CASE OF SNAKE-BITE.

Under the care of James A. Reid, M.D., Hon. Medical Officer.

Gippsland Hospital.

The following case of snake-bite is of considerable interest, as possessing some unusual features:

L. D., aged 13, a hawker's boy, was admitted to the Gippsland Hospital on the afternoon of February 3, 1894. He stated that while in the bush on the afternoon of the previous day, he felt a bite on his leg, and on looking down, saw a snake disappearing beneath a bush. He states, quite confidently, that it was a black snake, about three feet in length. He vomited several times a few minutes afterwards, but was able to walk to a house about half a mile away, having previously tied a ligature round the leg above the place where it was bitten. Here Shires' antidote was applied to the wound, and he felt no further discomfort until midnight, when he was troubled with pain, and a feeling of constriction in the throat. Next day two doses of "spirits of ammonia" were given to him, and he was brought by the afternoon train to the Gippsland Hospital.

When seen on February 4, the condition was as follows:—On the inner side of left ankle, just above the top of the boot, there were two well marked punctures, and, at a distance of rather less than a quarter of an inch from these, two less distinct, the latter closely resembling the punctures of flea bites. There was no inflammatory reaction round them. The temperature was 101°; lower jaw clenched, so that the teeth could not be separated more than half an inch; tongue furred and dry; pain, and feeling of constriction in throat, and dysphagia; complete ptosis of both eyelids; pupils widely dilated and entirely irresponsive to light and accommodation; slight external strabismus; vision good.
Ophthalmoscopic examination by my colleague, Dr. Mathew Reid, revealed nothing abnormal; drowsy but quite conscious, and talked sensibly. No anaesthesia, or numbness, or pain. Voluntary motor power diminished, but he could move his limbs; grip power very small. Plantar, patellar, cremasteric, and abdominal reflexes entirely abolished. Had complete control of bowels and bladder; urine scanty and almost black, and loaded with bile; stools clay-coloured; but little, if any, icteric tinge of skin, and none of conjunctivæ. Vomiting had ceased when seen. Pulse 100; respiration 19.

On the following morning, the symptoms continuing the same, it was decided to try the strychnia treatment, and he was given the following doses of liq. strychniae (B.P., 1 per cent.) hypodermically:—11.5 a.m. m.v, 11.35 m. vi, 12.5 p.m. m. vii, 12.35 m. x, 1.10 m. x, 1.40 m. vi, 2.10 m. vi, 3.0 m. xv, 4.15 m. x, 6.40 m. vi. At 4.30, he showed the first signs of the physiological action of the drug. On tapping his back lightly, or suddenly striking the bedstead, he jumped as if hurt. The spasms only continued about half an hour. The pupils were less dilated, and now reacted to light. Ptosis, slight drowsiness, and condition of urine remained unaffected. Temperature 100° F.

Next day he was in just the same condition as on admission, being fed by enemata, as he could swallow nothing.

On the 6th, he was in precisely the same state, and eighty minims of liq. strychniae were again given hypodermically between the hours of 11.20 a.m. and 3.45 p.m., producing only slight spasms and more sensitiveness of pupils.

On the 7th, he complained of severe pains in his arms and legs, aggravated by movement, and there was profuse salivation, otherwise his condition was unaltered. There was now no alteration till the 10th, when the following note was taken:—Patient lies with limbs flexed, unable to move hands or legs; severe pains in limbs; urine continues to contain bile, but to a less extent. Trismus unaltered, lips blue and face livid, feet cold, pulse small and compressible. There is a good deal of erythema round the puncture. An incision was made through the chief puncture, which showed a single groove perforating the whole of the true skin; the other punctures were only superficial, and had now nearly disappeared. Between the hours of 11.30 and 6.30, 110 minims of liq. strychniae were given hypodermically, producing only slight physiological symptoms as before, but the blueness of
case of Snake-bite.

March 15, 1894

the lips and the lividity of the face disappeared, and the pulse improved. The salivation, which was very profuse and troublesome, almost entirely ceased before the last dose had been given.

On the 12th, the ptosis had completely gone, and the pupils were only slightly dilated, and acted somewhat to light. He remained much the same till the 18th, but in the meantime, began to take food by the mouth, the trismus and dysphagia being less.

On the 18th, he was much improved, bright, and communicative, and could move his legs and arms fairly freely for the first time; the pain was almost gone; knee reflex partially returned; strabismus gone, and the pupils normal. He ate well, and temperature and pulse were normal.

On the 20th, he had an evening temperature of 103° F., apparently from some error in diet. Temperature was normal next morning, and since then, he has gone on gradually improving, and regaining the voluntary power over his muscles.

As regards the symptoms of this case, the almost complete paralysis of the third cranial nerve was unusual, snake-poison being regarded as purely a spinal depressant. Although dilatation and sluggishness of the pupil are almost invariably present, and are supposed to form an excellent criterion of the effect of the strychnine, still ptosis and strabismus are seldom recorded. The bilious condition of the urine is described in text-books, but seldom if ever recorded in Australian cases, so that it is either very rare, or the urine is seldom examined, occurring as most of the cases do under circumstances very unfavourable to clinical investigation.

Another unusual feature is the extraordinarily late development and long duration of the paralysis; it was not at all developed before the eighth day, and lasted till the eighteenth. The other symptoms were characteristic; but it was remarkable, that serious symptoms did not develop for so long a time after the bite. In all the cases successfully treated by Dr. Mueller's method, the cure was effected in a few hours, and the symptoms did not recur. In this case they continued for a fortnight, and in fact were worse at the end of the first week than on admission. It seems clear, therefore, that the strychnia had absolutely no part in the cure of this case. In spite of its physiological action having been produced on separate occasions, the symptoms remained unabated. The strychnine certainly improved the sensibility of the pupil, but had no influence on the ptosis and the prominent symptoms, and no
permanent influence at all. But this much seems obvious, that there was a remarkable tolerance of the alkaloid, which could only be due to the presence of snake poison. Thus it required on the first occasion four-fifths of a grain of strychnine, administered over a period of five and a half hours, to produce any visible spasms; on the second, four-fifths of a grain in four and a half hours; and on the third, no less than one and a tenth grains were necessary to produce the physiological action. These seem to be the largest doses of the drug recorded in so youthful a patient (13 years), the largest record I can find in Australia being that given by Dr. Holmes, in Launceston, viz.:—126 m. liq. strych. (B.P.) in five hours to an adult. Since these notes were written, the patient is up and about the hospital grounds, and with the exception of slight weakness in the limbs, feels as if nothing had been the matter.

I have to acknowledge my indebtedness to my colleague, Dr. M. A. Reid, for his assistance in the management of this case, and for the record of these details.

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WOMEN'S HOSPITAL.—At a meeting of the Committee held on March 9, an inquiry was commenced into certain allegations made by a correspondent, as to the treatment received at the hospital by a Mrs. Sharp, who had died subsequently to her confinement, on February 16. The writer, a Mrs. Watkins, alleged that the woman's death had been brought about by the carelessness of a nurse. The evidence taken went to show that the woman's death had resulted from the improper use of an antiseptic—perchloride of mercury, used as a douche. The members of the Committee strongly condemned the officers of the institution for not bringing the matter under their notice at the last meeting, and also the manner in which the use of antiseptics was allowed. The inquiry was continued at a meeting held on March 9. Dr. C. H. Mollison, the Hon. Pathologist, stated that death was due to an accident in the use of a mercurial solution. The nurse was not culpable. Dr. Eugene Anderson, under whose care the patient had been, gave similar evidence. After discussion, it was decided to ask the honorary medical officers if they were satisfied with the instructions given to the nurses by the head nurse. The resident medical officers were also instructed that in future all unusual occurrences in the hospital, such as the death of Mrs. Sharp, should be mentioned in the report submitted weekly to the Committee.

Dr. Fowler has tendered his resignation as Medical Officer to the Echuca Hospital, in consequence of the action of the Committee in countenancing a performance given on behalf of the local charities by a travelling "healer," calling himself "Professor Tarasco." The resignation was accepted with regret.
TABLE OF TWENTY CONSECUTIVE ABDOMINAL SECTIONS.

By J. W. Dunbar Hooper, L.R.C.P. et S. Ed.

Surgeon to the Women's Hospital, Melbourne.

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Condition</th>
<th>Place</th>
<th>Anaesthetic</th>
<th>Present</th>
<th>Nature of Case</th>
<th>Result</th>
<th>Remarks</th>
</tr>
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<tbody>
<tr>
<td>April, '92</td>
<td></td>
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<tr>
<td>1</td>
<td>29</td>
<td>M (3)</td>
<td>Hospital</td>
<td>Chloroform.</td>
<td>Drs. Rowan and Gilray.</td>
<td>Lumbar hernia, which followed chole-cystotomy performed elsewhere two years ago.</td>
<td>Recovery</td>
<td>Parts all united by a continuous catgut suture, which was completely absorbed, and left firm cicatrix.</td>
</tr>
<tr>
<td>2</td>
<td>34</td>
<td>M (3)</td>
<td>Hospital</td>
<td>Ether.</td>
<td>Dr. O'Sullivan.</td>
<td>Cyst of left broad ligament. Manipulation of gall-bladder. No calculi found there or in fossa subsequently.</td>
<td>Recovery</td>
<td>Details and result almost precisely similar to Dr. Duncan's case in <em>Aust. Med. Journal</em> for February, 1894.</td>
</tr>
<tr>
<td>3</td>
<td>33</td>
<td>M (2)</td>
<td>Private</td>
<td>Chloroform.</td>
<td>Dr. Russell.</td>
<td>Right pyo-salpinx, peritonitis.</td>
<td>Recovery</td>
<td>Patient early discarded abdominal belt, and has now a ventral hernia.</td>
</tr>
<tr>
<td>6</td>
<td>33</td>
<td>M (0)</td>
<td>Private</td>
<td>Chloroform.</td>
<td>Dr. Davenport, Stewart and Power.</td>
<td></td>
<td>Recovery</td>
<td>Rotated pedicle.</td>
</tr>
<tr>
<td>7</td>
<td>40</td>
<td>M (2)</td>
<td>Hospital</td>
<td>Chloroform.</td>
<td>Drs. Rowan and O'Sullivan.</td>
<td>Large cyst of left par-ovarium (20 pints). Multilocular cystoma of left ovary (14½ lb). Chronic disease of appendages, double oophorectomy. Multilocular cystoma of right ovary (8½ lb).</td>
<td>Recovery</td>
<td>Delivered of living child at term in January, 1894 (Geelong). Before operation patient was a chronic invalid, and is now well.</td>
</tr>
<tr>
<td>8</td>
<td>29</td>
<td>S</td>
<td>Hospital</td>
<td>Chloroform.</td>
<td>Dr. O'Sullivan.</td>
<td></td>
<td>Recovery</td>
<td>Pedicle rotated.</td>
</tr>
<tr>
<td>9</td>
<td>31</td>
<td>M (4)</td>
<td>Hospital</td>
<td>Chloroform.</td>
<td>Drs. Meyer and O'Sullivan.</td>
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<tr>
<td>10</td>
<td>35</td>
<td>M (2)</td>
<td>Hospital</td>
<td>Ether.</td>
<td>Drs. Meyer and O'Sullivan.</td>
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<tr>
<td>11</td>
<td>31</td>
<td>M (4)</td>
<td>Hospital</td>
<td>Ether.</td>
<td>Drs. Meyer and O'Sullivan.</td>
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TABLE OF TWENTY CONSECUTIVE ABDOMINAL SECTIONS—Continued.

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<tbody>
<tr>
<td>April, '92. 12</td>
<td>44</td>
<td>S</td>
<td>Private</td>
<td>Ether.</td>
<td>Drs. Davenport, Syme and Connor (Geelong).</td>
<td>Exploratory operation for enormous myoma; omentum almost gangrenous by inflammation and pressure. Impossible to remove anything. Large dermoid of left ovary (7½ lb). Large hydatid of liver; Linde- mann's operation. Right pyo-salpinx.</td>
<td>Died.</td>
<td>Death from exhaustion next day. No post-mortem examination.</td>
</tr>
<tr>
<td>14</td>
<td>S</td>
<td>Hospital</td>
<td>Chloroform.</td>
<td>Drs. O'Sullivan and Meyer.</td>
<td>Recovery</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>M (1)</td>
<td>Private</td>
<td>Chloroform.</td>
<td>Drs. Davenport and Hayman.</td>
<td>Recovery</td>
<td>Patient caught cold, and developed right basal pneumonia two months after operation while at a football match, and her present condition is unsatisfactory.</td>
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<tr>
<td>17</td>
<td>S</td>
<td>Hospital</td>
<td>Ether.</td>
<td>Drs. Rowan, O'Sullivan, Haig and Miller Johnson.</td>
<td>Recovery</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>M (0)</td>
<td>Private</td>
<td>Chloroform and Ether.</td>
<td>Drs. Russell and Stawell.</td>
<td>Recovery</td>
<td>—</td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>M (2)</td>
<td>Hospital</td>
<td>Chloroform.</td>
<td>Drs. O'Sullivan and Meyer.</td>
<td>Recovery</td>
<td>—</td>
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</table>

I desire to express my cordial thanks to those of my colleagues on the staff of the Women's Hospital who have so ably assisted me; to the Resident, and to the nurses, for patient, skilful and successful work.

The success of cases in private is largely due to similar and hearty co-operation, and I am greatly indebted to the gentlemen named for their valuable help.
Clinical Cases.

ORDINARY MONTHLY MEETING.

WEDNESDAY, MARCH 7, 1894.

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

The President, Dr. Gresswell, occupied the chair, and thirty-two members were present.

The minutes of the preceding meeting were read and confirmed.

One gentleman was nominated for membership.

CLINICAL CASES.

Dr. Coxwell showed a case of Myxœdema. The patient was a woman, aged 50, married, childless. Her illness dated back eight years, and she had been under Dr. Coxwell's observation nearly two years. Her features had been pathognomonic, and she had sub-normal temperature; slow, weak, irregular pulse; loss of hair, dryness of skin, excessive susceptibility to cold, general weakness; slowness of bodily movements, thought, and speech; mental depression, in the course of which a slight attack of mania occurred. At first pure thyroid juice, in doses of two minims daily; later, succeeded by thyroid extract in tabloids of the strength of one-eighth of a gland every other day, continued now for nine months, had left the patient with hardly a trace of her former malady.

Dr. W. R. Boyd showed a case of Myxœdema under treatment by thyroid gland tabloids, and read the following notes:

M. W., widow, æt. 53. Seen at the out-patient department of the Melbourne Hospital on December 6, 1893. She presented the typical facial expression of a myxœdematous patient—puffiness, especially of the eyelids and lips; flush in the cheeks; dilated capillaries; hair very thin on scalp, and almost absent in axillae; skin very dry, harsh, and epidermis separating in fine flour-like scales; temperature 96°; mental obsfuscation marked. She had noticed the dryness and scaling of the skin for four years, and about twelve months ago the abdomen began to swell. For this, paracentesis abdominis was performed twice—in August and October, 1893—and about fourteen pints of a straw-coloured fluid drawn off on each occasion. Of late she had become very
slow in her movements, and unable to attend to her household duties. Memory and mental activity became markedly diminished, and the speech was thick and slow. Abdomen measured forty-four and a half inches at umbilicus, and fluid could be detected in peritoneal cavity. For the first two weeks, two thyroid gland tabloids (Burroughs, Wellcome and Co.) were administered daily, and subsequently one each day. There was almost immediate improvement in her symptoms.

On January 10, the temperature was 97.6°, and the abdomen measured thirty-four inches. On January 24, the temperature was 98°, and the abdominal measurement thirty-two inches.

Now her temperature is normal, the abdomen measures thirty inches, her face is so changed in appearance that she can with difficulty be recognised as the same patient who presented herself for treatment three months ago. All trace of puffiness is gone, and she looks quite ten years younger. Her mental and bodily activity are rapidly returning, and her scalp is literally covered with a crop of new hair; the skin is smooth and soft, and has ceased to scale.

Mr. Hamilton Russell showed a Case of Plastic Surgery of the Hands. The patient was a boy, aged 4, a patient in the Children's Hospital, under Mr. C. S. Ryan, who had sustained severe burns of both hands in infancy, and had recovered with all the fingers of both hands flexed into the palms, and together with the thumbs, imbedded in cicatricial tissue, so that the two extremities were devoid of any digital arrangement, though the bones of the fingers could be felt on careful examination. In addition, the terminal phalanges of all the fingers, and varying portions of the first and second phalanges of the several fingers had completely disappeared. A large number of plastic operations had been performed by Mr. C. S. Ryan and Mr. Hamilton Russell, chiefly by means of implantation of skin flaps from the chest and other convenient sites. When shown, the boy was found to have useful prehensile members, consisting of a well-formed and mobile thumb, and two or three fair digits on either hand. Casts of the hands, taken on admission to the Children's Hospital, were shown.

Dr. Herman Lawrence showed a Case of Purpura Hemorrhagica.
The following paper was then read:—

NOTES ON TWO CASES OF APPENDICITIS WHERE
OPERATIVE INTERFERENCE WAS SUCCESSFUL.


Demonstrator of Anatomy, Melbourne University; Hon. Surgeon to St.
Vincent's Hospital, and to Out-patients, Melbourne Hospital;
Surgeon to the Victorian Police Force, &c.

In a paper read before this Society in May 1891, I ventured to
discuss at some length the nature and treatment of “Typhlitis, So-
called,” or what is now almost universally termed Appendicitis.
Since then, the literature of this subject has become remarkable
in its extent, and when one reads papers with such titles as
“Deductions from my first 110 Laparatomies for Appendicitis,”* or
“Remarks upon Appendicitis, based upon personal experience
of 181 cases,”† one feels that some apology is necessary for
recording a couple of cases.

My apology is simply this, that notwithstanding the activity of
our American confrères in investigating, operating on, and writing
about this affection, the most diverse opinions still exist con-
cerning it. Then again, the subject seems to me of such interest,
that really no apology is needed for recording further cases, if
they can in any way help us to more definite views concerning a
condition, which, as Dr. Richardson says in the paper alluded to,
“is the most important acute abdominal disease of the present
time,” especially as so very few cases of its successful treatment
by operation have as yet been recorded in Melbourne.

In my previous paper, I said that there seemed to be two types
of this disease—a mild type, resolving under medical treatment,
and a severe type, demanding early surgical interference. To this
latter type, the two cases I will now read belong.

CASE I.

Appendicitis — Sloughing of Appendix — Localised Suppurative
Peritonitis—Secondary Perforation of Cecum—Operation—
Recovery.

Mr. C. T., aet. 18, was seen in consultation with Dr. Carney, at
Malvern, on the evening of the 28th August, 1893. He began to

feel ill on the 23rd August, with pain chiefly in the right side of
the abdomen, but radiating all over the belly. He also vomited
slightly. He was treated by a chemist, and seemed better; but
on the 26th he became very ill, with intense pain, frequent
vomiting, and fever. Dr. Carney saw him and diagnosed
appendicitis. On the evening of the 28th, his temperature was
103°; pulse 120 and weak; he was still vomiting, and had pain
chiefly in the right iliac region. The right rectus muscle was
rigid, and the right side of the abdomen tense and immobile.
There was marked tenderness over McBurney's point, and a
diffuse, but not very great, swelling in the right iliac region.
The rest of the abdomen was not tender. The bowels had acted
that morning. The tongue was clean; the expression was
anxious and patient obviously very ill. Per rectum, a soft
swelling could be felt high up on the right side. There was no
trouble with micturition, and he had had no shivering. The
diagnosis of appendicitis, with perforation and commencing
abscess, was made, and it was decided to operate. At the wish
of the friends, however, the operation was delayed till the next
morning.

On the 29th August, chloroform having been administered by
Dr. Langlands, and assisted by Dr. Carney, an incision was made,
with the usual antiseptic precautions, along the right linea semi-
lunaris. On opening the peritoneum, the cæcum was exposed and
found to be adherent to the abdominal wall. The adhesions were
gently broken through on the right side of the bowel, and a collec-
tion of very offensive faecal-smelling pus evacuated from behind the
cæcum. Working with the finger down towards the pelvis, the
collection felt per rectum was opened and found to consist of serum
only. Sponges were packed round the intestine, and the cavity
wiped out with sublimate gauze and irrigated with hot satu-
tated boric acid solution. The incision was then enlarged, and
search made for the appendix, which was found imbedded in lymph
and adherent to the posterior wall of the cæcum. The adhesions
were slowly separated, and at the base of the appendix a sloughy
perforation was found. The appendix was ligatured at its base
with catgut and removed. A perforation was then found in the
cæcum, where the appendix had lain over and been adherent to it.
The edges of this were brought together with fine silk Lembert's
sutures, and the stump of the appendix brought over the opening
and held there by an omental graft, sutured over them both. The
cavity was freely irrigated, a glass drain tube passed into the pelvis, and packed round with iodoform gauze. The wound was partially closed with silk-worm-gut sutures, and dressed with perchloride gauze. The whole operation lasted one hour and a quarter, and was followed by slight shock. At 8 p.m. he had recovered from the shock. Temperature 102°; pulse 120; no pain. He had vomited twice.

On the 31st August, the packing was removed, disclosing a granulating surface. No pain and no vomiting; bowels acted naturally; temperature 99° F.

On the 6th September, the temperature suddenly shot up to 102°, and his respirations to 32; he had dulness and tubular breathing at the bases of both lungs. This pneumonic attack gradually subsided.

On the 13th, his temperature again rose, and some pus was evacuated from a pocket round the ascending colon. After this the wound granulated up, and the patient rapidly convalesced, and is now perfectly well and able to work hard, with a firm scar.

**CASE II.**


J. C., aged 38, labourer, was admitted to St. Vincent's Hospital on January 12, 1894, complaining of pain in the right side of the abdomen. On December 25, 1893, he was suddenly seized with pain and vomiting, and he noticed his belly was rather swollen. The pain and vomiting have continued ever since. The bowels have acted daily. He became hot and thirsty four days ago, but has had no shivering.

On examination, tenderness and fulness were found in the right iliac fossa, and extending up along the ascending colon. Temp. 101°F.; pulse 100, soft and intermittent; skin acting. *Per rectum,* fulness felt high up on the right side.

On the evening of the 14th, his temperature rose to 103°; his pulse was 120, very small and weak; the pain was no easier; the swelling more marked in the right iliac region; expression anxious.

On the 15th, it was decided to operate. Chloroform being administered by Dr. Morton, and Dr. Stirling assisting, an incision was made about four inches long along the right *linea semi-lunaris* into the peritoneal cavity, exposing the ascending
colon and cæcum, and some coils of small intestine. These being protected by sponges, the cæcum was carefully separated on its outer side, and the adhesions being gently broken through with the finger, an abscess was opened, lying behind the cæcum and roofed in by adherent omentum. The cavity was well irrigated with hot boric lotion and sponged out. The incision was then enlarged upwards and downwards, and some adherent omentum ligatured and removed. The appendix, after some search, was found imbedded in a thick mass of adhesions, gluing it to the cæcum and ascending colon. It was freed, ligatured at its base with catgut, and removed—the peritoneum being sutured over the end by Lembert’s sutures of catgut. The cavity was again irrigated, and then packed with iodoform gauze, and the wound closed above and below with silkworm-gut sutures. There was practically no shock, and he had only a little chloroform vomiting during the night.

Next day (Jan. 16, 1894) the temperature was 99°; pulse 90, strong and full; no oozing from wound; allowed milk and soda by mouth; no pain.

Jan. 17.—Plugs of gauze removed, and fresh gauze loosely packed in.

He continued without rise of temperature or symptoms of any kind, except a slight attack of diarrhoea on the 29th, and the wound granulated up and is now closed. The appendix was thickened and inflamed, but contained no pus and was not perforated.

In both these cases the indications for operation, afforded by the general condition of the patient, were fairly obvious, and in first case, the patient was already in apparently a septic condition, to which, probably, the subsequent pneumonia was due. Very little further delay in operating would have been fatal. In the second case, the local swelling was much more marked, and was found to be due to adherent thickened omentum and lymph, which possibly diminished the rapid absorption of the poison, so that the constitutional symptoms were consequently not so marked. The existence of serum in the swelling in the pelvis in the first case, associated with pus round the appendix, was interesting. Aspiration or incision per rectum would have simply drawn off this serum, and left the abscess unaffected.

I have now to crave your indulgence for a few speculative observations as to the probable cause of this division of apparently
the same disease into two such very different types—a type that gets well almost without treatment, and a type that, if unoperated on, almost inevitably proves fatal. Senn has remarked that, "there is little doubt that most, if not all, acute cases of appendicitis are preceded by a chronic lesion. A foreign body, for instance, may be present for a long time without giving rise to serious symptoms; but it cannot remain for any length of time without causing a catarrhal inflammation, or superficial ulceration."

Now, I would venture to suggest that the severe and fatal forms of this disease are probably due to a special micro-organism, which finds a suitable environment for its activity under the special conditions afforded by a chronic catarrhal condition of the appendix. In most of these acute cases, the sloughing of the appendix is most intense, and exactly such as would be produced by a septic necrosis, and this fact, together with the obviously general septic condition of the patient, seems to me to point strongly in this direction. Comparatively few bacteriological investigations of appendicitis have been made as yet, but the subject is being actively studied in America, and some definite results will soon, in all probability, be reached. A most interesting article on this aspect of the question is published in the New York Medical Journal for December 1893, by Dr. Eugene Hodenpyl, who, acting on a suggestion of Dr. McBurney, has made a series of bacteriological studies of the exudates in eleven cases recently operated on by that surgeon; and he also gives the results of similar investigations made by others in twenty-four cases. Out of this total of thirty-five cases, the *bacillus coli communis* was the only germ isolated in thirty-two. In one case the *streptococcus pyogenes* was associated with the *bacillus coli communis*, and in another case the *streptococcus pyogenes fetidus*, while in one case the *streptococcus* was the only species found. Dr. Maurice Richardson, in the paper alluded to, states that of late he has made cultures of the abdominal fluids, of the contents of the excised appendix, and of the pus in appendicular abscess. In most septic serous effusions into the peritoneum, the *bacillus coli communis* has been found, but not in all cases. He thinks the presence of this bacillus will probably explain the fatal character of certain forms. The pathogenic properties of the *bacillus coli communis*, however, are subject of dispute. It is undoubtedly harmless in the normal condition of the bowel, and whether it may become pathogenic under abnormal conditions, remains to be seen. Hodenpyl
observes that his investigations are probably incomplete, inasmuch as Barbacci has pointed out that the *bacillus coli communis* grows with great rapidity in artificial cultures, and may thus conceal more slowly growing and less conspicuous forms. Dr. R. T. Morris also, in a recent paper,* stated his belief that appendicitis is essentially an infectious process. He holds that the guarding epithelium becomes first affected, and thus permits a mixed bacterial infection of the adenoid structure.

Enough has been said, however, in support of my contention, that whatever the exact nature of the infection, the process is a septic one, and hence its fatality. It is the effect of this septic poisoning on the general condition of the patient that must be the main guide as to deciding the character of the particular attack, and the necessity for operation. The character of the local symptoms, and the duration of the attack, are comparatively unimportant; but it must always be borne in mind, that the acute fatal condition may at any moment be grafted on to a simple catarrhal form, which, as in my second case, may have been going on for some time. Once the diagnosis of the acute septic condition is made, the sooner the operation is performed, and the source of infection removed, the better. If the operation be delayed, the patient dies poisoned, in spite of, not because of, the operation. That a large proportion of cases of appendicitis seen in practice belong to the simple catarrhal form, and may be treated medically, must be fully admitted, and the practice of the American surgeons, who operate in every case of appendicitis, is to be condemned; but I hold very strongly, that every case requires most careful watching. Indications for operation may arise at any moment. If acted on, successful results will follow, whereas delay too often means death.

Dr. Gardner thought a great deal of work had yet to be done by bacteriologists before anything definite could be decided as to aetiology. He had seen seven cases recently in private practice, and they had all recovered. He held that, in cases where an abscess had formed, there was no necessity to try and remove the appendix as it was, as a rule, bound up by adhesions during the process of suppuration. When, however, there was no suppuration, but only a serous collection, the appendix had to be found and ligatured. In cases of relapsing appendicitis, the question

* * Annals of Surgery, Vol. XVIII, No. 4.*
arose whether the vermiform appendix should be removed during the attack, or during the intervals between the attacks. His experience was, that removal during the interval was followed by the greater success.

Dr. Coxwell thought there was no strong reason to think appendicitis is due to a special bacillus. Mechanical conditions would sufficiently account for the disease. The appendix is a cul de sac, and perforation of it is analogous to that of the membrana tympani. Recurrence of attack might be explained by predisposing anatomical conditions. The American observers quoted by Mr. Syme, had found in the great majority of cases only the harmless *bacillus coli communis*, and in the others *streptococcus pyogenes*, which, as a matter of fact, is found in about half the specimens of pus from all sources examined for bacilli.

Mr. Hamilton Russell said that he had recently seen several cases of appendicitis, and that the desirability or otherwise of operation in one of the cases seemed to him to be very doubtful. Mr. Syme, in his paper, had divided all cases of appendicitis into two classes—those in which operation was indicated, and those in which it was not. He would very much like to hear from Mr. Syme the factors in the individual cases which determined him in favour of operation on the one hand, or an expectant course on the other.

The President said that Dr. M'Inerney had recently drawn the profession's attention to the fact that the actinomycotic organism was frequently found by the microscope to be the cause of a number of cases of localised suppuration in Victoria. He would like to know whether this organism might in any way be the cause of any of these cases of suppurating appendicitis.

Mr. Syme, in reply to what Dr. Gardner had said with regard to the removal of the appendix in suppurating cases of appendicitis, said he thought that a great deal depended on the ease with which the appendix could be reached. It had been stated that once suppuration had occurred in these cases, the attacks came to an end. He had, however, seen two cases in which suppuration had occurred, and the abscess had been opened surgically, yet relapses had followed. He considered that an attempt to remove the appendix should always be made when the surgeon opened one of these abscesses; but he fully recognised the danger of breaking down adhesions. In the mild type of recurring appendicitis, he agreed with Dr. Gardner in waiting for an interval between the attacks in
which to remove the appendix. Whilst stating that there were two types of appendicitis, he did not state that they were easily distinguishable clinically. On the contrary, nothing was often more difficult. He wished to emphasise that, whether the condition was mechanical or due to a micro-organism in the severe type, it was a septic one, and its symptoms were those of septic poisoning, and in addition to persistent vomiting and intense pain, there was a peculiarly rapid, feeble, sometimes intermittent and irregular pulse, with a general expression about the patient of acute and severe illness. But the personal equation and the results of personal experience entered very largely into the diagnosis of these cases. His experience led him to believe that if this septic condition were recognised earlier, a greater number of patients would be saved by surgical interference. With regard to the aetiology of the complaint, he formerly held that the mechanical theory explained all that was needed. But he found it hard to understand why some cases constantly recurred without suppuration, and others suddenly lighted up into a severe septic condition. He was not prepared to say whether actinomycosis was the active agent in cases of appendicitis.

The following paper was then read:

THE EFFECT OF REMOVAL OF DISEASED UTERINE APPENDAGES ON NEUROTIC SYMPTOMS.

By G. Rothwell Adam, M.B. et Ch. M. Edin.
Hon. Medical Officer, Women's Hospital, Melbourne.

In presenting the following cases to you, I cannot bring any novelty forward, but I trust that the record of a few cases, in which the subsequent effect of the removal of the uterine appendages has been noted, may prove of some interest.

I may here state, that in no instance were the appendages removed without the patient being previously examined under an anaesthetic, and disease of these organs more or less accurately known.

I need hardly remind this meeting of the heated controversy that was waged two or three years ago regarding such operations, and now that professional opinion has settled down, the only justification for operation is disease of the appendages themselves, or certain diseases of the uterus. Moreover, the question of operation must necessarily rest on the judgment of the expert, and the proper consideration of the individual case.
CASE I.

E. H., age 24, unmarried, menstruation began at 13, was regular, no pain. Her mother and brother died from some lung disease, father was epileptic. Two years ago she fell while skating, and has not been quite well since. Her present condition is, that she suffers from bearing down on exertion, backache, pain in right groin, with occasional attacks of vomiting. She is excitable, alternating with attacks of mental depression; her mind is constantly dwelling on the state of her generative organs. It is impossible to get any reasonable conversation with her, and although she understands she ought to work for her living, she is quite incapable of making the effort—in short, she is a chronic invalid. As regards the local condition, the uterus is anteflexed, but mobile; the right tube swollen and adherent; and the right ovary is enlarged, probably cystic. The appendages on the left side appear normal.

After treatment for many months, and without the condition improving, but rather the reverse, the appendages were removed, and found to be as suspected, with the exception that the left ovary showed signs of disease, consequently, it was thought best to remove the appendages on both sides. Her recovery from operation was rapid and complete.

The subsequent history is, that although she is free from the local troubles, and able to earn her living, she suffers pains in other parts, and is as wayward as ever. All one can say about this case is, that her local disease was cured, but her mental condition remains unaltered.

CASE II.

J. McF., age 22, unmarried, began to menstruate at 13, was regular, with a small amount of pain. Father and mother living, and healthy; but the family history is distinctly neurotic on the female side. When young, she had whooping cough accompanied by convulsions, and since she has grown up, has had occasional attacks of spasmodic asthma.

The present condition is, that she suffers from violent dysmenorrhea, which has been gradually increasing since puberty. The pain comes on several days before the flow appears, and radiates from the groins down the outside of both thighs, and in the sacrum, and as she expresses it, she feels as if something was going to burst. There is also constant nausea, with neuralgic pain, some-
times on one side of the face and sometimes on the other. Latterly, when the dysmenorrhoea is at its height, there is ptosis, with photophobia, and a copious lachrymal secretion. Her mental attitude, during the period, is one of great despondency, in fact, she lies in a completely apathetic state. For the past year, during which she has been under observation, she has withdrawn herself entirely from society, excluding even favourite companions of her own sex.

The local conditions, as ascertained under an anaesthetic, were as follows:—Cervix small, hard; os normal in size; uterus ante-flexed, very hard, almost fibroid; cavity measured under two and a half inches. The appendages on both sides were ascertained to be in a normal position, but to the touch, the ovaries gave a sensation of unusual hardness. After a year’s treatment, with the only result that the patient steadily retrograded, the appendages were removed. The ovaries were smaller than usual, very hard and corrugated on their external surfaces.

Under the microscope, sections, which were kindly made for me by Dr. Mollison, and which he shows you here to-night, exhibit bands of the fibrous covering dipping in in an unusual manner, and compressing the ovarian tissue; then a thick fibrous layer is imposed, through which a Graafian follicle can only with exceeding difficulty get to the external surface. As a result of this, a zone of cysts is next seen, which Dr. Mollison considers to be dropsical Graafian follicles. Recovery from operation was uneventful.

The subsequent history of this case is extremely interesting, for although she suffers acutely from flushings and other signs of the climacteric, she has improved mentally to a most gratifying extent. The physical condition has so altered, that from being a shrivelled, doubled-up looking individual, brooding over her ailments, and being a constant care and anxiety to her friends, she is now a well developed woman, active, and taking an interest in her surroundings, and making light of the inconveniences of the menopause.

**Case III.**

B. W., æt. 17, unmarried, began to menstruate at 14, irregular, and steadily decreasing in quantity, with an increasing amount of pain. Father and mother living, but there is a neurotic history on both sides. Her previous history is good. Soon after she began to menstruate, she fell into a river while the catamenia was on. The flow suddenly ceased, and she had pain; but her
friends, with whom she was then staying, did not attach much importance to the trouble, and she accordingly had no treatment. Since then, she has had increasing dysmenorrhea, and the flow becoming scanty. The mental condition is approaching melancholia, with long drawn face, listlessness to everything but her own ailments, violent dislike to some of her nearest relatives, and, as she herself expresses it, at the approach of her period she fears a loss of self control. She told me that if something could not be done for her, she feared she would do damage either to herself or her relatives.

At the time she consulted me, the menstruation was regular every four weeks, lasting only half a day, very scanty, with pain beginning about a week before the flow appeared. The cervix was anteverted, conical; os normal size. Uterus anteflexed, small, hard, mobility limited; cavity measured by sound one and a half inches. The appendages on right side were adherent, ovary small and nodulated; on left side, the appendages were displaced downwards and fixed, ovary feels hard and somewhat like a quandong stone. After removal, both ovaries, as Dr. Mollison will kindly show, were cystic—the right with a fair-sized blood cyst. The fimbriated end of both tubes were sealed up and swollen. The patient made a rapid recovery after operation.

I saw her a few weeks ago, and found her in robust health, able to play tennis and enjoy her life as she had not done before. And her father tells me that her mental condition is improved; now she takes an interest in her surroundings, and up to the present she has not exhibited an aversion to her relatives. How long this improvement will continue it is impossible to say, for of course the time which has elapsed, six months only, is far too short to speak with confidence of permanent improvement.

Prior to my seeing this patient, she was submitted to a course of electrical treatment, but with no benefit, or rather an aggravation of the trouble.

**Case IV.**

I was asked by a medical man to make a gynaecological examination of a lady who was suffering from melancholia of a sub-acute type. The history given was that for some years she had shown symptoms of mental trouble, which had steadily developed into melancholia. At the same time there had been menstrual disturbances, irregularity, both as regards time and quantity, and considerable pain. Just before a period, and for the first few days,
her mental condition was much worse, indeed, she became violent then. There is a very distinct neurotic family history, and the patient herself had, from an early age, displayed evidence of an ill balanced nervous system.

On examination, under an anaesthetic, a fibro-myoma about the size of a cricket ball was found to occupy the left cornua and fundus of the uterus, with smaller foci lower down.

Operation was decided upon, chiefly because of the fibro-myoma which was increasing in size and prolonging the catamenia; and also in the hope that her mental condition would improve by removing an evident reflex irritation. The appendages were removed without difficulty, and the patient made a good recovery from operation. The mental state seemed to improve steadily after the operation, until the time for her period came round again, when she suddenly had an epileptiform seizure, and was very talkative again for a day or two, with a period of apparent improvement. But any excitement seems to disturb the balance, and make her as bad as ever.

The last account I had of her was that she certainly could be got to do sewing and other domestic duties, but that although there was some improvement, the mental state was not sound. Personally, I feel somewhat sanguine about this case, and hope that when involution is completed, and the climacteric passed, she will recover her mental health.

A fair inference may, I think, be drawn from these cases—

(1) That when the train of nerve symptoms are distinctly dependent on disordered function of the reproductive organs (i.e. reflex), benefit will be received by removal of the diseased appendages.

(2) Those symptoms which, for lack of a better term, may be called purely nervous, or at all events, show no direct connection with the generative functions, are not in any way affected by operation. Possibly they may be benefited by the improvement in general health, but that improvement does not depend on the operation, and might be gained by any other mode of treatment which had for its object the building up of the general nerve stability.

Dr. Cooke Adams said that, nine months ago, he finished attendance on a series of thirty abdominal sections that had been performed by Dr. Druce, of Edinburgh, and that the conclusion
he had come to, with regard to the improvement of symptoms was, that if the neurotic cases were excluded, the operations were all successful. Dr. Druce, from a large experience amongst this class of cases, used to say that the ovaries in neurotic cases are best left alone. He personally considered that the removal of the appendages, for purely neurotic symptoms, was useless.

Dr. Henderson said that he had recently seen a young unmarried lady, with symptoms of religious melancholy, and a history of masturbation. Examination revealed a cyst in each ovary—one being as large as an emu's egg, and the other the size of a turkey's egg. He removed both ovaries and tubes, and the result was in every way satisfactory. The patient rapidly recovered, and is now a strong active girl. A well marked history of insanity is present in this girl's family.

Mr. Dunbar Hooper said he noticed the cautiously worded title of Dr. Adam's paper, and the manner in which he stated his case, so that he practically gave no definite opinion on the value of the operation for the conditions specified. It was just as well perhaps, for double oophorectomy—as a supposed remedy for neurosis, for hysteria, for the many abnormal mental peculiarities exhibited by girls (and all Dr. Adam's patients were single women)—has brought the gynaecological side of our profession into great and deserved evil repute. Assuming that a woman, married or single, has melancholia, or is maniacal, or suicidal, and that she also has definite gross lesions of her generative system, he held that in these cases it is well to call in the aid of a skilled alienist-physician, who may possibly consider that the disturbed mental condition arises from other causes than gynaecological. Were the opinions taken of the general practitioners, and of experienced physicians on the question of oophorectomy for neurosis, of whatever origin, I believe the operation would be condemned in language probably too strong to be recorded "unedited," and public opinion would endorse the opinion. Disastrous results have already been instanced, where the operation has been, as a surgical procedure, most successful. A case is known where a girl has fits, is melancholy, and becomes a burden to her family, and oophorectomy is undertaken to cure her, and subsequently it is found that she has traumatic epilepsy, due to an injury received when a little girl. In his private practice, he had had eight patients suffering from all kinds of neuroses, which are considered by some to justify the operation. Although these cases require infinite care, tact,
and judgment, and try one's patience severely, yet he had never performed oophorectomy for such conditions, being satisfied with the results obtained by other treatment. He quite conceded to Dr. Adam that, for severe pathological lesions of female organs, removal of appendages is frequently required; but he unhesitatingly said, that one may not expect to cure thereby the several neuroses from which women suffer. If alleviated for a time, these neuroses either reappear, or change their type for the worse.

Dr. Gardner thought that Dr. Hooper and Dr. Adam were approaching the subject from two different points. He understood, from Dr. Adam's paper, that the appendages in every one of his cases were diseased, and that operation was not only justifiable but necessary. He did not think Dr. Adam had in the slightest way suggested that appendages should be removed simply to cure neurotic symptoms. The question that suggested itself to him, after listening to Dr. Adam's paper was, whether neurotic symptoms forbid operation in pelvic disease?

Dr. Moore agreed with Dr. Gardner in saying that there was quite sufficient evidence of disease in all of Dr. Adam's cases to justify operation. He saw the cirrhotic ovaries that were removed, and thought that Dr. Adam had rather under, than over, stated their diseased condition. His experience with regard to the relief of neurotic symptoms in cases of actual pelvic disease was, that the more severe the diseased condition the greater was the relief to the neurotic symptoms, and the milder the disease, the less the relief. He thought that where there was much disease, the symptoms were almost completely cured.

Dr. Adam, in reply, said that his paper consisted simply of the notes of a few cases of young unmarried women, whose generative organs were diseased, and in whom the mental condition was considerably disturbed. That in operating on these cases, he had hoped that there was a connection existing between the mental state and the disturbed generative functions. All these cases were examined under an anaesthetic, and the condition fully determined before operation. The case from which the cirrhosed ovaries were removed had been under observation and treatment for twelve months before operation was resorted to.

EXHIBITS.

Dr. C. H. Mollison showed the following Tumours of the Breast:—Cystic Sarcoma and Cystic Adenoma, removed by Mr.
C. S. Ryan. Cystic Adenoma, removed by Dr. Egryn Jones. Cystic Carcinoma, and Scirrhous Carcinoma, removed by Dr. Moore. Scirrhous Carcinoma, removed by Dr. Hooper. Suppurative Mastitis and Fibro Adenomata (2), removed by Mr. R. A. Stirling. Also, Microscopical Sections of the above.

British Medical Association.

VICTORIAN BRANCH.

ORDINARY MONTHLY MEETING.

Wednesday, February 21, 1894.

(Rooms of the Austral Salon, 8 p.m.)

The President (Dr. Meyer) was in the chair, and there was a good attendance of members.

The standing orders having been suspended, Dr. Fishbourne spoke as follows:—In the press of February 14, we are informed that the new buildings at Sunbury Asylum have been completed to the satisfaction of the Public Works Department, and that after full examination, the officers had no hesitation in passing them. On enquiry, both at the Lunacy Department and at the Board of Public Health, I find that they know nothing except what we have all seen in the papers. The Health Act of 1890 contains, in Section 232, a provision that whenever it is intended to build, or open, or extend any public building, notice shall be sent of such intention to the Board, accompanied by plans and specifications, showing means of ventilating, draining, and constructing such buildings, and no building shall be built or opened until the Board have approved of it in writing. By a strange inconsistency, the Government Departments refuse to carry out this wise provision of the Act, and owing to some legal quibble, they cannot be compelled to do so, although it expressly states that public building shall mean and include any hospital, or benevolent, or other asylum. As lunatic asylums and hospitals for the insane are entirely conducted by the Government, those unfortunates who are compelled to use them, are refused the protection to which they have a right. We all know that the difficulties of using our present asylums as hospitals for the cure and humane care of the insane have been immensely increased by the want of knowledge of the domestic and sanitary requirements of such establishments,
displayed by those who are responsible for their design and construction. In his report on the prevalence of typhoid fever and fatal throat illness at Ararat Asylum, our late President is compelled to write—"... From personal experience of all the other asylums, I can say that similar indecent and unwholesome surroundings have existed at Yarra Bend, Kew, and Beechworth." As Parliament insists that we who have patients or friends requiring asylum treatment, must send them to Government institutions, unless we can afford to send them out of the colony, we surely have a right to demand that these Asylums shall be reasonably wholesome and decent. At present, owing to the legal position taken up by the different Government Departments, we have absolutely no guarantee that those who made such hideous mistakes hitherto, have not committed similar mistakes at Sunbury. I would therefore ask to be permitted to move as a matter of urgency—"That a deputation from this Branch be appointed to wait upon the Hon. the Chief Secretary, to request that, before he takes over the new Asylum buildings at Sunbury, or allows them to be occupied by patients, the written approval of the Board of Public Health, in accordance with Clause 232, be obtained in the usual manner, as if the buildings did not belong to the state."

Dr. Neild seconded the motion, which was supported by the President, and others.

Dr. Mullen, while not actually opposing the motion, pointed out that there were sufficient reasons why Government buildings were not included in the operations of the Health Act, and that the Health Department had no right of entry or inspection in the asylums.

The motion was carried, and the Council, with Dr. Fishbourne, was appointed as a deputation to wait, if necessary, on the Chief Secretary.

The following paper was then read:

SURGICAL EXPERIENCES AT THE NATIONAL ORTHOPÆDIC HOSPITAL, LONDON—

(e) SCOLIOSIS.

By Waldemar Röeckel, M.B., B.S. Lond., F.R.C.S. Eng.

The subject of my paper to-night is scoliosis; or, as I prefer to call it, lateral deviation of the spine. I may at once say, that I am not going to enter into the etiology of this complaint. I have had enough of that at home. Rows, nay almost fights, on this
topic have been my lot in the old country, and as I am naturally a peaceful man, I shall certainly avoid throwing the first brick out here. Once when I was at a lecture delivered by Sir Henry Thompson, some twenty years ago, on Senile Enlargement of the Prostate Gland, that heaven-born lecturer made a remark which I am sure you will pardon me for repeating to you. He was just discussing the cause of this senile hypertrophy, and in doing so, uttered the following words:—"Gentlemen, the cause of this complaint is not known. We know nothing about it. I am aware that in all books on this subject, pages are devoted to its explanation, and this proves my case. Were the real cause known, it could be stated in half a dozen lines." Exactly so. The same words apply to the etiology of lateral deviation of the spine —the real cause, if it were known, could be stated in half a dozen lines. But, Gentlemen, it is *not* known, therefore we have pages and pages in the Manuals, the only purpose of which is to demonstrate this ignorance. But, as I said before, a truce to causation, let us consider diagnosis and treatment.

I am one of those who believe that the first appreciable change manifested in this disorder is due to rotation of the bodies of the vertebrae, one upon the other, in the concerned part of the spine. This rotation must necessarily affect the structures in connection with the vertebrae, more especially the bony structures, the ribs, and, as a matter of course, whatever lies on the ribs, the scapulae, will be affected too. So it happens that, when a patient came with incipient deviation of the spine to the Out-patient Department of the National Orthopaedic Hospital, the mother generally explained that the patient's shoulder was growing out. Of course, symptoms precede this growing out of the shoulder, such as lassitude, ready fatigue after standing or walking, &c. But for such symptoms, the patient is taken to a general, not an Orthopaedic Hospital. When she came to us, the deformity was generally well marked, and I may say absolutely unmistakable. The only possible error in diagnosis, and that assuredly only on the part of a very young man in the profession, is mistaking an hysterical deviation for a real one. Remember, no amount of hysteria in this world can rotate the vertebrae one upon the other. The patient may come into the consulting room with her spine twisted over to one side to a ludicrous degree, but on being stripped, there will be found in her case no bulging of the ribs posteriorly on the right side, nor flattening on the left side.
anteriorly, and as a consequence, the scapulae will both be on the same plane.

Another point. In all the cases of hysterical spine that I have seen, and I have seen a good many, the head of the patient has always been violently flexed to one side, to complete the curve as it were. Mind, I am far from even suggesting that this is voluntary on the part of the patient. I consider her diseased, and suffering quite as much as I do the one with real deviation. Different parts are affected, that is all—in hysteria, the nerve centres; in deviation, the spine itself. The very young man just referred to can make his mind easy, should there be a doubt, by administering a whiff of chloroform, which will clear up the mystery in no time. The treatment of hysterical spine I must leave till I read my paper on "Hysteria in Orthopaedic Surgery." The treatment of real deviation I shall consider now.

Has it ever struck you, that where the legitimate profession acknowledges its inability to cure, that there the quacks and Chinese doctors come in with their wonderful cures; nay, faith-healers and spiritualists have an innings on the same spot? The explanation is so very simple. The registered doctor says, I can do nothing in this case, and means it. The quack says, I can do everything, but does not mean it. Hence, your cancer quacks and your consumptive quacks, &c. Orthopaedic surgery does not lend itself readily to quackery in all its departments. Unfortunately, it does in this one of lateral deviation of the spine; and that not because the orthopaedist fails in treatment, but because by contrast he can claim fewer successes in this than in the other branches. If only the spine were situated in the centre of the trunk, instead of in its walls! If only the six line cause of this disease were known!

But to revert once more to the quack, and that not the fully fledged unmistakable quack, without the ghost of a diploma, such as you find out here, but the far more dangerous variety in the old country, the registered quack. Some years ago, before I left London, I was consulted by a lady who brought her daughter, suffering from well marked deviation, but in an early stage. I examined the case carefully, told the mother what was to be done, which included, as far as I remember, the adjustment of a local shield apparatus, and gave, as it is only safe to do in these cases, a very careful prognosis. For six months I saw nothing of the case. Then they returned, the mother and child. "My child is
cured," said the mother. "Really," said I. "May I examine the back?" The girl stripped down to the waist, or rather, down to the crests of the ilia. "Drop your left shoulder," said I. "What," said the girl, half turning round. "Down with the left shoulder," I thundered, and down sure enough dropped the left shoulder. "Madam," I then said to the mother, "you have been tricked, humbugged. I do not ask you by whom, that shoulder has told me; the rotation in your daughter's spine has not decreased, but on the contrary, has progressed." And so it had. The raising of the left shoulder was a trick taught by this specialist in exercises to conceal, as he imagined, the undue prominence of the right shoulder. In the minds of all right-thinking men, this practical deceit constitutes the essence of quackery, and I think justified the strong language I used.

But let me at once say, that I am far from disregarding the great advantage to be derived from the use of exercises in the treatment of deviation. Not to use exercises, would be tantamount to accrediting the muscles with no active part in the disorder. Only to use exercises is tantamount to considering the evil due to the muscles alone. But the evil is not due to muscles alone, therefore the sole employment of exercises is not sufficient to cope with this deformity. And now I have a word to say concerning the other extremists in the treatment of this complaint; I mean the gentlemen who content themselves by putting a patient afflicted with lateral deviation of the spine into a stiff jacket of whatever material, it matters not two jots. This pretty large army is headed by Dr. Sayre as commander-in-chief, well known as the inventor of the plaster of Paris cuirass bearing his name. I am afraid the members of this Society will imagine I have some personal rancour against Dr. Sayre. I can assure them that I have never met him, though I should much like to, for I am told he teems with bonhomie, and is an awfully good fellow. But if we take our profession seriously, and above all things honestly, we must not flinch from saying unpleasant things for no other reason than that they are unpleasant. I can assure you, I am very much in earnest when I denounce Dr. Sayre and his followers, together with their plaster of Paris, silicate of potash, or poroplastic felt jackets, as having wrought much evil in this matter of lateral deviation of the spine. For, even granted that these precious jackets are from time to time removed for the sake of exercises, still their very essence is a status in quo—a preserv-
ing of the deformity from one day to the next. No, you will never arrest a progressive disorder like the one I am discussing by means of a stiff apparatus in the nature of a jacket.

I will now describe to you the treatment pursued at the National Orthopedic Hospital, and first, as regards exercises. Here it is necessary to remind you that out-patients of hospitals all over the world are strangely alike in this respect: that they will carry out just that portion of the instructions they receive which is not unpleasant to themselves; in other words, just so much of what they are told to do, the doing of which does not entail much trouble. It has been found, after many years' trial of different methods, at the hospital to which I had the honour to belong, that the one which gives the best results, mainly I suppose because you can rely on its being thoroughly performed at the patients' homes, is trapeze swinging. A trapeze swing is simply a bar of wood suspended at each end by a cord, which is attached by means of a hook, say to the cross lintel of a door, or to any beam of wood in a room adaptable for the purpose. The height from the ground at which this bar is suspended is most important. The bar should be so placed that, when the patient grasps it with the hands, both arms being outstretched above the head, her toes just touch the ground. She then swings herself backwards and forwards gently for a space of five minutes by the clock, at first, that is, for a week say; after that, by degrees she will be able to extend the time to a quarter of an hour. After every swinging must follow a period of rest; not a mere lounging on the sofa, but rest on a horsehair mattress, flat on the back, both scapulae touching the mattress; therefore, a very thin pillow only should be placed under the head. Half-an-hour's rest will generally suffice for five minutes' swinging; an hour's rest for longer periods. Now, how many times a day should she swing and rest? Three times a day is what you generally order, but if the patient be sufficiently robust, you may find it advisable to make it four times; on the other hand, if the patient be very feeble and easily exhausted, twice a day may, at all events at first, be as much as she can do.

This is not a scoliotic country, but England is. And in countries where scoliosis is rife, you will find even very robust girls afflicted with this disorder. I remember on one occasion an exceedingly healthy and strong girl of 15 being brought to the hospital for the usual out-growing shoulder. When she stripped, I was amazed at her grand torso—grand, but for the deformity;
grand in all other respects; amazed at her robust arms and shoulders; I thought surely this is the last girl in the world who should suffer from spinal deviation. Then flew across my mind all I had read as to the causation of scoliosis. Bosh, I thought, bosh every word of it; why this young amazon by herself alone refutes every line of it, and so were sown the first seeds of incredulity in my mind as to the etiology of lateral deviation of the spine, and the plant has been growing ever since. You generally find that these strong and healthy young girls turn out to be very obstinate cases. The one I am discussing was an example in point. I took great pains over her case. She used the trapeze at home, besides which, I myself worked her three times a week at the hospital, with an exercise which Mr. Walsham in charge of the Orthopaedic Department of St. Bartholomew's Hospital, recommends. I believed it to be very good at the time, and I still think so now, but it is very tiring, both to the patient and to the assistant. At any rate, no pains were spared on behalf of this girl, yet I had to put her in what is called a lever plate spinal apparatus very speedily, for in spite of exercises and rest, the rotation was rapidly gaining.

This brings me naturally to the question of spinal apparatus. I shall be as brief as possible, and I promise not to weary you more with technical terms than I can help. In its simplest form, a spinal apparatus for deviation consists of a pelvic piece, an upright, and a pair of crutches, together with whatever contrivance may be best suited for exerting pressure over the bulging ribs and scapulae; of these contrivances three were, and probably still are, used at the National Orthopaedic Hospital—the laced shield, the laced shield with springs, and the lever plate. The pelvic piece is a band of metal which encircles the pelvis, and acts as the foundation for the upright and crutches. It should be crescent-shaped, for then it can take a firm bearing on the sacrum. Mr. Gustav Ernst, of Charlotte Street, Fitzroy Square, London, first made these pelvic bands; but Mr. Jackson, of Mayer, Meltzer, and Jackson, recently turned out a laced shield spinal apparatus for a patient of mine with an examplary crescent-shaped pelvic band. The upright is a vertical piece of metal which starts from the centre of the pelvic band posteriorly, from which spring the lever plates, or to which is attached the laced shield. The crutches, one on either side, also arise from the pelvic band, and give a certain amount of support to the shoulders, as
well as a great deal of stability to the whole apparatus; they likewise serve for the other attachment of the laced shield. I may tell you that Mr. Chance, an orthopaedic surgeon in London, does not approve of these crutches. I cannot now go into his reasons, it would take too long; at the National Orthopaedic, they are invariably used.

But a moment more and I shall have done with this not very interesting matter. We come now to the consideration of the really active agents in these apparatuses—the laced shield, the laced shield with spring plates, and lastly, the lever plate, given in the order of their power; that is, one should use the laced shield in those cases where the bulging of the ribs posteriorly, due to the rotation of the vertebrae, is but slight, when no very active pressure will suffice to counteract the force which produces the deformity. For you have here such a force, and what is more, it is an unfair force, a force which acts with a mechanical advantage—the long arm of the lever is against you, you have hold of the short arm; that is what I meant just now when I suggested as an amendment to the human form divine, that the spinal column would be better placed in the centre of the body, instead of in its wall. I doubt if, even then, the battle would be quite fair. You must surely now see, that a stiff jacket can in no way counteract a very powerful force, tending always to one end—greater deformity. A laced shield, by-the-by, is simply two pieces of a material which is, I believe, called jean, one of which is attached to the upright, the other to the crutch; pressure is exerted by these two pieces being laced together.

I must now bring my paper to a conclusion. I have by no means yet finished what I have to say about scoliosis; that must stand over till my next paper.

Mr. Hughes showed some photographs of cases of scoliosis taken at St. Bartholomew's. He thought most modern observers were unanimous in attributing scoliosis to want of muscular tone, arising either from constitutional debility, however produced, or from faulty attitudes assumed by a patient apparently strong and muscular. Mr. Roeckel himself has shown the truth of this theory by remarking that nearly all the patients seen by him at the Orthopaedic Hospital had been first treated for some time at a general hospital for lassitude and fatigue. In those patients who were constitutionally weak, as quick growers, convalescents from
severe illnesses, or whose hygienic surroundings were bad, a faulty attitude would determine the situation of the scoliosis. A not uncommon cause of scoliosis in girls, otherwise strong, is sleeping on very high pillows, and always on the same side; but the faulty attitudes that may be assumed are numerous. The simplest diagnosis for neuromimesis is to make the patient touch the feet with knees straight—the curve will at once disappear. The shoulder in these cases is always raised a great deal too high. As regards treatment, exercises are most important; in fact, all slight cases can be treated by them alone. In more advanced cases, the patient should be suspended by Sayre's apparatus, great care being used at the commencement. If a jacket is deemed necessary, it should be made as light as possible; it should not be ordered till improvement ceases by other treatment, unless the patient has to go to work from the first; and when a jacket is ordered, it should be worn only so long as to prevent weariness. As regards exercises, any exercise is of use which improves the strength of the muscles of the back. No case is so bad but that exercises and suspension will improve it. In the worst case depicted in the photographs now shown, the angle of the left scapula was three and a half inches to the right of the proper mid-line of the body. By exercise and suspension, the angle of the scapula was brought to the left of the proper mid-line of the body, and the patient's height was increased two and a half inches in a very short while.

Mr. O'Hara said that Sayre does not use the plaster of Paris jacket in scoliosis. He only uses it in cases where there is bone trouble, the existence of which Sayre does not recognise in scoliosis. The treatment he (Mr. O'Hara) adopted was unilateral gymnastics and massage, with rest. The use of the dumb-bell and trapeze, as described by Mr. Roeckel, will largely counteract the deviation. He looked on exercise, massage, and the sunbath as the factors in treatment.

The President was glad to hear that Mr. Hughes differed from Mr. Roeckel as to the etiology. He himself had seen scoliosis principally in State School children who have to sit on badly designed forms without backs. In Germany, gymnastics were largely used in treatment, and he had seen in the Charité Hospital, printed forms containing some seventeen different Swedish exercises, and the patients were taken from their work and put into a Convalescent Home.
Mr. Roeckel said he would reply to his critics in his next paper.

Mr. Syme then read a paper entitled "Notes on Cases of Renal Surgery," which, with the discussion thereon, are unavoidably held over till next issue.

The following paper was then read:

TUBERCULIN AS A DIAGNOSTIC AGENT.


One needs some courage, so I am told, to mention tuberculin nowadays, except in terms of reproach. And yet, in venturing to bring it again under serious consideration, I am not without valuable allies. Thus Whittaker, one of the best known American authorities upon Lung Disease, concludes his review in "Sajous' Annual" for 1892, as follows:—"It remains true, as Koch first declared, that tuberculin is the best remedy we have for pure and true tuberculosis, uncomplicated by septic or other process. It is also true, that it is the only remedy that has specific properties." And dealing with the same subject in 1893, he again maintains, that "it is still true, that tuberculin radically addresses the products of tuberculosis, but not those of sepsis." Similarly, Burney Yeo, the widely esteemed author of the most recent English work upon Clinical Therapeutics, is found to say with regard to tuberculin, that "hastily and prematurely advocated, it has been hastily, unwisely, and almost angrily denounced." I may be pardoned, therefore, if I err in such company.

In the present paper, however, the diagnostic value alone of tuberculin is under discussion. It will be remembered, or rather perhaps, it will have been forgotten, how Koch in his first communication described the reactions following its injection, and how, by numerous experiments, he satisfied himself that the healthy human being reacts either not at all, or scarcely at all, when 0.1 c.c. only is used, whilst a much smaller dose caused a severe general, as well as local reaction in tuberculous patients of all kinds without exception. In the cataclysm of hasty experiment which followed his premature announcement, those of you who care to refer to the literature of the day will see how his position was supported by very many of our best known clinicians, though some exceptions were found to the absolute rule. But with the abandonment of tuberculin as a
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Tuberculin as a therapeutic agent, seems, not unnaturally, to have come also the general neglect of its use diagnostically. Still, those who considered the great question thus raised, as remaining very far from settled, continued their testing, and their opinions may be taken as summarised by Whittaker in the "Annual" for 1892. He wrote as follows:—"It may be considered as established, that the occurrence of local reaction following the injection is proof of the existence of tubercle at that point. The possible exception is leprosy. In regard to the diagnostic value of the general febrile reaction, the question is not yet settled. The weight of the evidence goes to show that, where injections of .005 c.c. or less produced a marked febrile reaction, tubercle is probably present. In weighing this question, we are to remember the great frequency of unsuspected tubercle. Innumerable cases have been recorded where latent tuberculous has been diagnosticated by means of the injection. By its means we may hope to recognise the disease in its very earliest incipiency, before bacilli are found in the sputum." The opinion which I had independently formed, after personal experience, is entirely in accord with the foregoing. Thus, three years ago, upon returning from Berlin, I wrote:—"That a sufficient dose will seriously affect the healthy individual is proved by Koch's experiment upon himself of .25 c.c.; the lowest limit of noticeable effect being found, also from numerous experiments, to be .01 c.c., when slight pains and transient fatigue were the only symptoms produced. The fact of such results following injection in the healthy individual, shows that in a variable, though excessive dosage, the remedy meets with something in the healthy body upon which it can react. It also prepares us to expect similar reactions in other diseased states, even with much lesser doses, especially in diseases allied to tubercle, and certainly, of course, in the large class of cases of unrecognised tubercle. It is not surprising, therefore, that reactions have been stated to be present in actinomycosis, syphilis, carcinoma, leprosy, and many doubtful lung cases." Twelve months later, after testing its effects in some forty-five cases, I find myself writing:—"My experience so far favours its diagnostic value. I have always found it reliable when used with discretion. I regard it as operative whenever serum and cell are below par in a tubercular respect, producing, of course, the characteristic local reaction in all tissues containing and affected by the bacillus; but possibly (though to a less extent) active also in an ill-defined pre-tubercular stage of serum and
tissue weakness." My subsequent two years' experience has but confirmed my belief in the soundness of the position thus taken up.

I am of course aware that some have concluded that its diagnostic value is too uncertain for practical purposes. But I venture to think that it will be found that in far the majority of such apparent failures, there has been something wrong in the expectations, or the dosage, or the administration, or the sample of tuberculin used. Like everything else, it is by no means *per se* infallible; its use requires practised skill, and its interpretation is dependent upon discretion and experience. So much by way of introduction. Let me now quote instances of its diagnostic value.

(1) In the case of the lower animals, we have such authorities as Bang, Bollinger, Nocard, and McFadyean in agreement. I will not burden you with the details, which may be found in the appropriate journals, or summarised, to some extent at least, in "Sajous' Annual" for 1893, Vol. I, A. 18. But in the presence of such results, it may well be asked why experiments have not been made in Victoria, where so large a proportion of the cattle is suspected to be tubercular. And seeing also, that so many cattle in Queensland, and to a less extent in Victoria, suffer from actinomycosis, both of lungs and jaws, we have unusual opportunities and need for settling the question as to the possibility or otherwise of diagnosing such disease from tubercle, by means of tuberculin. At present the two diseases are, according to Park and other good authorities, frequently mistaken one for the other.

(2) The main interest for us, however, lies in its action in the case of human beings. It may be at once admitted that, being the product of bacteriological chemistry, and the culture medium an infusion of calf-flesh, our present tuberculin is naturally more cognate to the lower animals than to man, and that for the best results in the case of human beings, we may require a tuberculin obtained after growth in a corresponding human medium. It may even be true, that since the disease in individual cases is conditioned more by the soil than the bacillus, absolute specificity of reaction will only be obtained when the culture fluid is drawn from the individual himself. Still, the influence of the bacillus upon the product seems such that for recognisable specificity of reaction we need simply modifications in the dose, and properly used, even our present tuberculin may well have a specific effect upon human as upon bovine tuberculosis. Let me show how my own results support these speculative conclusions.
(a) There can be no need for me to illustrate how cases of undoubted tubercular lung disease react characteristically to injection. Instances of such must be numbered almost amongst the millions; and indeed, it is to the obtainment and the activity of such reactions in cases of all ages, kinds, and severity, that the sudden collapse of tuberculin, as a remedial agent, may be largely, if not mainly traced. Even here, however, in certain cases reaction may seem to be absent; but such are very exceptional, and the explanation in some easy, in others uncertain, and, I venture to think, by no means necessarily fatal to the specificity of the action of the agent. So far as I am personally concerned, I have met with no case in which tuberculin failed to react, and in which the diagnosis of tubercular disease was beyond question. In one case of apparently tubercular laryngitis, sent to me by Dr. Hamilton, there seemed indeed to be no reaction after a couple of injections; but it is quite possible, despite local appearances, that the case was after all malignant, and the testing was not such as I should care to call conclusive.

(b) Take next the case numbered 4 in my Second Progress Report, a case apparently of anemia, with some (?) hemoptysis. By the Chart No. I which I send round, you see how typical were the reactions to tuberculin; previously there was no sputum, afterwards bacilli were found on four occasions; otherwise the physical signs were not conclusive. Here, tuberculin produced the bacilli, and settled the diagnosis. A precisely similar result followed its use in the case of a young lady from Bendigo, in whom otherwise, the diagnosis would have remained only (?) phthisis. Per contra, I have injected some half a dozen cases of anemia, pure and simple, without anything like a characteristic reaction. Similarly, I have pushed the injections in quite a number of cases of suspected phthisis, without any apparent reaction. In this class of cases, I should now feel some justification, should there be a marked reaction, in assuming either that the bacillus had actually obtained a local lodgment, or that the soil was thoroughly prepared for its development, and tubercular disease simply a question of future, and probably early, infection.

(c) Again the question may, and frequently does arise, "is such and such a case of pleural effusion tubercular?" Family and personal history may be useless, the exudation itself may be sterile, and examination of the chest inconclusive. Still you suspect that the case is, or is not, tubercular, but how can you
settle the doubt. Look at this No. II Chart, and say whether any doubt can be reasonably felt after such characteristic and repeated reactions to tuberculin. The patient had been aspirated on the 16th day of his fever, and three and a half pints of clear fluid withdrawn. He had no cough, and no sputum, and no conclusive signs, even of early apical mischief. But he reacts whenever tuberculin is injected, and remains normal whenever he is left alone. No doubt every case may not prove so satisfactory. Still some will undoubtedly be equally so; and even in cases where injections seem to some to leave the matter uncertain, or lead to error, the fault may not rest entirely with the tuberculin. On the contrary, here is a case of pleuro-pneumonia (No. III), also without conclusive signs of tubercle, and without any reaction to several fairly strong injections. The absence of reaction at least strengthens the conviction that the case is not tubercular, and in this instance is in accord with all other considerations.

(d) Or take the moot question of fibroid phthisis. Has the case become tubercular or not? This may mean all the difference in the world to the patient, but how can you be sure in such a case, for instance, as the following:—R. B., aged 38, stonemason from 12 to 33, with three years' history of dyspnoea, at times orthopnoea, blood-tinged sputum, and the signs of fibroid phthisis well marked. Sputum thrice examined for bacilli, but in vain. Still from his general state, and a careful observation of details, he appears to be now going down hill. Test him with tuberculin (here is his Chart, No. IV). See how he reacts in a fairly typical manner; a little latter, his sputum contains bacilli. The diagnosis is settled by tuberculin.

(e) Or take again a case of (?) lupus. At times it is difficult, if not impossible, to decide whether one is dealing with true lupus, syphilis, or rodent ulcer. Test it with injections of tuberculin. Look first at this Chart No. V of a case of undoubted lupus. See how after even .001, she reacts generally to 102.2, with all the usual symptoms, and could you but have seen her, there is a typical local reaction in every lupus area. But the interest of the case does not end here. Her lupus is very extensive, affecting nose and cheeks, under surface of chin, with patches on both thighs and right arm. In her reactions, the whole skin becomes reddened as if with scarlatina; evidently there is a general scrofulosis of the skin. Again, she had kerato-iritis at the age of 6, with the usual sequela; and showing that this also has a tubercular basis,
Owing to the exigencies of space, only portions of most of the Charts are shown, and the secondary variations in the line of descent after reaction have been largely omitted.
she reacts unmistakably in the conjunctivæ with each injection. But she does not react in the left elbow, though three years ago it was the seat of acute tubercular joint disease; simply no doubt, because the joint was operated upon, the diseased bone removed, and the subsequent history that of local recovery. Contrast this case with another, also said to have been one of lupus. This is the case of a married lady, aged 41, the septum of the nose being the seat of disease. Several medical men had diagnosed her case as one of lupus, and one had even said that he had found the bacillus in the tissues. But there was no reaction after .0.005, .007, .01, .015 tuberculin; and further enquiry showed that the husband was suffering from tertiary syphilis, and the disease specific, and, under specific treatment, it improved amazingly. Or take again a further case. A man, aged 34, said to have had lupus of fifteen years' standing, in which the nose and upper lip were eaten away, and the palate and antrum invaded. Here is his chart (No. VI). In the thirty injections which he had, ranging from .003 to .7, there is not a single typical reaction. Yet he was long treated as a case of lupus by several leading surgeons. Whatever the case may have been at first, it is now one of rodent ulcer, and not really lupoid. He is now in the cancer ward of the Austin Hospital.

(f) Similarly with cases of glandular swelling. Here is one of strumous glands of the neck. A girl aged 16, in whom the glands recurred and increased in size after operation. Look at the reactions (No. VIII) with tuberculin, even up to 105°, with all the local and general symptoms very marked also. Compare her chart with that of another glandular case (No. VII) of a non-tubercular nature. A female, aged 25, with a three years' history of enlarged glands in both groins, parotids, submaxillary, sternio-mastoid, and, as was corroborated under chloroform, in the mesenteric glands also. This—a case of lymphadenoma—did not react at all to .003 or .008. Of course, in this extreme case, the diagnosis was not in doubt, but the injection was made for test purposes only. I wish I could show you also, but unfortunately I cannot find the chart, of another glandular case—one of the usual strumous character—in which no reaction followed a series of injections. At first sight, this might be regarded as an instance of failure on the part of tuberculin, but further consideration may lead you to modify such a conclusion. For the glands were of a stony hardness; they had been tubercular, but, like the joint in the lupus
case, they were tubercular no more, and consequently unaffected by an agent which requires living tubercular tissues as a basis for its action.

(g) Let me quote but three cases more. The first is that of a tailoress, aged 31, with a strong family history of phthisis and a personal history of anaemia, with some pelvic trouble. She came with a diagnosis of peritonitis (?) pelvic in origin. The question was, was the disease tubercular? The absence of reaction to fairly large doses settled in my mind the question in the negative. In another patient, who had been under treatment for phthisis, and left temporarily free from signs and symptoms, a throat attack was followed by middle ear mischief. Injections of tuberculin produced local as well as slight general reactions, and pointed to fresh tubercular infection in the ear. Lastly, within the last few days, Dr. Kenny has sent me a case diagnosed as primary tuberculous ulcer of the pharynx, following influenza. The patient states that, after each of three doses of tuberculin, she experienced the following symptoms (on the second occasion with considerable severity):—Pains in arms, chest and legs, headache, nausea and faintness, shivers, thirst, great difficulty in swallowing, expectoration and soreness of the throat. Evidently, there has been both local and general reaction. Tested once with injection of water, she complained of the entire absence of reaction, local and general. The chest appears quite normal.

The foregoing will I hope suffice to show that, in tuberculin, we have a diagnostic agent which deserves, though it has not yet obtained, the position claimed for it by its discoverer (Koch), when he wrote—"I think I am justified in saying that the remedy will, in the future, form an indispensable aid to diagnosis. By its aid we shall be able to diagnose doubtful cases of phthisis. Affections of the glands, latent tuberculosis of bone, doubtful cases of tuberculosis of the skin will be easily and with certainty recognised." I have shown that this forecast has been fulfilled in my experience, in all cases quoted, except those of tubercular disease of bone. Unfortunately, owing to want of opportunity, for which I must hold my surgical confrères responsible, I have no instances of its effects in osseous tubercular affections, except that numbered 45 in my Second Progress Report, where a strumous affection of wrists, knees, and ankles of five years' duration, and which, as Dr. Gray can inform you, had exhausted the diagnostic and therapeutic skill of many medical men, reacted
both locally and generally to tuberculin, and improved under continued treatment to an extent which surprised his former advisers. In other respects, I have but given the most typical out of a large number of cases, all of which tell the same tale of diagnostic usefulness. I leave it now to the profession in Victoria to choose whether it will wait for the usual rebound before availing itself of so valuable an aid, or whether it will, without prejudice or partiality, put it to the test.

The discussion of this paper was adjourned till next meeting.

EXHIBIT.

Dr. Meyer showed a large Adenoma of the Ovary he had removed from a girl of 23, at the Women's Hospital. There was a cribriform hymen, and an infantile uterus. The girl had never menstruated. The other ovary was healthy. Patient made a good recovery.

Australian Medical Journal.
MARCH 15TH, 1894.

CURRENT TOPICS.

The Future of the Journal.—Our contemporary, the Australasian Medical Gazette, makes merry over what it deems the approaching dissolution of this Journal, in a rollicking sort of article, the good taste of which may be questioned. The wish, perhaps, was father to the thought, but its prognostications are not likely to be fulfilled. It is more than insinuated that this Journal is the organ of a clique. It is true that the Medical Society of Victoria founded this Journal, appoints it editors, and has its Transactions recorded in its pages, so that if the Medical Society can be called a clique, there may be some slight foundation for such a statement. But it would be almost as true to say that the British Medical Journal is the organ of a clique. It may be pointed out that, for many years past, more space in the Journal has been accorded to the Transactions of the Victorian Branch of the British Medical Association than to those of the Medical Society;
while a very large number of original articles has been published from contributors who do not belong to any medical society. We do not admit, therefore, that this Journal is the organ of a clique; neither can we plead guilty to having been "absurdly devoted to purring over the virtues of the profession," as our articles on "Quackery," "Hospital Elections," and "Medical Ethics," to mention only a few, will prove. We can, however, agree with our contemporary, that "a journal must be catholic in its views," and catholicity of view has been, and always will be, at least our aim. We hope some changes in the Journal may be possible, such for instance as its enlargement, and the publication of more Original Articles, Clinical Records, and Abstracts of Current Literature, but we wish to assure our readers that they need have no fear of its dissolution.

Libel Actions by Medical Men.—In Northern Queensland, at one end of Australia, and in Victoria, at the other, medical men have been recently clearing their reputations from charges of professional incompetence, by bringing actions for libel. The circumstances in each case were widely different. Dr. Hare, the Medical Superintendent of Charters Towers Hospital, was attacked in the leading columns of the Eagle newspaper in the most extraordinary fashion, and his skill called in question, and he is to be sincerely congratulated on the successful issue of his plucky lawsuit. The "medical imbroglio" at Castlemaine is very different. Here one medical man brought an action against another, and the whole case was an exhibition of professional little-mindedness and jealousy, which should never have been made public. At the same time, as far as the real facts have been made known, Dr. Hutton is to be congratulated on having boldly and successfully resisted what looks very like a determined attempt to force him to leave the district. Into the details of the particular case, over which the charges and counter-charges of incompetence arose, it is unnecessary to enter. Both Dr. Dobbin and Dr. Hutton appear to have forgotten that "to err is human," and what is even more important, they forgot what was due to the dignity of their profession. The two cases had this much in common. Both Dr. Hare
and Dr. Hutton were in the position of well paid hospital officials, allowed private practice in towns well supplied with medical men, and this fact seems to be the cause of, to a great extent, the differences between them and their fellow practitioners. It is quite clear that, at Castlemaine, the practitioners object to this system, and wish to have the hospital in charge of a junior resident, with a small salary and no private practice, acting under the direction of an honorary visiting staff. This plan has much to recommend it, and if carried out, would probably put an end to the bickerings among the profession in Castlemaine.

**Reviews.**

*Hydatid Disease.* By the late John Davies Thomas, M.D. Vol. II. Edited by Alfred A. Lendon, M.D.

To all who knew the late Dr. Thomas of Adelaide, or had acquaintance with his published works, it must be a source of regret that failing health, and death at last, prevented the appearance of a complete work on *Hydatid Disease*, on which he had for some years been engaged. In 1884, his book "*Hydatid Disease, with Special Reference to its Prevalence in Australia,*" was published, giving a full account of the natural history of the parasite, and supplying extensive statistical data as to its geographical distribution. In addition, Dr. Thomas made valuable contributions to the study of echinococcus disease and its treatment, in the *Australian Medical Journal*, the "Proceedings of the South Australian Branch of the British Medical Association," and the "Transactions of the Intercolonial Medical Congress," Vols. I and II. The work in preparation, which was understood to be practically complete in the beginning of 1890, was to be a second edition of the 1884 volume, with the addition of sections on special localisation, diagnosis, and treatment, the whole brought up to date. The writer of this notice had a conversation with Dr. Thomas shortly before his fatal illness took indubitable form, and was told that the manuscript of the book was ready for the printer. Unfortunately, it was discovered after his death that considerable portions were missing, and the volume now published is therefore different in plan. The editor, Dr. Lendon, has thought it best to print the sections on hydatid disease affecting the abdominal
organs, the thoracic viscera, and the bones, muscles, and superficial structures, and to reprint, with slight alterations, the papers on "Hydatid Disease of the Brain and its Membranes," and on "The Operative Treatment of Hydatid Disease," from the Transactions of the Intercolonial Medical Congress.

Though the new book, therefore, is not altogether what was hoped for, it contains much valuable material, and reminds us once more of the loss which Australian medicine sustained by the long illness, and comparatively premature death, of an able, learned, and zealous worker, as Dr. Thomas was known to be. Dr. Lendon has done his editorial work carefully, and with little obtrusion of self. The book is introduced by a short memoir of the author, which those who knew him, will be pleased to read.

J. J.


This work, the only one of its kind in English, must be of great value to those who are beginning to work with the cystoscope. The plates are beautifully executed, and appear to be faithful representations of the various appearances seen, the changes depicted being for the most part typical conditions. Fourteen figures are given of the normal bladder, then several of cystitis, while senile enlargement of the prostate and its complications, tubercle, tumours, stone, foreign bodies, injuries and fistulae, are all illustrated. Out of the thirty-four plates, eight are contributed by Mr. Hurry Fenwick. The letter-press might perhaps have been a little fuller with advantage, but the authors are to be congratulated on the results of their labours.

*Annual of the Universal Medical Sciences.* Edited by Charles E. Sajous, M.D., and seventy Associate Editors, 1893.


In acknowledging the receipt of the sixth edition of this wonderful work, little can be added to what has been said of previous editions, each succeeding one of which has been materially improved in its details of arrangement. Several men of European fame have been added to the editorial staff, and the Annual is now thoroughly representative.

It is always gratifying to have to notice works by Australian authors, especially when they deal with purely Australian subjects. Members of the medical profession in these Colonies, however, cannot be accused of making books without end, and Dr. Muskett is to be heartily congratulated on his acceptable addition to our literature, for which a great success may be safely predicted. His style is easy and pleasant, somewhat too discursive perhaps, but none the less readable on that account. Indeed he has collected together a vast amount of useful information, forming mental pabulum of a very solid kind, but so sandwiched with anecdote, and spiced with wit and humour, as to be extremely easy of digestion. He brings truly a strong indictment against the mode of life generally characteristic of the Australian people, but in so genial a manner does he describe our bad habits that none can take offence. He considers that our mode of living generally is a perpetual challenge to the range of temperature found in these Colonies, and ascribes our perversity in this matter partly to the force of inherited traditions, and partly to the fact that we have never really realised our semi-tropical environment. Miss Shaw, in her recent address on Australia to the Colonial Institute, has pointed out that there is a sharp climatic distinction between the northern, truly semi-tropical, half of our island-continent, and the temperate, southern portion. Dr. Muskett seems to insufficiently emphasise this distinction, although it is distinctly shown in his own figures and reports from the Government officials of the different Colonies. It is proper enough to compare Southern Australia with Southern Europe, but the latter is hardly semi-tropical. Our author’s main indictments against the food habits of Australians hold good all the same, such as that they eat far too much meat, to the neglect of fish and vegetables, drink far too much tea, and avoid their own wines.

The neglect of vegetable products, the indifference to deep sea fishery, and the carelessness with regard to the great wine industry shown by Australians, are certainly very astonishing. Dr. Muskett draws attention to quite a variety of vegetables, which one never hears of, much less sees at table, in the colonies, but which might be very profitably cultivated, affording employment to many idle hands and giving a much needed variety to our diet. He is a great advocate of salads, which he would exalt into a national dish, but we
miss any reference to the possible dangers from hydatids and typhoid germs lurking in carelessly washed and prepared lettuces and cresses, also to the fact that many people cannot digest these articles at all. The way in which our deep sea fisheries and our fast declining oyster beds might be developed is considered in considerable detail, and the wine industry also receives full attention, much useful information being given concerning the different varieties of cépage and wines, and their modes of culture and preparation. All the remarks on these subjects are characterised by sound common sense, and show that the author has made much personal inquiry concerning them. The second part of the book consists of 300 Australian cookery receipts, and necessary kitchen information by Mrs. H. Wicken, which will prove very useful to housewives. In reading the book straight through, one is apt to get just a little tired of the frequent repetition of the beliefs Dr. Muskett holds most dear, and a little condensation might perhaps have been practised with advantage; for the author evidently believes, with Mr. Herbert Spencer, that repeated iteration is necessary to make alien truths appreciated by an indifferent public. As a whole, the book is a valuable, thoughtful, and much needed contribution to the art of living in Australia by one who has made himself master of his subject.

Vital Statistics.

According to the Government Statist's report, the births of 1123 children, viz., 549 boys and 574 girls were registered in Greater Melbourne during the month of January. In the month of December, 1027 births were registered, or 96 less than in the month under review. The births were 74 below the average of the month during the previous ten years, and 352 below that average if allowance be made for the increase of population.

The deaths registered in January numbered 718, viz., 407 of males and 311 of females; the births thus exceeded the deaths by 405, or 56 per cent. The deaths exceeded those in December by 51, but were below the average of January during the previous ten years by 111. If, however, allowance be made for the increase of population, they will be found to have been less than that average by 304.

To every 1000 of the population of the district, the proportion of births registered was 2.37, and of deaths registered 1.51.
The following Table shows the causes of death of persons of both sexes under and over five years of age, and the proportions per cent. of deaths from each cause:

CAUSES OF DEATH IN GREATER MELBOURNE, JANUARY 1894.

<table>
<thead>
<tr>
<th>Classes</th>
<th>Causes of Death</th>
<th>Number of Deaths</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Proportions Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Specific febrile or zymotic diseases</td>
<td>69</td>
<td>22</td>
<td>3</td>
<td>21</td>
<td>3.44</td>
</tr>
<tr>
<td>II</td>
<td>Parasitic diseases</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.16</td>
</tr>
<tr>
<td>III</td>
<td>Dietic diseases</td>
<td>21</td>
<td>8</td>
<td>1</td>
<td>9</td>
<td>2.92</td>
</tr>
<tr>
<td>IV</td>
<td>Constitutional diseases</td>
<td>132</td>
<td>57</td>
<td>10</td>
<td>45</td>
<td>18.38</td>
</tr>
<tr>
<td>V</td>
<td>Developmental diseases</td>
<td>56</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>12.85</td>
</tr>
<tr>
<td>VI</td>
<td>Local diseases</td>
<td>118</td>
<td>82</td>
<td>58</td>
<td>92</td>
<td>48.75</td>
</tr>
<tr>
<td>VII</td>
<td>Violence</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>7.80</td>
</tr>
<tr>
<td>VIII</td>
<td>Ill-defined and not specified causes</td>
<td>120</td>
<td>4</td>
<td>21</td>
<td>3</td>
<td>56</td>
</tr>
</tbody>
</table>

As compared with the experience of December, deaths from scarlet fever rose from 1 to 3, those from influenza from 3 to 4, those from whooping cough from 3 to 6, and those from typhoid fever 9 to 13. On the other hand, deaths from diphtheria fell from 3 to 1, and those from diarrheal diseases fell from 30 to 29. Attention is called to the fact that, in January, 6 deaths were set down to heat apoplexy or sunstroke, and 16 deaths of infants to improper feeding or want of breast milk.

The following is a statement of the deaths set down to typhoid fever and diphtheria in each month of the years 1889 to 1893, and the first month of 1894:

DEATHS FROM TYPHOID FEVER AND DIPHTHERIA, 1889 to 1894.

<table>
<thead>
<tr>
<th>Month</th>
<th>Typhoid Fever</th>
<th>Diphtheria</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1894</td>
<td>71 78 25 16 13 13</td>
<td>15 25 7 6 6 1</td>
</tr>
<tr>
<td>February 1894</td>
<td>64 73 32 23 19</td>
<td>13 46 9 12 1</td>
</tr>
<tr>
<td>March 1894</td>
<td>91 89 36 39 21</td>
<td>18 56 19 7 1</td>
</tr>
<tr>
<td>April 1894</td>
<td>113 63 30 28 21</td>
<td>26 50 11 6 3</td>
</tr>
<tr>
<td>May 1894</td>
<td>92 86 20 9 11</td>
<td>35 39 23 11 1</td>
</tr>
<tr>
<td>June 1894</td>
<td>36 20 11 12 17</td>
<td>30 45 16 15 1</td>
</tr>
<tr>
<td>July 1894</td>
<td>17 12 10 8 3</td>
<td>48 41 9 6 3</td>
</tr>
<tr>
<td>August 1894</td>
<td>16 6 2 6 2</td>
<td>35 18 13 4 1</td>
</tr>
<tr>
<td>September 1894</td>
<td>6 3 6 1 2</td>
<td>37 27 10 4 9</td>
</tr>
<tr>
<td>October 1894</td>
<td>6 7 5</td>
<td>21 20 7 9 4</td>
</tr>
<tr>
<td>November 1894</td>
<td>16 4 3 3 2</td>
<td>27 18 11 5 1</td>
</tr>
<tr>
<td>December 1894</td>
<td>31 13 17 4 9</td>
<td>23 15 10 3 3</td>
</tr>
<tr>
<td>Total 1894</td>
<td>559 403 192 154 120 13</td>
<td>329 400 145 88 33 1</td>
</tr>
</tbody>
</table>
**Local Subjects.**

**Medical Board of Victoria.**—The following gentlemen have registered their qualifications:—Percy Denton-Fethers, Cranbourne, L. et L. Mid. R.C. P. et R.C.S. Edin. 1893, L.F.P.S. Glas. 1893; John Higgins, Melbourne, L. et L. Mid. R.C.P. et R.C.S. Edin. 1893, L.F.P.S. Glas. 1893. The following name has been restored to the Register:—George Frederic Thomas; and the following names of deceased practitioners erased:—David Chadwick Smith, M.D.; Thomas Carr, L.R.C.S. Irel.


**Public Vaccinators.**—The following appointments have been made:—Mirboo North—Ezekiel John Lock, Esq., L.S.A. Oakleigh—Andrew Grant, Esq., M.B., vice Reginald Herbert Morrison, Esq., M.B., resigned. Omeo—David Taylor, Esq., M.B. Rosedale—Edward Harkness, Esq., L.R.C.S., vice John Steele Park, Esq., L.R.C.P., resigned.

**Libel Actions by Medical Men.**—A case of considerable interest to medical men was heard at Castlemaine before Judge Worthington. An action was brought by W. S. Dobbin, M.B., against J. R. Hutton, M.B., for £500 for slander, and there was a counter action for similar damages for slander and defamation. Each accused the other of incompetence in the treatment of a case of retention of urine. After lasting seven days, the jury returned a verdict for the defendant, with costs, in the first case. In the counter claim, His Honour divided the charges into eleven paragraphs—the first and second were withdrawn, in the fourth and seventh the jury found for the plaintiff, with a farthing damages, the others were dismissed. His Honour declared this verdict earned costs, and never in his long experience had he seen such a trivial case so elaborated; previously, in charging the jury, he remarked that the cases should never have been brought to the court. Dr. Dobbin subsequently brought an action for libel against the Mount Alexander Mail, for reporting the statements made by Dr. Hutton at a meeting of the Hospital Committee, reflecting on Dr. Dobbin. The jury returned a verdict for the defendants, who pleaded justification. Dr. Dobbin applied for a new trial, but the application was refused.

**Electoral Reform at the Melbourne Hospital.**—At a meeting of the Committee of the Melbourne Hospital, held on February 28, Dr. J. P. McInerney presented a requisition signed by twenty-four subscribers asking that a special meeting of governors should be convened to give effect to certain alterations to the by-laws agreed to by the Committee. The request of the subscribers was acceded to, and Thursday, March 8, was fixed as the date of the meeting. The alterations to be passed provide (1) that a first yearly subscription shall only entitle the subscriber to a vote at the general meeting when paid nine months before the date of meeting, not three months, as formerly; (2) that no governor, and no attorney under power of a governor,
Local Subjects.

shall be allowed to vote at any election unless the name and address of the governor be correctly registered in the Hospital books; (8) that the Committee may annually appoint the lecturer for the time being on medicine, and the lecturer for the time being on surgery, at the University of Melbourne, physician and surgeon to in-patients at the Hospital. When the meeting was held on the date named, the proposed alterations were moved by Dr. J. P. McInerney, seconded by Mr. Godfrey. A lengthy discussion followed, in which Dr. Williams, Professor Allen and Mr. Leon took part. On the proposals being put to the vote, they were lost by overwhelming majorities.

Prosecutions of Unregistered Practitioners and Chemists. — Paul Duflot, who styles himself " the Canadian Healer," appeared at the Brunswick Court, on February 21, to answer two charges—the first that he had pretended to be an apothecary, and the second that he had assumed and used the title "D.D.S.," implying that he was specially qualified to practise dentistry, contrary to the Medical Act 1890. Dr. Mullen prosecuted on behalf of Charles Gerlach, messenger to the Pharmacy Board, in whose name the information was laid, and Mr. Dawson defended. Dr. Mullen, in opening, stated that defendant was not registered as a doctor of dental surgery in Victoria, and no matter how many diplomas he might possess, he was not entitled to use them here without being registered. Evidence was called to prove that the defendant's name was not on the dental register, and he had no right to use the letters D.D.S. after his name. The informant deposed to purchasing a box of powders from the defendant for 2s., and also to witnessing him conducting the business of a dentist. After hearing the evidence of the defendant, the Bench decided to inflict a nominal fine of 1s.

On March 5, the same Paul Duflot was sued in the Prahran Police Court, by James Thurgood, for the recovery of £12, money had and received. Mr. Kidston, for the plaintiff, explained that defendant had undertaken to cure Mrs. Thurgood, plaintiff's wife, of what was stated to be an abdominal tumour, first in two months, and afterwards in six months, or return half the money. Finding that Mrs. Thurgood was getting much worse under Duflot's treatment, she was taken to some qualified practitioners, who operated, and found she was suffering from cancer of the liver, an incurable disease. For the defence, Mr. Dawson raised several technical points, which were overruled, and finally contended that the complaint was founded on a contract, and that the Court had no jurisdiction. The Bench agreed with this point, and dismissed the case.

On February 26, at the Prahran Police Court, Mrs. Graham, of 110 Bendigo Street, was proceeded against for carrying on business as a druggist, contrary to the Pharmacy Act. The Government Analyst, Mr. Cuthbert Robert Blackett, deposed to having made an analysis of some pills purchased from the defendant on the 8th inst. by Charles Gerlach, and found them to contain permanganate of potash. Defendant, who did not appear, was fined £5, with 42s. costs, or one month's imprisonment. For a second offence, it was stated that both a fine and a term of imprisonment would have to be imposed. Charles Taffs, grocer and wine and spirit merchant, Chapel Street, was accused of selling a poisonous vegetable alkaloid, to wit, Kay's essence of linseed, without a certificate from the Pharmacy Board. The compound contained chloroform and morphia, poisons, but was admitted by Mr. Blackett to be a proprietary medicine. Mr. Gillott, for the defence, said that under Section 14 of the Medical Act, defendant was entitled to sell the compound.
The Bench held a different view, and fined the defendant 20s., with 42s. costs.

At the District Court, on March 1, Madame Emily Siedel, of 52 Elizabeth Street, was proceeded against on a similar charge, and fined £5 and £5 5s. costs.

On March 9, the Secretary of the Pharmacy Board, Mr. H. Shillinglaw, instituted proceedings at the Fitzroy Court, against a woman named Ada Marchmont, who styled herself a herbalist, with carrying on the business of a chemist contrary to the law. Evidence was given to prove that an officer of the Board purchased "medicines" for the sum of £1 for a lady. The defendant was not registered. A fine of £10, with £5 5s. costs, was imposed. Jane Marsh, of 126 Gore Street, answered to a similar charge. The employé, Charles Gerlach, obtained a bottle of stuff and full verbal instructions on the 17th ult. Mr. Blackett, analyst, stated that it was merely coloured water. There was no drug in it. This case was dismissed. John Shadwick was charged with selling poisons, and also with being an unregistered chemist. The defendant, whose premises were at 397 Smith Street, Fitzroy, pleaded guilty. Stuff sold by him proved to contain poison. Fines amounting to £10, with £5 costs, were imposed.

Dr. R. R. Stawell has been appointed Medical Tutor to Trinity College.

Mr. F. H. Langlands, M.B. Melb., F.R.C.S. Eng., has been appointed Demonstrator of Anatomy at the University of Melbourne.

Dr. Henry Ray has resigned his position as Surgeon to Out-patients at the Melbourne Hospital.

**BIRTHS.**

**COLAHAN.**—On the 17th February, at Indian House, Kenilworth, South Africa, the wife of Surgeon-Colonel Colahan, M.D., of a son.

**KENNEDY.**—On the 5th February, at St. Kilda, the wife of Dr. J. T. Kennedy, of Cobram, of a son.


**MARRIAGES.**

**CHERRY—GLADMAN.**—On the 6th February, at Balaclava, by the Rev. Edward Taylor, Edith Sarah, only daughter of the late Frederick John Gladman, to Thomas Cherry, younger son of Edward Cherry, of Gisborne.


**DEATHS.**

**ALLEN.**—On the 6th March, at 74 Liddiard-street, Auburn, Julia Mary, eldest daughter of the late Thomas Watts Allen, of Geelong.

**LAWRENCE.**—On the 7th March, at Billopp, Tasmania, Marjorie Muriel, daughter of Dr. O. V. Lawrence, of Hawthorn, Victoria.

**PARK.**—On the 20th February, at Liverpool, N.S.W., in her 86th year, Mary Anne Harriet Park, widow of the late Fredk. John Park, of Oatlands, Tasmania, M.R.C.S., &c.

**SMITH.**—On the 20th February, at Dandenong, David Chadwick Smith, M.D., aged 38 years. Native of Ennis, Ireland.
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