a sound one and must be followed with a better result than the more elaborate and complicated operations.

Dr Murney read notes of a successful case of ovariectomy (operated upon in the Royal Hospital) and exhibited the cyst which he had removed.

Dr J. W. Browne congratulated Dr Murney upon what he stated was the first known case of ovariectomy in the north of Ireland. Other cases he believed had been successful but this was the first published one. He detailed two fatal cases. He approved highly of the details of the operation and would do so again himself were he called to operate.

He censured Dr S. Wales' trocar and cannula as a delusion. He saw it used in 3 cases and in all it failed

in its object. He did not think it would be advantageous to tap.

Dr John Moore congratulated Dr Murney on the success of his operation. Referred to Dr Thompson's case as the first successful one in the province. He thought this case a most promising one for operation and so it had turned out.

As regards tapping he thought that tapping before operation would prevent you distinguishing the cyst wall from the peritoneum when you came down upon it. He saw the operation and would say he could not improve upon any of its details.

Dr Spedding saw no advantage from tapping before the operation.

Dr Fagan remarked that the case was a most suitable one and dwelt upon the importance of selection.

Dr Whitla (Secretary) detailed 3 cases showing the danger of tapping from not complete evacuation of cyst.

1876-77

**Fourth Meeting Tuesday January 2nd 1877**

Present Drs Ross (President), Wales and Browne (Vice-Presidents), Fagan (Treasurer), Whitla (Secretary), Murney, Grattan, Core, Coates, Esler, McIvor, Pirrie, Strahan, Spedding.

Dr Fagan read notes of a case of malignant tumour of the orbits and illustrated it with water drawings and photographs.

A ballot was taken and Dr Adam Reid and Dr McIvor were elected.

Remarks on Dr Fagan's paper.

Dr J. W. Browne said that he had the advantage of seeing the patient and when he saw him he thought it was a case of abscess at the back of the orbit pushing forward the eyeball and that it was the result of the injury which was so clearly stated by the parents.

He said there were cases narrated by MacKenzie and others where soft cancer (Encephaloid disease) had immediately followed injury. He considered this case one of these, and pointed out the resemblance between this and strumous disease, the differential diagnosis between them being that in cases of strumous disease where the eyeball bursts it collapses, while in the encephaloid it increases in size. The disease had probably commenced in the brain or ethmoid bone.

Dr Dempsey thought that if the disease had commenced in the brain cerebral symptoms would have shown themselves.

Dr Wales saw two cases of cancer in young children of cerebral origin. In both death resulted from secondary deposits, in one in the thorax and in the other in the abdominal viscera. And in both cases

no cerebral symptoms showed themselves, the children remaining clear to the end.

Dr Coates thought that if this was a case of cancer, it was certainly most unusual in one so young.

Dr Whitla said Dr Fagan had referred to the use of the ordinary hypodermic syringe which he (Dr Whitla) had tried in this case to clear up the diagnosis. He had used it often and never yet saw it fail to detect pus in any case where the after-course showed that there had been pus. He saw it recommended first for the diagnosis of fluid in the pleura.

He used the syringe in this way; after seeing the piston was quite air-tight he half-filled the cylinder with water, introduced the needle into the suspected abscess and injected 3 or 4 drops of water to clear the needle. Then a few turns of the screw brought the pus ascending through the clear water in the cylinder. He thought that in ordinary practice it was vastly superior to the aspirator.

Dr Murney exhibited a compressed fracture through the knee joint of three months standing removed the week before. The man was progressing very favourably.

Dr Spedding read notes of puerperal convulsions the discussion on which was postponed till next meeting.

Richard Ross

#### 1876-77

##### **Fifth meeting Tuesday January 16th**

Dr Ross (President), T. K. Wales, J. W. T. Smith, J. W. Browne, John Fagan, Fred Beck, S. B. Coates, Pirrie, Strahan and Whitla - Secretary.

An extended discussion arose from Dr Spedding's paper on "Eclampsia Puerperal" in which the members present joined after an opening speech from Dr Ross. The remarks will appear in the transactions.

On the motion of Dr Wheeler seconded by Dr Ross, the following Microscopic Committee was appointed: Dr J. W. Browne, Fagan, Coates, Wales, Core and Whitla, the latter to act as convener.

On the motion of T. K. Wheeler seconded by J. W. T. Smith, Professor Cunningham was proposed as an Honorary Member of the Society.

Dr Fagan exhibited a patient upon whom he had operated for disease of the tarsus. He postponed reading the notes of the case till next meeting.

Richard Ross

#### **Session 1876-77**

##### **Sixth Meeting 30th January 1877**

Present Drs Ross, Wales, Moore John, Dempsey, Coates, Core, Esler, Whitla, Spedding, F. E. Beck, Dr Johnston

The question of an election of an Honorary Member (Professor Cunningham) was discussed and it was the wish of majority of the members present to postpone his election to next meeting when Professor Redfern, proposed by Dr Esler, should be balloted for at the same time. In the meantime the Secretary was directed to look for any rule bearing upon the subject.

Dr Pirrie and Dr McKeown whose names appeared in the circular (convening the meeting) for the reading of papers did not present themselves at the meeting.

Dr J. W. Browne read notes of a case (treated by silver wire sutures) of fracture of the lower jaw.

Dr Anderson, proposed by Dr Whitla seconded by Coates, Dr Speer, proposed by Dr Esler seconded by Secretary, were to be balloted for next meeting.

Richard Ross

#### **Session 1876**

##### **20th February 1877 Seventh Meeting**

Present Drs Ross, Wheeler, John Browne, Core, McConnell, Strahan, Coates, McKeown, Esler, Whitla, Dempsey, Pirrie

Drs Speer and Anderson were balloted for and elected.

Dr Coates exhibited a brain extracted from a patient the recipient of a severe accident.

Dr McKeown read a paper on a new operation for detachment of the retina.

Dr Esler read a paper upon oakum as an antiseptic dressing.

The election of Honorary Members was postponed till next meeting.

Thomas K. Wheeler

#### **Session 1876-77.**

##### **20th March 1877 Eighth Meeting**

Present Dr Wheeler in the chair, John Moore, James Moore, Dempsey, Fagan, Esler, Beck, Anderson, McIvor, Harkin, O'Malley, and several students. J. W. Browne.

Dr Fagan read a paper upon excision of the knee joint and exhibited three patients upon whom he had performed the operation.

The Secretary reported the decision of Council about Honorary Members (to be dropped) and the paper with the remarks will appear in the transactions.

Richard Ross

#### **Session 1876-77.**

##### **Ninth Meeting 1st May 1877**

Present Dr Ross (in the chair) Dr Wheeler, Drs Wales, O'Malley, Strahan, J. W. Browne, Esler, Whitla, D. Johnson, McIvor.

Dr Harkin read a paper on cases of hydatidiform

mole pregnancy and exhibited specimens.

Dr J. W. Browne in the absence of Dr James Moore exhibited the larynx of a case of cut throat.

Richard Ross  
May 30 1877

#### **Session 1876-77.**

##### **30th May Tenth Meeting**

Present Dr Ross (President), Drs Wheeler (Ex-President), Wales and J. W. Browne (Vice-Presidents), Fagan (Treasurer), Whitla (Secretary), McConnell, Coates, (Newett and H. Purdon as visitors). Dr Esler.

Dr Whitla exhibited a patient upon whom the operation of amputation through the hip joint had been performed some 2 years previous.

Dr Whitla exhibited from patient who had worn a tracheal tube 46 years, the trachea and larynx which he had removed after death.

Tracheotomy had been done 46 years previous by Dr H. Purdon who being present as a visitor gave the early history.

Dr Whitla also exhibited a limb removed the same day for disease of knee joint.

George F. Wales

#### **Session 1876 77.**

##### **Annual Meeting Wednesday November 7th 1877**

Present, in the chair Dr Wheeler, Drs Dill, John Moore, Dempsey, Core, McConnell, McKee, Coates, Esler and Whitla.

The Secretary read the report of the Council which was adopted and it was agreed it should be printed and appear in the volume of the transactions.

Arrangements were made for the Annual Dinner and the following office-bearers elected:

Dr Wales, President.

Aickin and J. W. Browne, Vice[-Presidents].

Council: F. E. Beck, W. S. Core, John Moore, A. McConnell, R Esler, S. B. Coates.

F. Fagan, Treasurer.

W. Whitla, Secretary.

George F. Wales

#### **Session 1877-78**

##### **First Meeting.**

The first ordinary meeting of the Society was held in the theatre of the Belfast Royal Hospital on Wednesday evening at 8 p.m. December 5th 1877

Present, Dr Wales (President) in the chair, Dr Browne (J. W.), Dr J. W. Beck, F. E. Beck, Cuming, Dill, John Moore, Fagan, Wheeler, D. Johnston, Speer, Strahan, Spedding, Harkin, O'Malley, Esler, Coates, Dempsey, Whitla, Jefferson, O'Neill, Clements.

A ballot being made, Dr C. Workman was unanimously elected member of the Society.

The President then read his inaugural address.

Dr Wheeler moved and Dr Cuming seconded the resolution of thanks to the President for his eloquent and learned address. The resolution was supported by Dr Dill.

Dr Esler moved Dr Lindsay as a member of Society. Dr Wheeler seconded.

Dr Coates proposed and Dr Whitla seconded Dr Jefferson's nomination as member.

Dr Dill proposed and Dr Esler seconded Dr Clements.

Dr Whitla proposed and Dr Wheeler seconded Dr O'Neill.

Dr Esler gave notice of motion that at next meeting he would move the rescinding of the resolution passed last session concerning the periodicals being left upon the Library table.

Dr John Moore opened the debate on "Alcohol – Is Its Moderate Use Beneficial or Injurious?"

George F. Wales

#### **Second Meeting December 11th 1877**

Present Dr Wales (President), Professor Dill, Cuming, John Moore, MacCormac, Beck snr, McKee, Dempsey, Fagan, Spedding, Strahan, Lindsay, O'Malley, Clements, O'Neill, Coates, Jefferson, David Johnston, Esler, Wadsworth, Whitla, Speer, and about 20 students.

Dr Esler moved the resolution referring to the journals lying on the table for one week previous to circulation be rescinded. Dr Spedding seconded.

Dr MacCormac moved as an amendment that the journals be allowed to remain a few days on the table. Dr Moore seconded this.

The amendment was put and lost, and the motion of Dr Esler was carried by a majority of 10 to 7. The original resolution of last session was consequently rescinded.

A ballot was taken and the following gentlemen were elected members (each unanimously): Dr Jefferson, Dr Lindsay, Dr O'Neill, Dr Clements.

Dr Spedding moved and Dr Dill seconded the nomination of Dr Wadsworth.

The adjoined debate on alcohol was taken up. Drs Cuming and Dill took part and the time of the meeting having expired it was resolved to adjourn until this night week.

George F. Wales

#### **The Third Meeting of the Society (adjourned) was held in the Pathological Museum on Tuesday December 18th 1877.**

Present Dr Wales (President), Dr Wheeler, MacCormac, Dill, Cuming, Beck Snr, John Moore,

Coates, Spedding, Esler, Core, Dempsey, Strahan, Clements, O'Neill, Jefferson, Speer, D. Johnston, Whitla, and a large attendance of students.

Dr Wadsworth was elected unanimously a member of the Society.

The adjoined debate on alcohol was for the third time taken up and the following gentleman took part: Dr MacCormac, Beck Snr, and Dr Wheeler.

Dr Spedding moved and Dr Cuming seconded the adjournment of the debate till Wednesday 2nd January.

G. F. Wales

#### **Session 1877-78.**

#### **The Fourth Meeting of the Society was held in the Museum on Wednesday evening January 2nd 1878.**

The President (Dr Wales) in the chair. Present Drs Aickin and J. W. Browne (Vice-Presidents), Dr Dill, John Moore, Harkin, Dempsey, McKee, Wadsworth, Esler, Jefferson, Strahan, O'Neill, Dr Wheeler, Dr Speer, Core, Whitla, and a considerable number of students.

Drs Esler, Aickin, Whitla, and Speer took part in debate.

The President then put to the meeting the 1st of the Council's resolutions. Twelve voted for this.

When Dr Dill moved as an amendment "That the Society considers the use of alcoholic stimulants in health is not generally necessary" Dr Dempsey seconded this which was put to the meeting and lost.

The original motion was carried by 1 vote "That the Society considers that alcoholic stimulants are unnecessary in health".

Second resolution was withdrawn

Third resolution "That their influence on health is generally hurtful" was carried by a majority of 13 to 1.

Fourth resolution was after considerable discussion withdrawn.

Dr McKee proposed and Dr Whitla seconded the nomination of Dr Anderson

G. F. Wales

#### **The Fifth Meeting of the Society was held on Tuesday January 15th in the Museum.**

Present, Dr Wales (President), Professors Cuming and Dill, Drs Wheeler, Esler, Gribbin, Coates, J. Moore, Speer, Lindsay, Clements, Graham, Strahan, and Whitla.

A ballot was taken and Dr Anderson was unanimously elected a member of the Society.

Dr Dill in a suitable speech proposed and Dr Wheeler seconded the following:

"Resolved That it is with feelings of unfeigned sorrow we have heard of and are this day called upon to record the death of Dr William Stokes of Dublin,

Honorary member of this Society, whose great loss will be long and deeply felt not only by every member but by the profession at large and by the whole community as that of a man of whom it may be justly said, and in the truest sense of the words, that he was a perfect gentleman, an accomplished scholar, a great teacher, and an able physician."

The Secretary was directed to forward a copy of the above to his son.

Dr Whitla (Honorary Secretary) showed the liver and gallbladder of a patient who died from jaundice by obstruction. He also exhibited the uterus and ovaries removed after death, the uterus being filled with small fibroid tumours and the ovary being cystic.

He also exhibited the liver of a patient who had died of hepatic fatty degeneration and Dr Wheeler gave the history of the case.

Dr Cuming showed a drawing and gave a complete history of a case where death followed a rupture of the ovary in a young woman.

After a lengthened conversation upon the above specimens, it was agreed as the usual time of the meeting had transpired that Dr Esler should read his paper next night.

George F. Wales

#### **The Sixth Meeting of the Society was held in the Museum of the Hospital on Tuesday January 29th.**

Present Dr Wales (President), Professor Dill, Dr Harkin, McConnell, Lindsay, Graham, Jefferson, Dempsey, Esler, Spedding, Wadsworth.

Dr Harkin exhibited a patient labouring of chronic psoriasis of many years standing treated by the local application of Chrysophanic acid with beneficial results.

Dr Whitla also showed a patient upon whom he was trying the acid; on one side of the body.

Dr Esler read a paper upon the disposal of the dead. After some discussion upon Dr Esler's paper he gave notice that on following night he would move "That believing the custom of wearing shoulder scarves by medical men at funerals to be objectionable we resolve as far as we can to discountenance the practice".

The Secretary read the following letter which he had received from Mr Stokes of Dublin:

5 Merrion Square N., Dublin  
January 21st 1878

To W. Whitla, Esq. M.D.

Dear Sir, I am in receipt of your kind favour of the 18th inst enclosing a copy of a resolution adopted by the Ulster Medical Society at the last meeting. Will you convey to the members of your Society how deeply I feel their thoughtful kindness in sending me so signal a proof of the esteem in which they held my

late father and assure them of my gratitude for their friendly sympathy.

I remain, Dear Sir, faithfully, W. Stokes  
PS I have no objection whatever to the resolution being printed with your ordinary transactions.

G. F. Wales

**The Seventh Meeting of the Society was held in the Museum of the Hospital on Tuesday February 12th 1878.**

Present Dr Wales (President), Professor Dill, Drs Wheeler, Gribbin, Moore, Graham, Coates, Esler, Speer, Core, Spedding, Dempsey, Whitla, Jefferson, McKeown.

Dr Esler moved "That believing the custom of wearing shoulder scarves by medical men at funerals to be objectionable we resolve as far as we can to discountenance the practice".

Dr John Moore seconded this but objected to a paragraph being placed in the newspapers embodying the resolution.

Dr Wheeler, though agreeing with the motion, did not see his way to have the Society move publicly in the matter. He strongly recommended the resolution to be withdrawn.

Professor Dill agreed with Dr Wheeler.

Dr McKeown spoke strongly against the habit of wearing shoulder scarves as degrading to the profession as it classed them with [Case-men?] and labourers.

Dr Dill reminded Dr McKeown that the scarf was always presented to medical men as badges of respect.

Dr Spedding objected to the matter being taken up by the Society publicly. He thought that no steps should be taken till all the clergy of all the denominations should be asked to meet the Society.

Dr Core supported the motion, pointing out the fact that these scarves were for display and if abolished would eventually prevent medical men being asked to attend funerals.

Dr Speer agreed with the spirit of the motion.

Dr Strahan expressed himself satisfied with the course of the Society interfering in the question.

Dr Coates agreed with the motion but strongly dislike the idea of publishing.

Dr Graham agreed with the motion. He thought the scarf was given for display and not through any respect to the profession.

Dr Gribbin thought that the wearing of the scarf was not a mark of respect to the medical man but an advertisement that the patient had slipped out of his hand. He thought with Drs Wheeler and Dill that it was hard to refuse the patient's friends. He thought the matter should be let drop. We have no power to

interfere.

Dr Wales' own personal feeling was that he should like to say that he personally objected and that he was also at liberty to say that if he wore the scarf he did it under protest.

Dr Spedding moved as an amendment that "We take no public action in the matter without first asking the clergy of the various denominations to confer with us in this matter, and if the conference approve of it that we act conjointly and advertise it in all the local papers". This was seconded by Dr Wheeler, put to the meeting and lost.

Dr Dill after asking Dr Esler to withdraw his motion proposed as an amendment "the previous question". This was seconded by Dr Wheeler, put to the meeting and lost.

Dr McKeown moved as an amendment that the words "by medical men" should be struck out in Dr Esler's motion. This was put and lost.

Dr Esler's motion was then put and carried but no authority was given for the matter to be published in our newspapers.

Dr Wales then open up the 2nd question on the paper, i.e. the retrenchment of expenditure. He regretted the absence of the Treasurer but laid the financial state of the Society before the meeting and urged them to consider the advisability of considering some method to cut down the expenditure.

After a long debate the recommendation of Council was read by the Secretary and Dr Core moved and Dr Jefferson seconded the dismissal of the messenger as the only way to cut down the expenditure. This was put to the meeting and carried, 8 for the motion and 3 against. It was decided the messenger should get 3 month's notice.

Some conversation take place regarding the Library and it was agreed to refer the matter to Council for their report at next meeting.

G. F. Wales

**Eighth Meeting February 26th 1878**

Present Dr Wales (President), Drs Fagan, Core, Coates, Dempsey, Esler, Jefferson, D. Johnson, and Whitla (Secretary).

The Council report on the Library question was entered upon and Dr Core was requested to act as librarian which he kindly agreed to do.

The question of remuneration to Captain Cox was fully entered into, also the statement of Council, and on the motion of Dr Coates, seconded by Dr Whitla, the meeting resolved to give £10 to Captain Cox for his services.

Dr Core was unable to read his papers.

Dr Fagan could not produce his patient.

George F. Wales

**Ninth Meeting of the Society March 12th '78**

Present Dr Wales, President, Drs Dill, Esler, Dempsey, Speer, Lindsay, Fagan, Whitla.

Dr Dill proposed and Dr Fagan seconded the following resolution: "That this Society at its first meeting since the death of Surgeon H. M. Johnston, one of the oldest members and most esteemed ex-president, desires to put on record its sense of loss by this sad event, and to express its sympathy with his relatives in their bereavement, and further that the Honorary Secretary be requested to send a copy of this resolution to the Rev. William Johnston, brother of the deceased".

Dr Fagan introduced a patient upon whom he performed the operation of sub-periosteal resection of the ulna.

Dr Whitla showed a specimen [of] the forearm and hand, the seat of large recurrent fibro-nucleated growth; and exhibited under the microscope its structure.

Dr Dill read a paper upon Version Versus Forceps.

George F. Wales

**Tenth Meeting of the Society was held on Tuesday March 26th 1878.**

Present, Dr Wales (President), Drs Murney, Moore, Fagan, Workman, Esler, Browne, Whitla.

Dr Whitla read a letter from Rev. William Johnston thanking the Society for their kind letter of condolence.

Dr Murney exhibited a lower extremity removed through upper third of femur for compound comminuted fracture.

Dr Fagan exhibited a large urethral calculus removed from a patient. Also a knee joint for which he performed the operation of amputation through the thigh.

Dr Murney moved that the Secretary be instructed to procure from the Clerk of the Crown a copy of the charge against, and the punishment inflicted upon, Dr O'Hare at the Spring Assizes of 1878 (Belfast).

He also gave notice that he would move at next meeting that the said document should be forwarded to the Branch Medical Council for their consideration. The first resolution was carried unanimously (2nd by Dr John Moore).

The time of the meeting having expired it was agreed that Dr Dill be requested to postpone his paper till next meeting on the condition that it should be the first business transacted.

John Moore

**Eleventh Meeting April 9th Tuesday**

Present Dr Wales (President), J. W. Browne M.D. Vice-President, Dr Dill, John Moore, Fagan, O'Malley,

Dempsey, McConnell, Esler, Speer, Workman, Whitla Honorary Secretary.

Dr Fagan exhibited two patients, one with cervical spinal disease treated by jury-mast apparatus of Sayre's, the other with dorsal spinal disease treated by Sayre's ordinary plaster jacket.

Dr Dill read a paper upon "Gastro elytotomy and ablation of the uterus as substitute for the caesarean section".

In reference to Dr Murney's motion on the paper for the evening the Secretary explained that in accordance with the resolution of last night of meeting he called upon the deputy Clerk of the Crown who advised the Society not to press him for a copy of the charge and verdict against Dr O'Hare.

He also informed the Secretary that the secretary of the Branch Medical Council had obtained the document and would very likely take action in the matter as he presumed he intended laying it before the Branch M. Council.

This explanation was considered very satisfactory and in the absence of Dr Murney Dr John Moore withdrew the motion.

George F. Wales

**Twelfth Meeting of the Society was held April 30th Tuesday at 8 p.m. in the Museum of the Belfast Royal Hospital.**

Present Dr Wales (President), J. W. Browne, Fagan, Dempsey, Whitla, O'Malley, Kirker (visitor) and D. Johnston. Several students.

Dr Whitla showed specimen of diseased lungs and cancer of liver.

Dr J. W. Browne showed 3 patients upon whom he operated for contracted knee joint successfully.

G. F. Wales

**Thirteenth Meeting May 28th '78**

Present Dr Wales (President) in the chair, Dr James Moore, Dr Dempsey, Dr Core, Dr Clarke and Dr J. W. Browne ([?]), McKeown, Dr John Moore.

Dr Core brought forward a specimen of cystic disease of the chorion. He supposed pregnancy had been accompanied by profuse bleeding at several periods. The "mole" had extruded at the end of the fourth month.

Dr J. W. Browne brought forward a specimen of un-united fracture of the femur in the lower third in which the union was prevented by a mass of muscular tissue.

Dr Clarke presented for Dr Fagan a specimen of malignant epulis which he had removed from the upper jaw.

Dr McKeown related the history of a case in which a set of artificial teeth been lodged in the pharynx and

which he removed by the operation of orophagotomy.

Dr Dempsey read notes of a case of double vagina and uterus where labour was accomplished by Simpson's long forceps.

Dr Core was appointed Treasurer in place of Dr Fagan, resigned.

Dr Browne proposed a vote of thanks to Dr Fagan, seconded by Dr John Moore.

Alexander Harkin, President

### **Annual Meeting Session 1878-79**

Present Dr Wales in the chair, Dr Wheeler, Core, Esler, Dempsey, Anderson, Browne, Moore, McKee, Wadsworth, Speer, Graham, McKeown, Workman, Aickin, Browne, Dill, Whitla.

The minutes of previous meeting (annual) having been read the following office bearers were elected:

Dr Harkin: President

McKeown and Browne: Vice-Presidents

Council [votes]: Wheeler (14), Cuming (9), Fagan (8), Smith (7), Moore (7), Anderson (7).

Treasurer: Dr Esler.

Librarians: Core and O'Neill.

Pathological Secretary: Dr Workman

Honorary Secretary: W. Whitla.

Drs Graham and Dempsey: Auditors.

Thursday November 21st was fixed as the day. Drs Dill, Murney, Moore, Wales, Treasurer and Secretary were appointed to act as a Dinner Committee. The Imperial Hotel was arranged to be the place.

A. Harkin, President

### **First Meeting of the Session was held in the Royal Hospital on Tuesday 28th November 1878**

Present Dr Wales (Ex-President), Dr Harkin (President), Professor Dill, Dr Aickin, O'Neill, Esler, Core, Dempsey, Whitla.

Dr Wales after introducing the President, Dr Harkin, in a suitable speech, vacated the chair which the President occupied.

A ballot was taken and Drs Clarke and Riddell were elected members.

Dr Young proposed by Dr Whitla seconded by Dr O'Neill was nominated as member.

Dr McKenzie proposed by Dr Esler seconded by Dr Wales, Dr Withers proposed by Dr Esler seconded by Dr Wales, were proposed as members.

Dr Whitla, the Honorary Secretary, was directed to obtain a copy of the Register and Directory for 1879.

Dr Harkin then with some preliminary remarks,

read his opening address choosing his subject "The milk feeding of infants".

(Dr Wales thanked the President and was about to reply to the subject of the paper when Dr Wales [sic] proposed that the meeting be adjourned and Dr Dill seconded this.)

A vote of thanks was proposed by Dr Wales and seconded by Professor Dill to the President for his able and interesting address.

Proposed by Dr Wales seconded by Dr Dill that the remarks of the President's paper be postponed till that night week.

A long conversation took place regarding the publishing of the President's address and it was agreed that the President be requested to furnish the manuscript for publication in the Dublin Medical Journal.

### **Second Meeting Alexander Harkin president**

#### **The adjourned first meeting was held in the Museum upon Thursday December 5th.**

President Dr Harkin in the chair, Dr Wales, Professor Dill, McConnell, Esler, Core, J. W. Browne, Lindsay, Workman, Dempsey, Riddell, Whitla.

Drs Young, Mackenzie and Withers were elected members of the Society.

Dr J. W. Browne proposed and Dr Esler seconded the nomination Dr John Rea.

Dr Wales opened the discussion upon the milk feeding of infants, and was followed [by] Professor Dill, Dempsey, McConnell, Riddell, Core, Lindsay, Esler, Workman and J. W. Browne.

Upon the motion of the Honorary Secretary the debate was adjourned for a fortnight.

Alexander Harkin, President

### **Third Meeting held in Hospital December 17th 1878**

Present Dr Harkin, John Moore, Dempsey, Core, Fagan, Clarke, Wadsworth, Riddell, Workman, Esler, Whitla, Professor Dill.

Dr John Rea was unanimously elected a member of the Society.

Dr Whitla opened the discussion upon the milk feeding of infants. Dr John Moore followed and Dr Fagan. The President replied.

George F. Wales

### **Fourth Meeting January 7th 1879**

Present Dr Wales Ex-President in the chair, Dr Riddell, Esler, Core, Workman, Anderson, Wadsworth, Whitla, and many students.

Dr Riddell read a paper upon "Croton Chloral and Amyl Nitrite with notes of several cases treated by these remedies".

Dr Whitla exhibited patients and showed

microscopic specimens of Trichorexis or the so-called new disease of the hair, illustrating the subject by drawings etc.

Alexander Harkin

**First Meeting of the Society was held upon January 21st Tuesday 1879**

Present Dr Harkin President, Dr Wales Ex-President, Dr Browne Vice-President, Dr John Moore, Dr Workman, Esler, Clements, Anderson, Dempsey, Mackenzie, Lindsay, D. Johnston, Whitla Honorary Secretary, O'Neill, and Clarke.

Dr Esler read notes of a case of postpartum haemorrhage treated by the injection of hot water.

Dr J. W. Browne showed a specimen of extra-capsular fracture of humerus, of fracture of femur, of a femur eroded by an aneurism of popliteal artery, 2 specimens of the os calcis removed for disease.

Alexander Harkin

**The Sixth Meeting February 11th 1879**

Present Dr Harkin, Wales, Workman, Anderson, Fagan, McKenzie, Withers, O'Neill, Clements, John Rea, J. Browne, Dempsey, Esler, Dill, and Whitla, and many students.

Dr Anderson showed the following specimens ...

Dr J. W. Browne showed upon a model his method (Spence's) of treating fracture of the patella, and give cases. He showed upon the model the objections to Maligne's hooks and other methods.

He showed Martin's elastic bandages for the treatment of varicose ulcer of the legs, and commented upon its action and detailed cases.

**The Seventh Meeting February 25th 1879**

Present Dr Harkin President (in the chair), Drs Wales, Moore, Workman, Dempsey, Withers, Wadsworth, McKeown, Mckenzie, Dill.

Dr McKeown exhibited a patient from whom he had removed a large nasal tumour through the antrum of Highmore.

Alexander Harkin M.D.

**The Eighth Meeting of the Society March 11th 1879**

Present Dr Harkin, Dr Dill, Dempsey, O'Malley, Withers, Workman, Whitla.

Dr Dempsey read a paper upon catarrhal pneumonic phthisis.

William Aickin M.D.

**Ninth Meeting March 25th 1879**

Present Dr Aickin, Dr Wales, Professor Dill, Workman, Dempsey, Fagan, Withers, Rea, Mckenzie, Esler, Whitla, Harkin President, Dr Young, Speer, and many students.

Dr Whitla exhibited a patient with a stricture of gullet of 5 years standing following sulphuric acid poisoning.

Professor Dill showed a specimen of large fibroid tumour removed from the uterus. He detailed the operation and gave the history of the case.

Dr Workman, Pathological Secretary, showed microscopic specimens of the above tumour.

In the absence of Dr Smith, a cancerous stomach was exhibited.

Dr Fagan showed a specimen of loose cartilage from the knee joint. Also the head of the humerus removed in excision.

Dr Young showed for Dr O'Neill a specimen of stenosis of the aorta.

Alexander Harkin, President

**Tenth Meeting Wednesday 23rd April 1879**

President Dr Harkin, Professor Dill, present Dr John Moore, Dr Aickin, Dr J. W. Browne, Dr D. Johnston, Dr O'Neill, Dr Esler, William Whitla.

Dr Dill read a paper upon "Some general considerations on the forceps and a few remarks on the use of this instrument in modern obstetric practice".

Alexander Harkin, President

**Eleventh Meeting Tuesday 12th May 1879**

Present Dr Harkin President in the chair, Dr John Moore, Professor Dill, Dr Wales, Dr Dempsey, Dr Withers, Mr Fagan, Dr Esler, Dr Workman, Dr Wadsworth, Dr Clarke, and a number of students.

Mr Fagan exhibited an enchondroma he had removed from the shoulder of a patient in Royal Hospital.

Dr Gilbert-Kirker (visitor) read a paper on his experience in surgery in the Russo-Turkish war.

**Annual Meeting November 11 1879**

Present Dr Harkin President, Dr Wales, Dr J. W. Browne, Dr John Moore, Clements, Core, McConnell, Dempsey, Withers, Workman, Mckenzie, Whitla Honorary Secretary.

Minutes of former meeting having been read, the Secretary read the report of Council and also the report of Honorary Treasurer (who was absent) which showed a balance of £56 in favour of the Library.

Dr Core reported upon the condition of the Library.

The three reports were then passed.

On the motion of Dr Whitla seconded by Dr Wales Professor Dill was unanimously elected President for the ensuing year.

Dr Whitla was unanimously re-elected Honorary Secretary.

Dr Esler's resignation was read by the Honorary Secretary but it was the unanimous wish of the Society that he remain in office.

Dr Core was re-elected Librarian and Dr Clarke assistant Librarian.

Dr Workman was re-elected Pathological Secretary.

The following gentlemen (votes) were elected Council:

Dr Wales (12), Dr Moore (10), Dr Dempsey (10), Dr McConnell (8), Dr Clements (8), Dr McKeown (7).

Dr Moore proposed the usual vote of thanks to the office bearers.

Thursday November 27th was fixed for Annual Dinner.

The Honorary Secretary asked for instructions regarding the gentleman mentioned in the Treasurer's report whether he should notify him to attend meetings etc and it was resolved as he was not a member of the Society that no notice be taken of him.

R. F. Dill, President

#### **The First Meeting of the Session 1879-80 November 2nd**

Present Professor Dill M.D. President, Dr Harkin Ex-President and Dr J. W. Browne Vice-President, Professor Cuming, Drs Dempsey, Clements, McKee, Withers, O'Neill, Fagan, Wales, John Moore, McConnell, Workman, Esler, Kevin, Wadsworth, Whitla Honorary Secretary.

Drs Kevin and Henry Burden were elected members of the Society.

The President delivered his inaugural address.

Upon the motion of Dr Harkin seconded by Dr Wales the thanks of the meeting were conveyed to the President. It was resolved that the address be printed with the transactions.

The question of it being published in the local papers was discussed and on being put to the meeting it was decided not to publish in the daily papers.

R. F. Dill, President  
16th December 1879

#### **Second Meeting December 16th 1875**

Present Professor Dill President, Dr J. W. Browne and Dr Fagan, Core, Esler, Dempsey, McKee, Wales snr. and jnr., Clements, Mackenzie, Graham.

Dr Whitla proposed Dr Frederick Wales, the President seconded his nomination.

Dr Whitla proposed Dr Crossle (Newry) and Dr Clements seconded; Dr Esler proposed and Dr Dill seconded Dr McHarry who were elected unanimously.

Dr Browne showed an ovarian cyst removed from a patient.

Dr McKee a thoracic aneurism.

Dr Clement showed a patient the subject of an encysted hydrocoele of the cord.

Dr Whitla reported a successful case of herniotomy.

Dr Browne read an interesting paper upon several cases of unusual hernia.

John Fagan, Chairman

#### **The Third Meeting was held upon December 30th 1879**

Present Professor Dill M.D., Dr Fagan, Dr J. W. Browne, Dr John Moore, McConnell, Dempsey, McKee, Withers, Mackenzie, Clements, Speer, Esler, Workman, and Whitla. O'Malley, O'Neill.

Dr Speer withdrew his paper upon "Medico-legal evidence at coroner's inquests".

The Code of Ethics, Table of Fees and Rules of the Society as revised and altered by Council were submitted to the meeting and after discussion some slight alterations were made and it was agreed to have [them] reprinted immediately and bound with the transactions.

R. F. Dill, President

**A CODE OF MEDICAL ETHICS**  
AS DRAWN UP AND ADOPTED BY  
THE ULSTER MEDICAL SOCIETY  
1880

SECTION I.  
DUTIES OF PHYSICIANS TO THEIR PATIENTS.

*A Physician should ever remember that the health and safety of his 'patients depend materially upon his assiduity and skill; and should also study to unite kindness with firmness, being courteous while exercising due authority.*

1. – Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; the obligation of the former extends beyond the period of professional services. None of the privacies of personal and domestic life – no infirmity of disposition or flaw of character, observed during professional attendance – should ever be divulged, except when such disclosure is imperatively required.
2. – All unnecessary visits are to be avoided – yet the patient is not to be abandoned because the case is deemed incurable; and, while a Physician should not be forward to make gloomy prognostications, he must not esteem any case of too trivial importance; nor should he fail to embrace the opportunity, which he not unfrequently enjoys, of promoting and strengthening the good resolutions of his patients.

SECTION II.  
DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

*There is no profession from the Members of which greater purity of character and a higher standard of moral excellence are required than the Medical; nor can any scientific attainments ever compensate for the want of correct moral principles. It is, therefore, incumbent on its Members that they should be*

1. – Temperate in all things – the practice of Physic requiring the unremitting exercise of a clear and vigorous understanding.
2. – Members should avoid, in the presence of non-professional persons, all remarks reflecting on the character of the profession, or those engaged in it.
3. – No Member should resort to public advertisements (except in case of removal), to the issuing of private cards or hand-bills, offering advice and medicine to the poor gratis, nor publish reports of cases or operations in the daily prints, nor suffer

such to be made; he should not invite laymen to be present at operations, or boast of cures and remedies. Such is the ordinary practice of Empirics, and highly derogatory to the dignity of the profession.

4. – No Member should give testimonials in favour of any patent or proprietary medicines, or in any way recommend their public use.
5. – No Member should enter into compact with a Druggist or Apothecary to prescribe gratuitously, and, at the same time, share in the profits arising from the sale of the medicines.

SECTION III.  
DUTIES OF PHYSICIANS TO EACH OTHER.

*In cases of personal affliction, medical men are peculiarly dependent on each other; and kind offices and professional aid should always be cheerfully afforded; therefore,*

1. – All Practitioners, with their wives and children, are entitled to the gratuitous services of any one or more of the faculty residing near them; if called to a distance, expenses should be paid.
2. – When, during sickness, affliction, or absence from home (not exceeding one month), one Practitioner has entrusted the care of his practice to a professional friend, the latter should not make any claim on the former, or the patient, for his services; but should, in all things, be the *locum tenens* of the absentee, save in cases of Midwifery, not previously arranged for.
3. – When a medical man has officiated, for another, and the ordinary Practitioner has resumed his exclusive attendance upon the case, the former shall, on no pretext, make friendly calls upon the patient, without the consent of the ordinary medical attendant.
4. – A Physician, being a friend of the family, should avoid visiting when aware that any member of the family is under the care of another medical man.
5. – When a Practitioner is called on an emergency by a family usually attended by another, he should, when the emergency is provided for, meet the ordinary Practitioner, and, after one consultation, resign the case into his hands; but is entitled to charge the family for his services.
6. – When a Practitioner is consulted by a patient whom he has previously attended as the officiating friend of another, he should decline visiting, unless the patient has determined on changing his medical attendant; and if so, he will be justified in taking charge – intimating, *in all cases*, the same to the former attendant.

7. – When a Practitioner is called to attend at an accouchement for another, he should in all cases, but the one provided for in Rule 2, Section III., be entitled to receive a fair proportion of the fee; and when the delivery is completed, or the arrival of the pre-engaged accoucheur, he should resign the further management of the case, unless with the consent of the ordinary attendant.

SECTION IV.  
DUTIES IN REGARD TO CONSULTATION.

*A Physician who is called upon to consult should observe the most honourable and scrupulous regard for the character and standing of the Practitioner in attendance. No hints or insinuations are to be thrown out by the Consulting Physician; and he should also refrain from any extraordinary attention or assiduity for the purpose of gaining applause, or ingratiating himself into the favour of families or individuals.*

1. – No Member should, on any pretext, meet in consultation persons practising medicine who do not possess a legal qualification.
2. – When two Practitioners attend in consultation, and the period of meeting having been fixed, one of the two neglect's punctuality – thus wasting the time of the other – the latter shall be expected to wait ten minutes, and may then visit the patient, provided a note or message be not sent.
3. – In consultations, the attending Physician should introduce the consultant, and, if necessary, be the first to examine the patient; and the ordinary attendant should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. No opinions or prognostications should be delivered which are not the result of previous deliberation or concurrence; and all discussions being held as confidential, neither by words or manner should any of the parties assert or insinuate that any part of the treatment pursued did not receive his assent; the responsibility must be equally divided, and the consultant should hold no conversation with the patient or his friends with reference to the case, except in the presence of the usual attendant.
4. – When a Practitioner takes charge of a case for his friend, and it appears necessary to change the treatment, it should be done with the most scrupulous care, so as to avoid reflecting on the previous management.
5. – When a Practitioner is called to a patient already under the care of another medical man, he should not interfere, unless in case of decided emergency, but

should request a consultation with the latter. Should a consultation be declined by the patient, the Practitioner last called in will be justified in taking charge of the case – a communication to that effect having been made to the former attendant, and his fees paid.

6. – A consultant has no claim to be regarded as a regular attendant on the patient, and his attendance ceases after each consultation, unless otherwise arranged. The patient, therefore, or the Practitioner, is quite at liberty to call in another consultant, without the cognizance of the former, provided no appointment then exist; but in this, as in all other cases, remembering the position in which the consultant is placed, it becomes the duty of the ordinary attendant to see that the *honorarium* be not neglected.

SECTION V.  
ON THE ADJUDICATION OF DISPUTES.

*Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of the Council, which shall act as a COURT MEDICAL, with the distinct understanding that neither the subject-matter of such differences, nor the adjudication thereupon, shall be made public – as publicity in a case of this nature may be personally injurious to the parties concerned, and can hardly fail to bring discredit on the profession,*

**MEDICAL FEES**

The following Tariff has been adopted by the Ulster Medical Society, and is intended to indicate the minimum of remuneration to which any Practitioner is entitled, whatever be his professional rank, or the extent of his practice. It is expected to be especially valuable for the guidance of junior Practitioners, and as a reference in disputed charges. Those Members of the Profession whose extensive practices make their time specially valuable are not supposed to be guided by these fees. In the following table patients are divided into three Classes, the basis of division being the rent of their residences.

	RENTAL.
CLASS I.	£10 – £25.
II.	£25 – £50.
III.	£50 – £100.
	[IV. is "Above Class III"]

**TABLE OF FEES**

	CLASS			
	I.	II.	III.	IV.
<b>Single Visit</b> , in ordinary course inside the Borough, ... ..	2s. 6d.	5s.	10s. 6d.	21s.
<b>Special Visit</b> , That is, on an urgent message, or when the visit has been requested after the practitioner has commenced his daily rounds. ....		A visit and half.		
<b>Night Visit</b> , that is, from 11 P.M. till 7 A.M. ....		Two visits.		
<b>Seaside Visits</b> , according to time and distance,				
<b>Detention</b> of more than half an hour at patient's desire or from urgency of case, ... ..	2s. 6d.	5s.	10s.	
<b>Advice</b> at Practitioner's Residence, ... ..		Same as visit.		
<b>Letters of Advice</b> , ... ..		Same as visit.		
<b>Attendance on Servants</b> , If employer be responsible, ... ..	2s. 6d.	5s.	10s. 6d.	
If Servants pay for themselves, ... ..	Charge according to Class I. or II.			
<b>Visit or Advice</b> , of ordinary attendant with a consultant, ... ..		Two visits.		
<b>Consultant's Fee</b> , ... ..	Not less than 21s., unless with the consent of the Practitioner previously in attendance.			
<b>More than one</b> Patient in a House, If head of family be responsible, ... ..	Half visit for each additional patient.			

If not, ... ..		Full charge.
<b>Simple Certificate</b> , ... ..		One visit.
<b>Lunacy Certificate</b> , ... ..		10s. 6d-42s.
<b>Certificate of Death</b> , if Person insured, to be paid by persons interested in policy, ... ..		21s.
<b>Ordinary Midwifery</b> Case (attendance beyond nine days to be charged for extra), ... ..	21s.	21s-63s. 42s-105s.
Below Class I, ... ..		10s. 6d.
<b>Difficult or Protracted</b> Labours, ... ..		An extra charge.
<b>Midwifery Consultant</b> , ...		Same for as first attendant.
<b>Vaccination</b> by regular attendant, ... ..		By number of visits.
<b>Vaccination</b> by other than the regular attendant, ... ..		One and a half the visits.

**LIST OF MEMBERS, JANUARY, 1880**

WITH THE DATES OF THEIR JOINING THE SOCIETY.

- 1877 – Anderson, R. J., M.A., M.D., M.Ch. (Q.U.I.)  
1836 – Andrews, Prof. T., M.D. Edin., L.R.C.S.Ed., F.R.S.  
1872 – Aickin, W., M.D. (Q.U.I.), M.R.C.S.E., L.A.H.D.
- 1868 – Ball, T., L.R.C.P.Ed., L.A.H.D.  
1868 – Beck, F. E., M.R.C.P.Ed., L.R.C.S.Ed., L.A.H.D.  
1843 – Beck, J. W., M.D. Glas., M.Ch., L.A.H.D.  
1868 – Browne, J. W., B.A., M.D. (Q.U.I.), M.R.C.S.E.  
1842 – Browne, S., M.R.C.S.E., L.K.&Q.C.P.I.
- 1866 – Cantrell, T. J., L.A.H.D.  
1878 – Clarke, Jas., M.D., M.Ch. (Q.U.I.)  
1877 – Clements, R., M.D., L.R.C.S.Ed.  
1875 – Coates, S. B., L.R.C.P.&S.Ed.  
1856 – Cuming, Prof. J., M.A., M.D. (Q.U.I.),  
F.K.&Q.C.P.I.  
1872 – Core, W. S., M.D. (Q.U.I.), L.R.C.S.Ed.
- 1875 – Dempsey, A., M.D. (Q.U.I.), L.R.C.S.I.  
1841 – Dill, Professor R. F., M.D. Glas., M.R.C.S.E.  
1846 – Drennan, J. S., M.D. Dub., L.R.C.S.I.
- 1875 – Esler, R., M.D., M.Ch. (Q.U.I.)
- 1867 – Fagan, J., F.R.C.S.I., L.K.&Q.C.P.I.  
1862 – Ferguson, H. S., M.R.C.S.E., M.D. Glas.
- 1843 – Gordon, Professor A., M.D. Edin., L.R.C.S.Ed.  
1877 – Graham, J. M.D., M.Ch. (Q.U.I.)  
1862 – Gribbin, E. D., L.F.P.&S.Glas., L.A.H.D.,  
L.R.C.P.Ed.
- 1841 – Harkin, A., M.D. Aber., M.R.C.S.E., L.A.H.D.
- 1867 – Johnston, D., M.D. (Q.U.I.), M.R.C.S.E.
- 1879 – Kevin, Chas.: M.D., M.Ch. (Q.U.I.)
- 1875 – Merrick, A. S., M.D. (Q.U.I.), L.R.C.S.Ed.,  
L.A.H.D.  
1857 – Moore, John, M.D. (Q.U.I.), M.R.C.S.E.  
1845 – Moore, J., M.D. Ed., M.R.C.S.E.  
1845 – Mulholland, C., M.R.C.S.E., M.D. Aber.  
1847 – Murney, H., M.D. Ed., M.R.C.S.E.  
1871 – M'Connell, A., L.R.C.S.&P. Ed.  
1828 – MacCormac, Henry, M.D. Ed., L.R.C.S.Ed.  
1874 – M'Kee, S., M.D. (Q.U.I.), M.Ch.  
1871 – M'Keown, W. A., M.D., M.Ch. (Q.U.I.)  
1847 – M' Cleery, J. C., L.R.C.S.I., L.A.H.D.  
1878 – M'Kenzie, W., L.R.C.P.&S.Ed.  
1877 – O'Malley, M., M.D., M.Ch. (Q.U.I.)
- 1877 – O'Neill, H., M.D., M.Ch. (Q.U.I.)
- 1859 – Pring, R. W., L.A.H.D.  
1855 – Purdon, C. D., F.R.C.S.I., M.B. Dub.
- 1878 – Rea, John, L.R.C.P.&S.Ed., M.B. St. And.  
1839 – Reid, Prof. J., M.D. Ed., L.R.C.S.Ed., L.S.A.L.  
1858 – Ross, R., M.D. St. And., L.R.C.S.I.
- 1848 – Smith, J. W. T., M.D. (Q.U.I.), L.R.C.S.I.  
1861 – Smyth, B., M.R.C.S.E., M.B., M.Ch. Dub.
- 1849 – Smyth, J., L.R.C.S.I.  
1877 – Speer, W. S., M.D., M.Ch. (Q.U.I.)
- 1877 – Wadsworth, Chas., L.R.S.&P.Ed.  
1866 – Wales, G. F., L.F.P.&S.Glas., M.D. Aber.,  
F.R.C.S. Ed.  
1879 – Wales, Fredk., M.D., M.Ch. (Q.U.I.)  
1816 – Wheeler, T. K., M.D. (Q.U.I.), L.R.C.S.Ed.,  
L.A.H.D.  
1858 – Whitaker, H., M.D. (Q.U.I.), M.R.C.S.Ed.,  
L.A.H.D.  
1878 – Whitla, W., M.D. (Q.U.I.), L.R.C.S.Ed., L.A.H.D.,  
L.R.C.P.Ed.  
1878 – Withers, Thos. J., M.D., M.Ch. (Q.U.I.)  
1877 – Workman, Chas., M.D., M.Ch. (Q.U.I.)

**RULES OF THE  
ULSTER MEDICAL SOCIETY**

I. – *Name and Objects.* The Society shall be called “The Ulster Medical Society,” whose object shall be to afford its members increased facilities of consulting the best medical works and periodicals by means of the library; of deriving mutual instruction on medical subjects, by means of its discussions and its Pathological Museum; and, as a collective body, protecting the interests of the Medical Profession.

II. – *Members.* The Society shall consist of Ordinary Members, Resident, and Honorary Members.

III. – *Qualifications.* The qualifications of all candidates proposed as members of this Society shall be laid on the table previous to balloting, with the exception of those whose names appear in the “Medical Register.”

IV. – *Election.* A Candidate for membership shall be proposed by two members at one meeting of the Society, and balloted for at the next, one black bean in five to exclude; and prior to ballot, his subscription for the current year shall be paid; if excluded, the money to be returned.

V. – *Life Members.* That when a Resident Member shall have subscribed for a period of 20 years without intermission to the Belfast Medical Society alone, or to the Belfast Medical Society in the first instance, and afterwards to the Ulster Medical Society, or to the Ulster Medical Society alone, he shall become a life member.

VI. – *Subscription.* The subscription shall be One Guinea, and payable in advance. The Society’s year shall commence on the 1st November.

VII. – *Honorary Members.* Honorary Members shall be elected only at the stated Annual Meeting; the names of Candidates to be entered on the minutes at least one month previously, and proposed by four members. When elected, they shall be free to all the privileges of membership, except share in the property, without subscription, and in the ballot for Honorary Members one black bean in 10 shall exclude.

VIII. – *Rejected Candidates.* No person who has been rejected shall be proposed again within six months.

IX. – *Inability to Ballot.* That no member can ballot for a person proposed to be a member, if he has not paid his subscription for the current year.

X. – *Officers.* The officers of the Society shall consist of a President, two Vice-Presidents, a Secretary, two Librarians, a Treasurer, and a Pathological Secretary, and a Council of Six Members, all to be elected annually by a majority of votes, and after expiration of office eligible for re-election. The outgoing President to be *ex-officio* Member of Council.

XI. – *Annual Meeting.* The Society shall be specially summoned to meet on the first Tuesday in May, to transact the business of the Annual Meeting, which shall embrace the following subjects: – 1. The Report of the Council. 2. The Report of the Auditors. 3. The Election of the New Office-Bearers. 4. The transaction of such other business as may come before the Meeting.

XII. – *Duties of Office-Bearers and Council.* The duties of the Office-Bearers and Council shall be to make all the necessary preparations for the meetings, to examine the contributions of members, and select for reading such as may be eligible; to report, by the aid of Sub-Committees, upon any morbid specimens which may be forwarded by members, or examination of which may be specially requested by a vote of the Society; to conduct the financial and ordinary business of the Society; to make bye-laws and other regulations not provided for in the stated laws of the Society; to report at the Annual Meeting upon all the proceedings of the session, and draw up the Annual Transactions.

XIII. – *Duties of the Secretary.* The Secretary shall keep a record of minutes, enter the cases and notices received, or remarks furnished, in their respective books, and summon and attend all meetings of the Council and Society.

XIV. – *Duties of the treasurer.* The Treasurer shall keep an account of all receipts and disbursements, and furnish his financial statement at the close of the year, and whenever required by a vote of the Society.

XV. – *Meetings.* THE ULSTER MEDICAL SOCIETY shall meet at their rooms on every Tuesday Evening, at Eight p.m., from November till May; then the First Tuesday in every month during the remainder of the Session.

XVI. – *Business of the Meetings.* The ordinary sittings shall be limited to one hour, but may be extended at the discretion of the President; five members to form a quorum. On the first Tuesday of each month any business may be introduced without notice having been previously given. In the event of a division on any subject, the chairman shall have, in addition to his ordinary vote, a casting one in case of equality. The following shall be the order of proceeding: –

a. The chair to be taken by the President; if he is absent, by one of the Vice-Presidents – if possible, in rotation.

b. Announcements from the Council.

c. The proposal of candidates and election of new members.

d. The following, in such order as the Council may direct: –

1. The Exhibition of or Patients Morbid Specimens.

2. The results of Microscopical and Chemical Examination.

3. The Reading of Cases or Papers on Professional Subjects.

4. Notices of Clinical Facts, and Summaries of Medical Statistics.

5. The Exhibition of New Instruments and Medicines.

6. Papers on New Modes of Treatment.

7. Debates on Doubtful Points in Medical Practice.

XVII. – *Non-Payment of Subscriptions.* A member whose subscription remains due for one year shall be considered as having withdrawn himself from the Society, and forfeited all his privileges and property therein, having been noticed by the Secretaries one month previously. Such persons shall be again eligible by ballot in the ordinary way, on having paid all arrears for the year in default.

XVIII. – *Expulsion of Members.* Members may be expelled for non-professional conduct, by a vote of the Society, provided that such vote be carried by three-fourths of a meeting of at least twelve members, and that due notice of the intention to take such a vote, with grounds of the charge, be given to each member eight clear days before meeting.

XIX. – *The Property of the Society.* The property of the Society shall not be disposed of for the benefit of the Members, nor alienated from the use of the Profession, without the unanimous consent of the Society given at a special meeting summoned for that purpose, and called a month previously.

XX. – *Visitors.* Medical Students shall be admissible as visitors to the meetings of the Society. Any Medical Practitioner may be introduced to the meetings by a member.

XXI. – *Fundamental Law.* That every proposition for the enactment of any new law, or for the repeal or alteration of an old law, must be confirmed at the meeting subsequent to that at which it was passed, previous to its becoming the law of the Society.

XXII. – *Privileges of Life Members.* That nothing in the foregoing rules shall be construed in any way to interfere with the rights and privileges, heretofore enjoyed, or hereafter to be enjoyed by the Life Members of the BELFAST MEDICAL SOCIETY, or ULSTER MEDICAL SOCIETY.

#### LIBRARY RULES

I. – That a member of the Society be appointed as Hon. Librarian, who, with an Assistant-Librarian, shall

be responsible for the state of the Library.

II. – The Library shall be for the use of the members of the ULSTER MEDICAL SOCIETY only.

III. – No member to have more than two volumes out of the Library at one time, and no book to be kept longer than two weeks without being returned, but a member may borrow the same book for another similar period, provided no application has been made for it in the meantime.

IV. – Any member who loses or injures a book shall be bound to replace the work, or pay such fine as the Council shall think expedient to impose.

V. – The Weekly Journals to be placed on the Library table one week, and the Monthly Journals for one month, during which period they are not to be removed from the Library.

VI. – No Journal, either bound or unbound, to be removed, except through the Librarians.

VII. – Every Work, before admission, must be entered on the proposal book, and the price stated, fourteen days before the meeting at which it is to be proposed.

VIII. – That all Books shall be called in during the first week ... Any member failing to comply with this rule shall be ...

IX. – That the Library shall be closed for the ...

**Session 1879-80**

**The Fourth Meeting of the society was held upon Tuesday January 13th 1880**

Present Professor Dill President in the chair, Drs Fagan, Harkin, Clements, Dempsey, Withers, Esler, Kevin, Anderson, McKeown, Workman, Whitla, Wales, Snr., Wales, Jnr., and Mackenzie.

Dr Esler read a paper upon "Victoria as a health resort".

Dr Fagan read a paper upon the treatment of naevus with cases and showed a patient.

Dr Fagan showed for Dr John Moore a diseased os calcis.

R. F. Dill, President

**Fifth Meeting January 27th**

Present Professor Dill, Drs Wheeler, Dempsey, Withers, Mackenzie, O'Neill, Wales Snr., Browne, Esler, Workman, Whitla, Kevin, McKee, Rea, Wales Jnr., and several students.

Dr J. W. Browne exhibited a series of beautiful pathological specimens.

Dr Whitla exhibited two specimens of calculi removed by lithotrity.

Dr O'Neill's paper upon Colles' fracture was postponed.

R. F. Dill, President

**Session 1879- 80**

**Sixth Meeting of the Society was held upon Tuesday 10th February '80.**

Present Professor Dill, Professor Gordon, Drs Wales Snr. and Jnr, Dr Esler, O'Neill, J. W. Browne, Withers, Kevin, McHarry, Workman, Fagan, Whitla, McKee, McConnell, and about 40 students.

Dr Fagan exhibited a patient with a deformity from Colles' fracture produced 23 years ago.

He also showed a patient upon whom he performed double osteotomy, and a new splint for disease of the wrist joint.

Dr O'Neill read a paper upon Colles' fracture and Professor Gordon opened the debate upon it.

J. W. Browne, Vice-President

**Session 1879-80**

**Seventh Meeting 2nd March 1880**

Present Professor Dill in the chair, Dr Harkin, Dr McKeown, Dr J. W. Browne, John Moore, Dr McHarry, Dr Withers, Dr Esler, Dr Dempsey, Dr McKee, Dr Workman, and Dr Whitla

Dr Harkin Ex-President read a paper upon chlorate of potash.

Dr McKeown read a paper upon a new treatment for relaxed tympanum

R. F. Dill, President

**Eighth Meeting 16th March 1880**

Present Professor Dill in the chair, Dr Wales, Dr Anderson, Dr Workman, Dr McKee, Dr Withers, Dr Esler.

Dr Anderson read a paper on "Respiratory excitation and depression".

R. F. Dill, President

**Ninth Meeting was held upon Tuesday the 27th inst. April 1880.**

Present Professor Dill M.D. President, Drs J. W. Browne and Fagan Vice-Presidents, Drs Esler, Withers, Kevin, Dempsey, Wales Jnr., Whitla, Harkin.

Dr Withers read a paper upon sulpho-carbolates in the treatment of tympanic disease.

Dr Fagan showed three patients: one with a drainage tube through the os calcis for 18 months; one whose knee joint had been excised; and one whose os calcis been removed; and give an account of the previous history of the three cases.

R. F. Dill, President

**Tenth Meeting was held in the Belfast Royal Hospital upon the 22nd of June 1880.**

President Dr Dill in the chair. Present Drs Harkin, C. D. Purdon, Wales Snr., Dempsey, McKee, Kevin, Esler, Wadsworth, Whitla.

Dr Harkin brought up a matter in connection with apothecaries' privileges in compounding but after some remarks he consented to bring it up in another form at a future period.

Dr C. D. Purdon read a paper upon the infantile death rate of Belfast and suburbs for the 10 years 1864-73 with tabular statements and classifications of the various diseases causing death.

J. Walton Browne

**Annual Meeting Session '79-'80  
6th July 1880.**

Present Dr Dill (President), Dr Harkin, Dr Moore, Dr Whitla, Dr O'Neill, Dr McKenzie, Dr Kevin, Dr Core, Dr Wadsworth, Dr Dempsey, Dr Esler, Dr Wales Snr., Dr Workman.

The report of the Council was read and on the motion of Dr Harkin seconded by Dr Moore was adopted.

The Treasurer's report was read. Dr Dempsey moved and Dr O'Neill seconded its adoption which was carried unanimously.

The Librarian's report was read and on the motion of Dr Harkin seconded by Dr Esler was adopted.

Proposed by Dr O'Neill seconded by Dr McKenzie that the Librarian and Secretary issue a notice to the members that the Library is now available.

Dr Harkin moved and Dr Wales seconded that Dr J.

W. Browne be appointed President carried by acclamation.

Dr Fagan (10 votes) Dr McKeown (9 votes) were appointed Vice-Presidents.

Drs Harkin, Clements, O'Neill, Wales, Moore, and Dempsey were appointed members of Council.

Proposed by Dr O'Neill and seconded by Dr Esler that Dr Workman be appointed Assistant Librarian and carried.

Proposed by Dr Moore and seconded by Dr Wales that the thanks of this Society be given to Dr Whitla and Dr Esler and that they be appointed Secretary and Treasurer for the ensuing year.

Proposed by Dr Esler and seconded by Dr Wales that Dr McKenzie and Dr Kevin be appointed Auditors.

Dr Harkin gave an extract of his paper on "Chlorate of potash – its therapeutic action".

Dr Workman was appointed Pathological Secretary.

J. Walton Browne M.D.

#### **First Meeting (Session 1880–81) 9th November 1880.**

President Dr Dill outgoing President, Dr John Walton Browne (President), Drs Samuel Browne Snr, Wheeler, Wales, Wadsworth, Fagan, Esler, Wales Jnr., Dempsey, John Moore, Mackenzie, Aickin, Rea, Anderson, McHarry, Workman, Harkin.

Dr Esler proposed Dr Haslett as a member of the Society.

The outgoing President read a short address on general subjects and especially on obstetrics and gynaecology.

Dr John W. Browne then read his address.

Annual dinner was decided to be held on the 23rd instant Tuesday on the motion of Dr Esler. Moved and seconded and passed that the President, Professor Dill, Dr Harkin, Dr Moore and Dr Whitla be appointed Dinner Committee.

James Moore M.D., Chairman  
7th December 1880

#### **The Second Meeting Session 1880–1881 was held upon December 7th 1880.**

Present Dr James Moore (in the chair), Dr Fagan, Drs Kevin, McHarry, Anderson, Dempsey, Workman, Whitla, Smyth (Royal Hospital), Professor Dill, Dr J. W. Browne (who came in late), and several students.

Dr Haslett was elected a member of the Society.

Dr Smyth, House Surgeon Royal Hospital, was proposed by Dr Whitla and seconded by Dr Fagan as a member of the Society.

Dr R. J. Anderson read a paper upon the embryology of the lingual muscles. Upon the motion

of Dr Dempsey seconded by the Secretary the discussion upon the paper was postponed.

Dr Fagan opened the debate upon ether and chloroform which was freely entered into by most of those present.

#### **Third Meeting Session 1880–1881.**

Present Dr J. W. Browne (President), Dr Dill Ex-President, Dr Fagan, Dr McConnell, Dr John Moore, Dempsey, Kevin, Workman, Esler, Mackenzie and Whitla.

Dr J. Smyth, House Surgeon Royal Hospital, was elected member of the Society.

Dr John Moore showed a large uterine tumour which he removed during labour.

Dr Whitla exhibited a calculus which he removed from a girl 2 years old.

Dr J. Browne President exhibited some interesting specimens and read notes of a case requiring recurrent amputation of the thigh.

J. Walton Browne

#### **Fourth Meeting 1880–1881 was held January 4th 1881 Tuesday 8 p.m.**

Present Dr J. W. Browne President in the chair, Professor Dill, Professor Gordon, Drs O'Neill, Wadsworth, Haslett, Smyth (H. S. Royal Hospital), McHarry, Esler, Dempsey, Fagan, Kevin, Dr James Moore, McConnell, Whitla, and a very large attendance of students.

Dr Whitla proposed and the President seconded the nomination of the following members: Dr McCaw, Dr Gilmore, Dr Stewart.

Mr Fagan read a paper upon a case of head injury and showed the parts involved.

Professor Gordon submitted a paper on intracapsular [fracture] of the head of the femur and exhibited a large number of specimens.

J. Walton Browne, President

#### **Fifth Meeting Session 1880–1881 was held upon Tuesday 18th January 1881.**

Present Dr J. W. Browne President, Professor Dill, Dr Wales Snr., Dr Wales Jnr., Dr McHarry, Dr Haslett, Dempsey, Dr Workman, Dr Anderson, Dr Whitla, Dr Smyth (Royal Hospital).

Drs McCaw, Gilmore and Stewart were elected members of the Society.

Doctor Whitla proposed and Dr J. W. Browne seconded the nomination of Dr Nelson.

Dr Dempsey read a paper upon a case of typhoid fever with unusual complications.

Dr Anderson read an able paper upon the homology of the tongue muscles.

J. Walton Browne, President

**Sixth Meeting February 8th Tuesday '81.**

Present Dr J. W. Browne (President), Dr Harkin, Esler, Dempsey, Core, Haslett, Wadsworth, McKee, John Moore, Mackenzie, J. W. T. Smith, Fagan, Professor Dill, D. Johnson, Whitla.

Dr Joseph Nelson was unanimously elected member of the Society.

Dr Fagan read a paper upon a rare injury of the elbow joint.

Dr Esler read a paper upon the Medical Charities of Belfast, their uses and abuses, and after a full discussion in which most of the members expressed themselves satisfied about the existence of gross abuses, many present giving instances of such, the following committee was appointed to report upon the abuses to the Society at next meeting: Dr J. Browne, Drs Harkin, Fagan, Esler, John Moore, Wadsworth, McKeown, Whitla and Dr Core.

R. F. Dill, Ex-President

**Seventh Meeting February 22nd Tuesday.**

Present Professor Dill Ex-President in the chair, Drs Gordon, Wales Snr., Workman, Dempsey, Wadsworth, McCaw, Graham, Haslett, Clements, Kevin, Whitla, Fagan, Speer.

The report from the committee appointed to report upon the abuses of the medical charities was submitted and after a long discussion involving the consideration of many amendments, the following report was agreed to:

REPORT ON THE ABUSES OF THE MEDICAL CHARITIES OF BELFAST.

A Committee was appointed by the Society on February 8th, 1881, to consider and report upon the abuses of the Medical Charities. Their report as amended and revised by the Society, at a meeting specially summoned for the purpose, upon February 22nd, 1881, is as follows:—

1st. — That provision is made by the Poor Law system for the medical treatment of the poor.

1st. — At the Dispensaries.

2nd. — By visiting at their own homes.

3rd. — By hospital accommodation at the Union Infirmary.

2nd. — That it is necessary in a large town like Belfast to have a General Hospital, with departments for the treatment of Special Diseases, and for the reception of urgent cases, and also for the purposes of clinical instruction.

3rd. — That many persons for whom the Medical Charities of Belfast are not intended, largely avail themselves of the advantages of the various Institutions, owing, chiefly — as we think — to the lax system of admission, and they thus impose upon the Charitable Public and the Medical Profession.

4th. — That injurious results arise to the persons themselves who take advantage of these Charities, as they are thus educated to foster deception and destroy their spirit of independence, whilst amply able to pay for Medical

aid.

5th. — That, in consequence of these abuses, the Medical Profession feel aggrieved, as not only is Hospital work greatly augmented, but the interest of the general Practitioner is unjustly interfered with.

6th. — That, although abuses exist both in the Intern and Extern Departments, they predominate to a much greater degree in the treatment of out-patients; and we are of opinion that this department in the several Hospitals should be greatly restricted, and that careful examination into the means of applicants should be instituted.

7th. — That we recommend that a competent person be appointed to exercise close supervision over all those applying for relief at the Extern Departments of the various Hospitals.

8th. — That we disapprove of any member of an Hospital staff receiving fees for services rendered to any patient whilst under Hospital treatment.

9th. — That a copy of this Report be sent to the Managing Boards of the different Hospital Charities in Belfast.

W. WHITLA, M.D.,  
Hon. Secretary.

February 22nd, 1881.

The 8th and 9th resolutions not being embodied in the original report of the committee were proposed and seconded by Drs Workman and Wales Snr. and passed unanimously.

A deputation consisting of Drs Dill, Wales, Esler and Whitla was appointed to bring the matter before the board of the Belfast Royal Hospital.

J. Walton Browne M.A. M.D., President

**The Eighth Meeting of the Society was held upon Tuesday November 8th 1881.**

Present Dr J. W. Browne in the chair, Professor Gordon, O'Neill, Kevin, Esler, McCaw, Clements, Anderson, Smith jnr., Mackenzie, Whitla, Haslett, McHarry, James Moore, and many students.

Professor Gordon read a paper upon extracapsular fracture and showed a large number of beautiful specimens.

Dr Anderson read a paper upon the homology of the omohyoid.

J. Walton Browne M.D.

**The Ninth Meeting of the Society was held upon Tuesday March 22nd 1881 at eight o'clock p.m.**

Present Dr J. W. Browne in the chair, Drs S. Browne, Esler, Smyth, McCaw, Wales snr., Wales jnr., Workman, Fagan.

Dr Dunn was unanimously elected member of the Society

The President then exhibited a patient in whom the median nerve was divided; and the brachial, ulnar, radial and common inter-osseous arteries were ligatured consequent upon a punctured wound of the arm.

He then exhibited a very interesting specimen of diseased kidney, microscopic sections of which were made by Dr Workman demonstrating it to be of tuberculosis nature.

He finally showed some casts removed from the urethra, concerning the nature and origin of which differences of opinion were expressed.

Mr Fagan exhibited a case of wrist joint disease treated by drainage and give details of same.

W. Whitla M.D., Chairman  
April 5th 1887

**The Tenth Meeting of the Society was held upon Tuesday 5th April 1881.**

Present Dr Whitla in the chair, Dr Harkin, Dr Fagan, Mackenzie, Kevin, Dunn, Johnston, James Moore, Stewart, J. W. Browne, McKeown.

Dr Fagan exhibited a specimen of elephantiasis of the labia removed by him. The tumour was very large and had weighed about 30 lbs. Dr Fagan also gave some particulars of the case.

Dr Harkin thought that a cast ought to be taken of the tumour as its character would change much in keeping.

Dr Johnson thought he had seen a tumour almost as large on the neck of a man under the care of Dr Vesey in the Union Infirmary.

Dr Moore wished to know if there was any coloured blood in the patient and thought that the tumour should be preserved in a museum.

The chairman (Dr Whitla) considered that there was much risk throwing all the blood from so large a tumour into the general circulation as it would give too much work to the excretory organs.

Dr Harkin then read a paper on rheumatism and its cure.

The President Dr J. W. Browne came in at 9.5 p.m. and took the chair, Dr Whitla vacating.

The discussion of Dr Harkin's paper was postponed to the next meeting.

J. Walton Browne

**Eleventh Meeting of the Society was held upon Tuesday April 26th 1881 in the Royal Hospital.**

Present Dr J. W. Browne President, Professor Dill, Drs Harkin, Wales snr., Speer, Dempsey, Esler, Wadsworth, Stewart, F. Wales, Whitla. Drs McFarland and Byers were visitors introduced by the President. Several students were present.

Dr Harkin then gave a short resume of his paper upon acute rheumatism in which he advocated the use of a blister over the cardiac region.

The debate following was freely entered into [by] the members present.

J. Walton Browne M.D.

**The Twelfth Meeting of the Society was held upon Tuesday May 17th 1881.**

Present Dr J. W. Browne President, Professor Gordon, Drs O'Neill, Whitla and Workman and Wadsworth, Esler.

Dr Gordon read a paper and exhibited some beautiful and interesting specimens of extra-capsular fracture of neck of femur.

J. Walton Browne

**Thirteenth Meeting of the Society was held upon Tuesday June 28th 1881 in the Belfast Royal Hospital.**

Present Dr J. W. Browne in the chair, Professor Dill, Drs Aickin, Fagan, Esler, Smith jnr., and Whitla and Dr Wales snr.

Dr Whitla proposed Dr W. MacCormac and Dr J. W. Moore, the former of London, the latter of Dublin, as honorary members of the Society to be balloted for next annual meeting.

Dr J. W. Browne, Professor Dill and Mr Fagan seconded the nomination of each candidate.

Dr McKeown whose name was on the paper could not attend.

Dr Fagan read an interesting paper upon the treatment of hernia.

Dr J. W. Browne the President exhibited a child upon whom he operated for cicatrix.

J. Walton Browne M.D. President

**Annual Meeting Session 1880-1881 July 5th 1881.**

Present J. W. Browne President in the chair, Professor Dill Ex-President, Drs Harkin, Wheeler, Wales, O'Malley, Dempsey, O'Neill, Kevin, Smith (house surgeon), Speer, Wadsworth, Graham.

The Honorary Secretary read the report of Council which was adopted.

The Treasurer read his report which was adopted.

*To the Ulster Medical Society in 90 with the Treasurer (Dr Esler) Cr*

1880	Dr J. W. Browne	50 10 11
1881	Dr J. W. Browne	50 10 11
1882	Dr J. W. Browne	50 10 11
1883	Dr J. W. Browne	50 10 11
1884	Dr J. W. Browne	50 10 11
1885	Dr J. W. Browne	50 10 11
1886	Dr J. W. Browne	50 10 11
1887	Dr J. W. Browne	50 10 11
1888	Dr J. W. Browne	50 10 11
1889	Dr J. W. Browne	50 10 11
1890	Dr J. W. Browne	50 10 11
1891	Dr J. W. Browne	50 10 11
1892	Dr J. W. Browne	50 10 11
1893	Dr J. W. Browne	50 10 11
1894	Dr J. W. Browne	50 10 11
1895	Dr J. W. Browne	50 10 11
1896	Dr J. W. Browne	50 10 11
1897	Dr J. W. Browne	50 10 11
1898	Dr J. W. Browne	50 10 11
1899	Dr J. W. Browne	50 10 11
1900	Dr J. W. Browne	50 10 11

*Dr J. W. Browne*  
*Kevin*  
*Speer*  
*Auditors*  
*J. W. Browne*

Professor Cuming was elected President.

Drs Fagan and McKeown were elected Vice-Presidents;

And the following gentleman were elected members of Council: Dr Wadsworth, Dr Beck jnr, Dr Clement, Dr Johnson (David), Dr McConnell, Dr Dill.

Drs Whitla and Esler were unanimously elected Secretary and Treasurer.

A vote of thanks was carried to Drs Core and Workman for their services as Librarians.

Dr Dempsey was elected Librarian.

Dr Wales, Smith (house surgeon), Core and Speer were elected Library committee.

Drs O'Neill and McKenzie were appointed auditors.

Dr Workman was appointed Pathological Secretary.

Dr J. W. Moore, Dublin, [and] Dr William MacCormac, London, were unanimously elected Honorary members.

James Cuming M.D.

#### **Special Meeting Session 1880-81.**

Present Dr Harkin in the chair, Dr J. W. Browne, John Moore, Dempsey, Mackenzie, Smith (Royal Hospital), and the Secretary.

Proposed and seconded and passed unanimously that the recommendations of the Council to entertain Sir William MacCormac to the Annual Dinner upon Monday October 3rd 1881 was adopted. Time fixed 7:30 p.m.

It was agreed to have the dinner in the Imperial Hotel and the guests recommended by the Council were agreed to, and the Secretary was instructed to ask them as Society guests.

#### **Session 1881-1882 President Professor Cuming**

##### **The Opening Meeting of the Session was held upon Tuesday evening 8th November 1881.**

There were present Professor Cuming President in the chair, Drs J. W. Browne, Wales, Dill, Harkin, John Moore, Fagan, Dempsey, Esler, Smith (house surgeon Royal Hospital), Stewart, Clements, Kevin and Whitla.

Professor Cuming opened the session with an able address taking for his subject "Some changes in medical opinion and practice during the last 30 years".

On the motion of Dr John Moore seconded by Dr Wales the President was thanked for his eloquent address which he consented to hand over to the Society to appear in the Transactions.

Dr Dill proposed and Dr Whitla seconded a vote of thanks to Dr Browne the late President.

Dr Whitla proposed and Dr Moore seconded the nomination of Dr Thompson, Omagh, as a member of

the Society.

James Cuming M.D.

##### **Second Meeting of the Session was held upon Tuesday 22nd November 1881.**

Present Professor Cuming in the chair, Professor Dill, Drs J. W. Browne, Wales, Fagan, D. Johnston, Smith, Jnr., Dempsey, O'Neill, Clements, Whitla.

Dr Thompson, Omagh, was unanimously elected member of the Society.

Dr Whitla proposed and Dr Fagan seconded the nomination of Drs McFarland and T.K. Wheeler, Jnr.

Dr J. W. Browne showed several interesting specimens and Dr O'Neill exhibited a diseased liver.

The hour being late it was decided to postpone the remaining papers on the circular till the next meeting.

James Cuming M.D., President

##### **Third Meeting of the Society was held upon Tuesday 6th December 1881.**

Present Professor Cuming President in the chair, Dr John Moore, J. W. Browne, Fagan, Core, Clements, Kevin, Wadsworth, Whitla, Professor Dill.

Drs McFarland and T. K. Wheeler were elected members of the Society unanimously.

Dr John Moore showed an interesting specimen of rare injury to the eyeball.

Dr Whitla reported a case of strychnine poisoning in which recovery followed a dose of 6 grains.

Mr Fagan read notes of cases of blood effusion into the knee joint

The President proposed and the Secretary seconded the nomination of Dr Byers.

James Moore M.D.

##### **The Fourth Meeting was held upon January 3rd 1882.**

Present Dr James Moore in the chair, Professor Dill, Drs J. W. Browne, McKeown, Dempsey, Anderson, Esler, and Whitla.

Dr McKeown showed an interesting case of tumour of the eye.

He also read an interesting paper upon pilocarpin and showed the effects of the drug in two patients to whom he administered it before the Society.

Dr J. W. Browne showed some cases of osseous tumour.

Dr J. W. Byers was elected member of the Society.

##### **Fifth Meeting Session 1881-1882. President Professor Cuming M.D. January 17th 1882.**

Present Professor Cuming, J. W. Browne, John Moore, Fagan, Anderson, Workman, Smith, Jnr., Dempsey, McFarland, Whitla.

Dr Anderson read a paper upon secondary

contraction of muscle.

He also read a paper on "Some anatomical notes".

Dr John Moore moved that a note of condolence be forwarded to the family of the late Dr Charles Purdon.

Dr Browne seconded the motion and it was resolved that Dr John Moore make a draft of a letter and forward it to the secretary.

**Sixth Meeting Session 1881-82. January 31st.**

Present the President Dr Cuming in the chair, also Drs Kevin, Byers, Esler, Graham, Samuel Browne, Jnr., Dempsey, Workman, Dill.

Dr Esler read his paper on "Whiskey".

Dr Dill made a few remarks general.

Dr Kevin thought it very questionable if whiskey should be used in phthisis.

Dr Byers to read his paper the first thing next meeting.

(President) James Cuming

**Seventh Meeting Session 1881-1882. February 14th '82.**

President Professor Cuming in the chair, Drs Fagan, Dempsey, Esler, McFarland, Smith (house surgeon), Whitla, Samuel Browne, Jnr. M.D., and several students.

Mr Fagan exhibited an interesting specimen of osteomyelitis.

Dr Byers read an interesting paper upon "The patella reflex phenomenon".

J. Moore

**Eighth Meeting Session 1881-1882 was held upon Tuesday the 28th inst 1882 February.**

Present Professor Cuming in the chair, Dr John Moore, McConnell, Kevin, Dempsey, Smith, Jnr., Whitla, J. W. Browne, Wadsworth, McKeown, and Workman, Stewart.

Dr Dempsey read a paper upon the management of pregnancy, labour and puerperal state. He raised the most interesting debate.

Dr R Moore proposed [by] Dr McFarland seconded by the Secretary.

James Cuming, President

**Ninth Meeting Session 1881-1882.**

Present Professor Cuming in the chair, Dr Harkin, Workman, Core, Fagan, Byres, McConnell and Whitla, (Dr S. Browne, Jnr.).

Dr R Moore was unanimously elected a member of the Society.

It was resolved that the books and periodicals recommended by the Council should be got for the Society (vide report of Council 11/3/82).

The Honorary Secretary was directed to procure copies of the two Bills before Parliament (relating to infectious disease) and to submit them to Council.

It was also resolved to ask the Librarian to find out the missing and back numbers of the New Sydenham Society and to supply the lists to Dr Byers who kindly consented to order them for the Society.

Dr Core read a paper on a case of land-scurvy.

Mr Fagan read notes of a case of tumour of the pharynx and showed the patient.

He also showed a patient from whom he removed a large lymphatic gland over the carotid region.

It was resolved to pay the porter £1-1-0 for his serving in connection with the Society room for the present session.

The Secretary read a letter from Professor Dill who was unable to be present, in which he promised a paper on accidental haemorrhage for next night.

George F. Wales

**Tenth Meeting Tuesday 28th March 1882.**

Present Dr Wales (in the chair), Dr John Moore, Professor Dill, Drs Esler, Dempsey, Mackenzie, Workman, Dr S. Brown, Jnr., Dr McConnell, Dr Harkin, Stewart, R. Moore, J. W. Browne.

Dr Murray brought the matter of a petition to Parliament in relation to Medical Officers' Superannuation (Ireland) Bill. This was referred to the Council.

Professor Dill exhibited an abnormal placenta and afterwards read a paper upon "Accidental haemorrhage and its relation to other uterine haemorrhage".

Dr J. W. Browne exhibited a bony plate of the choroid.

James Cuming, President

**Eleventh Meeting Tuesday April 18th 1882.**

Present Professor Cuming, Dr Wheeler, Dr K. Wheeler, Esler, Workman, S. Browne, McFarland, O'Neill, Dill, and Dr Whitla.

In the absence of Dr McKeown the Secretary showed a patient upon whom he operated for a large tumour of the orbit.

Dr McFarland read a paper upon recruiting.

He showed two patients, brother and sister, affected with Duchenne paralysis.

James Moore M.D. Chairman

2nd May 1882

**Twelfth Meeting was held upon Tuesday May 2nd 1882.**

Present Dr James Moore in the chair, Professor Dill, Dr Wales, Snr., McFarland, Esler, Workman, Core, Mackenzie, Johnston, McKeown, Fagan, John Moore,

and Whitla, and Wadsworth, Kevin, Robert Moore.

Dr McKeown exhibited some specimens of puffball and made some remarks about its haemostatic qualities.

Professor Dill showed a valuable and most interesting series of rare and new midwifery forceps and made an able explanatory statement.

Dr Core give an account of a case of rupture of the uterus.

James Moore M.D. Chairman  
14th November 1882

**Annual Meeting Session 1882-83 was held upon July 11th 1882.**

Present Professor Cuming President in the chair, Professor Dill, Drs Wheeler, Snr., Whitaker, Aickin, Mackenzie, McFarland, John Moore, Byers, Workman, O'Neill, Dempsey, Whitla, Wadsworth, Kevin, Esler, J. W. Browne.

The President showed a patient suffering from severe chronic spasm of the neck.

Dr Dempsey read notes of a case of ascending paralysis.

The Honorary Secretary read the report of Council. Its adoption was moved by Dr Wheeler, Snr., and seconded by Dr Whitaker and passed.

The Treasurer read the report of the financial state of the Society which showed a balance of £64.11.4 in hand. Moved by Professor Dill and seconded by Dr Workman and adopted.

Dr Dempsey read a report of the Library which on the motion of Dr Moore seconded by Dr Esler was adopted.

It was moved by Dr Whitla seconded by Dr Aickin that a special meeting of the Society be called by the Council after they have considered Dr Dempsey's report and prepared a scheme for the Library.

The office bearers were then elected.

Dr McKeown President  
Drs David Johnston and Aickin Vice-Presidents  
Dr Whitla Honorary Secretary  
Dr Esler Honorary Treasurer  
Dr Workman Pathological Secretary  
Dr Dempsey Librarian

Council: Dr McFarland (13), Byres (9), Dill (9), Fagan (9), Mackenzie (9), Wadsworth (9).

Drs Kevin and O'Neill appointed Auditors.

J. Moore 17th July 1883

**Session 1882-1883. First Meeting was held upon November 14th 1882.**

Dr James Moore occupied the chair, afterwards vacating it for the President Dr McKeown. There were present Dr James Moore, John Moore, Wheeler, Snr.,

Professor Dill, Drs J. W. Browne, McConnell, Nelson, Wales, Esler, Dempsey, Whitla.

The President delivered an able and eloquent address and on the motion of Professor Dill seconded by Dr Wheeler the best thanks of the Society were accorded to the President for his eloquent and original address.

Dr Whitla proposed and Dr John Moore seconded the nomination of Dr Barron.

Doctor Esler handed in the following notice of motion "That after the present year, the journals now received by the society be discontinued and the state of the library discussed, with the object of making it more useful to the members".

Professor Dill moved and Dr John Moore seconded that the day for the Annual Dinner be fixed for the 7th December, the day of the meeting of the N. I. Branch of the British Medical Association at 7 p.m. Passed unanimously.

It was decided to have two charges, one for the dinner and one for the wines; and it was agreed to have the dinner at Thompson's unless the room be unsuitable. The President, Dr Dill and Browne and Wheeler to act as a dinner committee.

William A. McKeown

**Second Meeting Session 1882-83 November 28th '82.**

President Dr McKeown in the chair, present Dr T. K. Wheeler, Snr., Fagan, Esler, Workman, Kevin, Mackenzie, Core, Wadsworth, J. Smith, Jnr., McHarry, and Whitla.

Dr Barron was unanimously elected a member of the Society.

Dr Whitla showed a patient the subject of Hodgkin's disease.

Dr Esler showed some interesting specimens of malignant deposit in abdominal organs.

Dr Fagan show a patient upon whom he operated on for Dupuytren's contracture of the fingers. He also showed a cast of the same before operation.

Dr Esler introduced the motion of which he gave notice last meeting concerning the Library and the journals.

The following resolution was proposed by Dr Whitla seconded by Dr McHarry and passed unanimously "That a committee consisting of Professor Dill, Drs Core, Esler, McKeown and Dempsey be appointed to get all available information about the town libraries and to draw up a report suggesting, if possible, some means whereby the Library may be placed on a sound basis", Dr Core to be convener.

It was also agreed that a circular be addressed to all members of the Society asking them to return any

books they may have belonging to the society.

William A. McKeown

**Third meeting session 1882/83 December 19th.**

President Dr McKeown in the chair, present Drs John Moore, J. W. Browne, Dempsey, Core, McConnell, Workman, Wheeler, and the Honorary Secretary. Barron.

Dr Workman showed microscopical specimens of a sarcomatous tumour of the eye, and Dr Browne gave a history of the case from which the eye had been excised.

Dr Browne showed the kidneys and bladder of a patient whom he operated on for stone; also two stones which he removed. The kidneys were dilated and full of pus, the bladder concentrically hypertrophied and the ureters dilated.

He also showed the kidneys and bladder of a patient who had suffered for a long time from stricture of the urethra. Both kidneys were much enlarged and the right pelvis greatly dilated. A small calculus was removed from the bladder.

An interesting feature of the case was that the patient at one time passed what seemed a cast of the urethra. A section of this showed that it was probably a piece of catheter encrusted with phosphate deposits.

Dr Workman requested the Society to grant him the use of their Pathological Room in the hospital on Wednesdays and Fridays for holding a histological class. Permission was given him to do so.

R. F. Dill, Chairman

**Fourth meeting January 9 1883.**

Present Professor Dill in the chair (in the absence of Dr McKeown President), Drs J. W. Browne, Dempsey, Esler, Barron, Wheeler, Jnr., Whitla.

Dr J. Lindsay (Royal Hospital) was proposed as a member of the Society by Dr Whitla seconded by Dr J. W. Browne.

Dr Dempsey reported on behalf of the Library committee that he had seen the Town Clerk and learnt that no steps could be immediately taken in reference to the Public Library as the question was not sufficiently advanced. The matter was referred back to the Library committee.

Dr Barron showed an interesting specimen of aneurism of the basilar artery.

Dr Dill read a paper upon puerperal tetanus.

William A. McKeown

**Fifth Meeting January 23rd 1883.**

Present Dr McKeown in the chair, Drs Harkin, Wheeler, Snr., McFarland, Esler, Dempsey, Barron, Mackenzie, Kevin, Whitla.

Dr J. Lindsay was unanimously elected a member of the society.

The Honorary Secretary reported that owing to the difficulty of getting any M.S.S.s from the members, that he would recommend the transactions of this and last year were brought out together. This was agreed to.

Dr McKeown, President, proposed Dr St George, Lisburn, and Dr Wheeler seconded his nomination as a member of the Society.

Dr Esler gave notice that he would move meeting after next meeting that the periodicals for 1883 be no longer left on the table but be kept by the Librarian.

Dr McKeown showed two interesting cases of sympathetic ophthalmia.

Dr Harkin read an interesting paper on the pathology and treatment of infantile diarrhoea.

William Aickin M.D.

**Sixth Meeting was held upon Tuesday 20th February 1883.**

President Dr Aickin (Vice-President) in the chair, Dr Wheeler, Snr., Dr John Moore, Wales, Fagan, Esler, Dempsey, Wadsworth, Mackenzie, Kevin, Lindsay, Whitla.

Dr Saint George was unanimously elected member of the Society.

Dr Whitla showed some specimens of tubercle bacillus.

Dr Fagan showed a living patient who had suffered from fracture of the pelvis. He also showed a specimen of ruptured urethra from a patient who died from fracture of the pelvis.

Dr Esler read case in which abortion followed tapping for rapidly increasing effusion of fluid in the abdomen.

William A. McKeown

**Seventh Meeting Tuesday March 20th '83.**

Present Dr McKeown in the chair, Professor Dill, Drs Nelson, Anderson, Gilmore and Whitla, Dempsey.

Dr McKenna, President, exhibited a patient upon whom he had operated for a large polypus of the ear which had grown from the middle chamber and penetrated the tympanum. The large perforation left after the removal of the tumour had almost entirely disappeared.

Dr Anderson read an able paper upon the arrangement of the peritoneum in mammals and in man. He also read notes of various cases of anatomical anomalies.

Dr Esler's motion was not considered in his absence.

R. F. Dill M.D. Chairman

April 4th '83

**Eighth Meeting of the Society was held upon Tuesday 3rd April 1883.**

Present Professor Dill M.D. in the chair, Drs Wales, Anderson, Lindsay, Wadsworth, Anderson, Mackenzie, Whitla

Dr Wadsworth showed an interesting case of scleroderma in a male adult.

Dr Lindsay read a paper upon a case of purpura.

William A. McKeown

**Ninth Meeting of the Society was held upon Tuesday 16th April '83.**

Present the President (Dr W. A. McKeown) in the chair, Professor Dill, Dr J. W. Browne, Dr Aicken, Dr Anderson, Dr J. C. Smyth, Dr Dempsey, Dr John Moore.

Dr McKeown (President) exhibited a patient suffering from dislocation of the lens into the vitreous in both eyes. He had removed the lens from the left eye by an incision at the lower part of the cornea.

The President also exhibited a portion of bone removed from the [posterior?] part of the right ear which was considered to be the mastoid process of the right temporal bone.

Professor Dill gave a very interesting and instructive discussion of displacement of the uterus.

R. F. Dill, Chairman

29th May 1883

**The Tenth Meeting of the Society was held upon Tuesday 9th inst May 1883.**

Present Dr W. A. McKeown President in the chair, Drs Dill, St. George, Dempsey, McConnell, Lindsay, Fagan, Barron, Byers, Esler, Browne, Whitla. Dr Sinclair was present as a visitor.

Dr Lindsay showed an interesting case of lateral sclerosis in a child.

Dr Byers showed a paraplegic patient in whom various reflex phenomenon were well marked.

Dr Lindsay then read a paper upon lateral sclerosis.

Dr Fagan showed a glandular tumour removed from the floor of the mouth.

Dr Barron showed for Mr Fagan, who had to leave the meeting, a specimen of diseased knee joint.

Dr Whitla proposed and Dr Dill seconded the nomination of Dr Sinclair, Wellington Park.

J. Moore

17th July 1883

**Annual Meeting July 17th 1883.**

Present Dr John Moore in the chair, Drs J. W. Browne, Wadsworth, Dempsey, Esler, Barron, Smith (Carlisle Circus), Mackenzie, Wheeler, Snr., Wheeler, Jnr., and Whitla.

The Secretary read report of Council and Dr Esler made a financial statement; both reports were unanimously carried.

The Honorary Secretary, Dr Whitla, resigned office and Dr McKenzie was unanimously elected in his stead.

Dr Esler was unanimously elected Treasurer.

Professor Dill on the motion of Dr Whitla seconded by Dr Wheeler, Snr., was unanimously elected President.

Dr Whitla and Dr McConnell were elected Vice-Presidents.

Drs Dempsey and Barron were elected Honorary Librarians.

Dr Workman was elected Pathological Secretary.

The following Council was elected: J. W. Browne (10), Charles Wadsworth (9), R. Clement (6), J. C. Smyth (5), John Fagan (5), John Moore (4).

Drs Wheeler and Barron were appointed Auditors.

Dr Dempsey moved and Dr J. C. Smyth seconded and it was unanimously agreed that the Treasurer be directed to invest £50 in 3 percent consols.

Dr Dempsey give notice that at next meeting he would move "That the reception of the different medical journals of the Society be discontinued at the end of the present year owing to the unsatisfactory condition of the Library".

Dr Sinclair was unanimously elected member of the Society.

William A. McKeown

November 27th 1883

**Session 1883-4 Ulster Medical Society. The First Meeting of the Society was held upon Tuesday 27th November.**

Present Professor Dill President in the chair, Drs McKeown, Harkin, Whitla, Esler, McConnell, Dempsey, J. W. Browne, John Moore, Barron, Lindsay, J. C. Smyth, McKenzie Secretary. Dr McKee was present as a visitor.

The President briefly thanked the members of the Society for the honour conferred upon him by again electing him president of the Society.

The President then proceeded to deliver his most eloquent and interesting address.

Dr John Moore proposed and Dr McKeown seconded a vote of thanks to Professor Dill for his most admirable and beautiful address.

The President acknowledged the vote of thanks.

Dr John Moore proposed and Dr Harkin seconded motion to the effect that the "Secretary be instructed to write a letter of condolence to the widow of the late Dr James Moore who was so long a member of the Society".

Drs O'Connell and Dwyer were proposed by Dr

Harkin seconded by Dr Dempsey as members of the Society.

Dr Smith (Shankill Road) was proposed by the Secretary and seconded by Dr Lindsay.

R. F. Dill, Chairman  
18th December 1883

**Session 1883-4. The Second Meeting of the Society was held upon Tuesday evening 11th December.**

Present Professor Dill President in the chair, Drs Esler, O'Neill, Dempsey, Whitla, Wadsworth, Lindsay and McKenzie, Secretary.

Drs O'Connell, Dwyer and Smith (Shankill Road) were unanimously elected members of the Society.

Dr Dempsey brought forward the motion of which notice had been given concerning a discontinuance of the medical monthly and weekly journals after this present year. Dr Esler seconded and Dr Whitla supported the motion which was passed unanimously.

Dr Whitla showed sample of "chyle" recovered from the abdomen of boy 13 years old; 13 pints were removed. Dr Whitla promised to show the patient, if possible, and give the history of the case at a future meeting.

Dr Lindsay read a most interesting and important paper on the climatic treatment of phthisis.

Since last meeting a most successful dinner was held on 4th inst (Tuesday evening) 7 o'clock at "The Castle Restaurant". 31 members and guests sat down to dinner - 10/- and 15/-.

R. F. Dill, President  
8th January 1884

**1884 Third Meeting was held upon January 8th (Tuesday).**

Professor Dill (President in the chair), present Drs Wheeler, McFarland, J. Kennedy Wheeler, Dwyer, Dempsey, St. George, Fagan, McConnell, Whitla, Esler, O'Neill, J. W. Browne, McHarry, Lindsay, and Mackenzie, Secretary.

Dr Kennedy Wheeler exhibited a patient the subject of chronic inflammation of knee joint treated by "Sager's splint". He also showed patient whose leg was flexed at a right-angle for years. The patient had [?] a comparatively useful limb.

An interesting discussion followed in which Drs McFarland, J. W. Browne, Fagan, Esler and the President took part.

Dr Whitla showed liver with malignant disease and abscess. He give a clear and detailed account of the symptoms, duration of illness etc. of the patient from whom the liver was taken full stop

Dr Dempsey thought it possible that the disease was tubercular.

J. W. Browne showed drawing of large arterial

nevus extending over almost the right side of head and face of a child,. He described his mode of treatment by the thermal cautery needle.

Dr Browne also showed an external abdominal ring which he had sutured for radical cure of hernia some years ago.

Dr St. George read a paper on "Some remarks on bronchitis".

Dr Wheeler proposed and Dr Esler seconded that Dr J. Strafford Smith and Dr Dickey be members of the Society

W. Whitla  
January 22nd 1884

**1884. Fourth Meeting of the Society was held upon Tuesday January 22nd.**

Present Professor Dill President in the chair, Drs Esler, Whitla, McConnell, Dwyer, J. W. Browne, Kevin, O'Connell, J. C. Smyth and Mackenzie, Secretary.

Drs J. [sic] Strafford Smith and Dickey were balloted for and unanimously elected members of the Society.

Dr McConnell showed a patient the subject of "Jacksonian epilepsy". He stated that the man received a severe blow on the top of his head with a spade in the year 1879. There were 15 pieces of bone exuded from the wound.

He had fits which were confined to one side of the body beginning at the tips of the fingers of the affected side from 1879 until 1882 when the fits ceased [?] and until the present time he has had fair health.

An interesting discussion, in which Drs Esler, Whitla, J. W. Browne, Kevin and the President took part, followed on the advantage of trephining in this case.

Dr Browne was of opinion that no harm but good would result from the operation as he thought probably the cicatrix was adherent to the dura mater.

Dr McConville also showed a patient with chronic [?] of leg which had been healed repeatedly but which as often broke out afresh.

Dr Esler give notes of "Cases of scarlet fever traceable to milk supply". This paper opened a discussion in which all the members took part.

The Secretary was instructed to procure a copy of Churchill's "Medical Registrar".

R. F. Dill, President  
5th February 1884

**Session 1883-84 Fifth Meeting of the Society was held upon February 5th in the Society Rooms Royal Hospital.**

Present Professor Dill President in the chair, Drs Whitla, Fagan, J. C. Smyth, Lindsay, Dwyer, Strafford

Smith.

Dr Lindsay read notes of a case of remarkable eruption which followed the administration of two doses of iodide of potassium. All the members present took part in the discussion upon this case.

Dr Whitla read notes of the case of "chylous ascites" and showed the patient. An animated discussion followed, all the members present expressing great interest in this very exceptional and unique case.

Mr Fagan's case was postponed until next meeting where he will take precedence of other business.

R. F. Dill, President  
26th February 1884

**Session 1883-84. The Sixth Meeting of the Society was held upon 26th February in Royal Hospital.**

Professor Dill President in the chair, present Professor Gordon, Drs O'Neill, Esler, Fagan, Whitla, Moore, Dempsey, Dwyer, St. George, Lindsay, McConnell, J. W. Browne, Barron, and Mackenzie, Honorary Secretary. A number of students were present.

Mr Fagan showed patient (3 weeks after operation) from whom he had removed an exostosis from lower end of femur. The tumour was the size of an orange and was secured in two pieces. Mr Fagan give a detailed account of the operation. He did not use "Esmarch's band" and he saturated the wound with chloride of lime.

A discussion followed in which a number joined. Dr O'Neill did not approve of operating without Esmarch band nor did he approve of the use of chloride of zinc after operation.

Drs Browne and Murray approved of the non-use of Esmarch band in this case and of the free use of chloride of lime.

Mr Fagan replied in a spirited manner.

Dr St. George showed a fibrocystic tumour removed from thigh of women.

Professor Gordon delivered his instructive, original and highly appreciated paper on fractures of the leg.

The President and Dr Esler congratulated the Society on the honour conferred upon it by Professor Gordon.

Alexander Gordon  
March 18th

**Session 1883-84. The Seventh Meeting of the Society was held upon Tuesday 18th March in the Royal Hospital.**

Present Dr Whitla V.P. (occupied the chair), Professor Gordon, Drs Lindsay, Barron, O'Neill, J. W. Browne, St. George, Wales, and Mackenzie, Honorary

Secretary. A number of students were present.

Dr O'Neill read a paper on "Fractures of the patella" and showed a patient the subject of the accident and illustrated his mode of treatment.

Professor Gordon mentioned cases in which osseous union had taken place in fracture of patella. To ensure this there must be perfect apposition and the failure to secure this accounted for the rarity of true osseous union.

He approved of wiring the fragments and using a back splint to prevent flexion of the knee joint. He thought that in many cases both direct violence and muscular strain were at work in producing the fracture.

Dr J. W. Browne did not approve of wiring the fragments. He spoke highly of Spence's method of treatment by a modification of Malgaigne's hooks.

He did not approve of any pressure about the joint lest it might interfere with the articular arteries. He thought it well to aspirate the joint if there was evidence that a effusion of blood had taken place.

The chairman concluded the discussion and Dr O'Neill replied.

Mr Fagan's case was postponed owing to the advanced hour.

The Chairman read communication from the telephone company. It was agreed to take no action in the matter.

R. F. Dill, President  
April 1st 1884

**Session 1883-84. Eighth Meeting of the Society was held in the Royal Hospital upon Tuesday 1st April.**

Present Professor Dill, President in the chair, Drs Moore, Esler, McFarland, O'Connell, McKee (visitor), James Smith, J. C. Smyth, and Mackenzie, Honorary Secretary.

Dr James Smith read a paper on cephalotripsy and exhibited his own cephalotribe placed on the head of a child which he and Professor Dill had delivered a few days ago.

Professor Dill stated that in this case the head was tilted forward and resting on the pubes where Kidd's cephalotribe would not catch hold and this fact suggested the shape of Dr Smith's cephalotribe. "I have used it for 5 years and have no hesitation in stating that there is no instrument to be compared to Dr Smith's modified cephalotribe from the days of Chamberlain to this date and I have had frequent opportunities of using the cephalotribe of other men such as Lusk's which [?] [?] and I emphatically say that it is not to be compared to Smith's."

Professor Dill showed a full-grown child which he had a few hours previously delivered by Smith's cephalotribe. The child was hydrocephalic and had

spina bifida.

Drs McFarland, Esler and Moore congratulated Dr Smith on his useful instrument.

Dr Mackenzie mentioned a case in which he perforated and used Simpson's cephalotribe but he should have preferred using Smith's.

Dr Smith replied and thanked the members present for their kind criticisms on his paper and cephalotribe.

Moved by the Honorary Secretary and seconded by Dr J. C. Smyth that Dr A. P. B. Moore, M.D. be elected member of the Society.

W. Whitla, Chairman  
April 29th 1884

**Session 1883-84. Ninth Meeting of the Society was held in Royal Hospital upon the 29th April.**

Present Professor Dill President, Drs J. W. Browne, Moore, Fagan, Dempsey, Nelson, Barron, Esler, Whitla, and Mackenzie, Honorary Secretary.

Dr A. P. B. Moore M.D. (Q.U.I.) was unanimously elected a member of the Society.

Mr Fagan read notes of and exhibited patients upon whom he had operated by excision for enlarged cervical glands.

He showed a patient from whom he excised several large glands, the cicatrices being scarcely visible and the results being most satisfactory.

An interesting discussion followed in which all the members present took part as to the various methods adopted for the treatment of diseased glands.

Mr Fagan was congratulated upon the excellent results obtained by excision.

Dr J. W. Browne showed a patient upon whom he operated for genu valgum by McEwan's method 2 years ago, the result being complete success. The boy before operation was unable to walk, has now two useful strong and straight limbs.

Dr Whitla showed specimens of chyle. He showed the thoracic duct and the point of obstruction. In 8 weeks he removed 120 pints of chyle from the abdominal cavity. The patient died of tuberculosis meningitis.

R. F. Dill, President  
27th May 1884

**1883-84. Tenth Meeting was held in the Royal Hospital upon Tuesday 27th May.**

Present Professor Dill President in the chair, Drs Browne, Dempsey, McFarland, Nelson, J. C. Smyth, Barron, Kevin, Dwyer, Strafford Smith, Whitla, and Mackenzie.

Dr Browne read a paper on Paget's disease of the

breast. He showed the gland recently removed from a patient in the Royal Hospital.

He also give notes of a few cases of operation by [Bassini's?] method for the radical cure of reducible inguinal hernia.

The President gave a most interesting and detailed account of a case of placenta praevia to which he was called in consultation 30 miles from town. All the members present expressed their gratitude to the President for very lucid and admirable description given of this very dangerous and difficult case and for the minute details of the practice so successfully carried out by him, so carefully as to save the life that was despaired of by the attending physicians.

R. F. Dill, President  
17th June 1884

**1883-84. Eleventh Meeting 17th of June**

Present Professor Dill President in the chair, Drs Whitla, Barron, McFarland, J. C. Smyth, Dempsey, Dwyer, O'Connell, and Mackenzie.

Dr McFarland read his paper on "Cholera with special reference to the treatment by permanganate of potash".

The President related his experience of three epidemics in this country.

Dr Barron read Dr Smith's paper on rapid dilatation of the os uteri in placenta praevia.

A discussion as to the usual condition of the os in these cases took place.

The President wound up the discussion in an able manner, making clear any difficulties suggested by the members.

R. F. Dill President 1st July 1884

**1883-84, July 1st. Annual Meeting was held in the Royal Hospital.**

Present Dr Aicken in the chair, Professor Dill, Drs Smith (Shankill Road), J. C. Smyth, Dempsey, Kevin, Dickey, Barron, Esler, Wadsworth, J. W. Browne, Harkin, Whitla, Lindsay, and Mackenzie, Honorary Secretary.

The President, Professor Dill, read a most interesting paper on the dilatation of the os and cervix uteri. He showed a number of dilators including Hegar's.

The members were much interested and Professor Dill was thanked for his kindness in showing his various instruments.

The Honorary Secretary submitted the report of Council which was passed.

The Treasurer Dr Esler brought forward his financial statement for the year which showed a satisfactory balance £106-3-1 in hand.

Minutes of the Ordinary Meetings

*The U.S. Medical Society in age with the Secretary, (Dr. Dill)*

<i>To Journal of Expenses 25-17-8.</i>	<i>By Balance</i>	<i>91.13.4</i>
<i>1884.</i>	<i>132.3.1</i>	<i>1-10-0</i>
<i>July 1st</i>	<i>To 132.0.4</i>	<i>35.17.0</i>
		<i>By Subscriptions</i>
		<i>132.0.4</i>
	<i>By Balance</i>	<i>To 106.3.1</i>

The hour being advanced the meeting was adjourned for the election of office bearers till the 1st Tuesday in October.

**Adjourned Annual Meeting was held in Royal Hospital on Tuesday 7th October.**

Present Professor Dill President in chair, Drs J. C. Smyth, James Smith (Shankill Road), McFarland, Esler, Wadsworth, Lindsay, Barron, Dempsey, John Moore, McConnell, and Mackenzie, Secretary. Dr McKee was also present.

Mr Fagan and Dr Whitaker were proposed as President for ensuring session. Mr Fagan was elected by 9 to 2.

Drs Moore and Wadsworth – Vice Presidents.

Dr Lindsay (10), J. W. Browne (8), McFarland (9) Dempsey (8), J. C. Smyth (8), James Smith (7) – Council.

Dr Sinclair was elected Pathological Secretary.

Dr Barron was elected Librarian.

Dr Esler was elected Treasurer. (by acclamation)

Dr McKenzie was elected Secretary. ( " " )

Dinner to be on 25th November. Dinner Committee, President, Dr Esler, Whitla, Professor Dill and Honorary Secretary.

R. F. Dill, President  
11th November 1884

**Session 1884-85. The First Meeting of the U. M. Society was held upon the 11th November in the Royal Hospital.**

Present Professor Dill Ex-President in the chair, Mr Fagan President-Elect, Drs Dempsey, J. C. Smith, James Smith, Wadsworth, John Moore, A. P. B. Moore, O'Malley, Lindsay, Sinclair, Whitla, Byers, J. W. Browne, O'Connell, and Mackenzie, Honorary Secretary.

Professor Dill in a graceful manner thanked the members for their kindness to him during his year of office as President and expressed his pleasure at retiring in favour of one for whom he had respect and regard.

Dr Esler in a neat and feeling speech proposed a vote of thanks to Professor Dill (the retiring President) referring to the cordial and hearty manner in which Dr Dill entered into everything that was for the interest and welfare of the members.

Dr Moore seconded and Professor Dill responded to the vote of thanks which had been received and passed by acclamation.

The President-Elect (Mr Fagan) then proceeded to read his opening address.

Dr J. W. Browne proposed and Dr Dempsey seconded and Professor Dill supported a vote of thanks to the President for his valuable and practical address.

Dr Esler proposed and the Secretary seconded that the following gentlemen should be balloted for: Dr R. Purdon, Dr Bigger, and Dr Poole.

John Fagan, President  
9th December 1884

**Session 1884-85. The Second Meeting of the Society was held in the Royal Hospital upon Tuesday evening 9th of December at 8 o'clock.**

Present Mr Fagan President in the chair, Drs Dill, Browne, Dempsey, Whitla, St George, O'Neill, Sinclair, Esler, Kevin, Moore, O'Connell, and Mackenzie, Honorary Secretary.

The President having drawn attention to the death of Dr Wadsworth, one of the Vice Presidents of the Society, Professor Dill moved and Dr Browne seconded that the Honorary Secretary be instructed to write a letter of condolence to the relatives of the late Dr Wadsworth.

A ballot was taken for the following gentlemen who were elected unanimously members of the Society: Drs R. D. Purdon, Poole, and Bigger.

Dr Whitla proposed, Dr St George seconded, and Professor Dill supported a resolution that Dr Esler be elected Vice President in the place of the late Dr Wadsworth.

Dr St. George read a paper on genu valgum illustrated by a case successfully treated by means of "splints" without osteotomy.

The President showed two patients, and Dr Browne showed two patients, upon whom the operation by McEwan's method had been performed with the most satisfactory results.

An interesting discussion in which almost all the members took part ensued on the various methods of treatment and modes of operation recommended for the cure of genu valgum.

Dr Whitla exhibited vertebrae from the Irish Elk showing a rheumatic arthritis as illustrated by specimens of human bones.

He also exhibited a patient suffering from pseudo hypertrophic paralysis.

Dr Whitla proposed Dr Ward of Lisburn as a member.

A Council meeting to be summoned soon as possible to discuss place of meeting and any new

arrangements which might add to the interests of the meetings. Also the procuring of a new minute book.

Since last meeting a successful and enjoyable dinner of the members and visitors was held in the Royal Avenue Hotel. The members all expressed themselves as being highly pleased with the manner in which the dinner was served.

The following members and guests sat down: the President Mr Fagan in Chair, Professor Dill Ex-President Vice-Chair, Surgeon Major Thomson A.M.D., Drs Dunlop, McFarland, Armstrong A.M.D., Browne J. W., Wheeler Senior, St. George, O'Neill, Patrick, Graham, Bigger, Sproule, McConnell, Esler, John Moore, Kidd, Cuming, Harkin, Whitla, Dempsey, O'Connell, J. C. Smyth, James Smith, Gilmore, Poole, Purdon, Lindsay, Barron, and Mackenzie Honorary Secretary. 18/6 and 10/6

John Fagan President 23rd December 1884

**1884-85 Third and Special Meeting of the Society was held in the Royal Hospital upon Tuesday 23rd December at 8 p.m.**

Present Mr Fagan President in the chair, Professor Dill, Drs Kevin, A. P. B. Moore, John Moore, Whitla, R. D. Purdon, Gilmore, and Mackenzie, Secretary.

The minutes of last meeting were read and confirmed.

The Secretary read a letter from Mrs Wadsworth in reply to the letter of sympathy sent from the Society on the death of Dr Charles Wadsworth.

The Secretary read the following report from the Council:

"Your council being desirous of increasing the interest of the members in the meeting of the Society and feeling that your place of meeting is very far from being comfortable or attractive, with a view of bringing the members into closer fellowship one with another, recommend (1) That the place of meeting be changed for this session from the Royal Hospital to the Belfast Museum; (2) That the evening of meeting be Thursday instead of Tuesday (on account of the Museum being occupied on Tuesdays) (3) That tea should be served to the members at 7:30 o'clock.

Some of the junior members of the society felt that the meetings were very lukewarm and that there is a want of sympathy displayed one with the other and in order to bring about a closer acquaintanceship, and cause a firmer bond of union to exist among the members of the Society, your council recommend the 'Social cup of tea'.

Your council express the hope that the members will throw more zeal and energy into the working of the Society by attending the meetings in greater numbers and assisting the secretary in procuring pabulum."

Dr John Moore proposed and Dr Esler seconded that the change of meeting place mentioned on the circular and recommended by the Council take place for this session. Passed unanimously.

Professor Dill proposed and Dr Kevin seconded that the change of evening of meeting mentioned on the circular and recommended by the council from Tuesday till Thursday be adopted. Passed unanimously.

Professor Dill proposed and Dr R. D. Purdon seconded that tea should be served at 7:30 and business begin at 8, and that the expense should be borne by the funds of the Society. Passed unanimously.

Dr John Moore proposed and Dr Kevin seconded that the rules of order of procedure at meetings be adopted and printed with next circular. Passed unanimously.

The Secretary read an interesting proposal from Mr N. H. Patterson Honorary Secretary of Belfast Natural History and Philosophical Society that the Ulster Medical Society should have the use of the two rooms at the left of entrance hall in the Belfast Museum on alternate Thursdays for 10/- per night (including gas-fire and use of tea equipment) . No attendance further than the opening of the door.