ORDINARY MONTHLY MEETING.

Present: Dr. Fetherston, Dr. Neild, Mr. Blair, Mr. MacGillivray, Dr. Jamieson, Dr. McMillan, Dr. Black, Mr. Rae, Mr. Girdlestone, Mr. Hewlett, Dr. Lilienfeld, Mr. Morton, Mr. Gillbee, Dr. Moloney.

CORRESPONDENCE.

Letters were received as follows:—From Mr. Knaggs, Vice-President, resigning his membership; from Mr. Rudall, drawing attention to the inadequate fees received by medical men in courts of law.

Mr. Knaggs' resignation was accepted with regret, and the Honorary Secretary was instructed to inform Mr. Rudall that the subject upon which he had written had, on several occasions, engaged the attention of the Society, and would be again dealt with by the committee.

NEW MEMBERS.

Dr. Webb, of East Melbourne, was elected a member of the Society, and one other gentleman was proposed.

Mr. Blair related two cases of amputation; one of three fingers for gun-shot wound, which resulted in the preservation of a useful fore-finger and thumb. The other of amputation of the foot, for strumous disease of the ankle-joint. He exhibited a cast illustrative of the first case.

The following paper was then read:

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A CASE OF POISONING BY ACONITE.

By JAMES EDWARD NEILD, M.D.
Lecturer on Forensic Medicine in the University of Melbourne.

I was called at a quarter past eight on the evening of the 27th, to a young married woman, who, an hour before, had had administered to her in mistake for a mixture, half an ounce of the Linimentum Aconiti B. P. Shortly after, probably about a quarter of an hour, the liquid had been swallowed, an emetic of salt and mustard had been administered, and free vomiting had been by this means occasioned. I was unable to learn what symptoms had shown themselves before my arrival, but I found the following on first seeing her: Some giddiness, numbness of the legs, the skin was cold and clammy, the face anxious, the breathing something laboured; the pulse irregular, small, and about 130; the pupils were somewhat dilated. There was perfect consciousness, but great anxiety. She was still vomiting freely. I learned that she had been suffering from rheumatism, and that the aconite liniment and a mixture (the composition of which I did not learn) had been prescribed by a practitioner who had been in attendance upon her. There was only slight tingling in the mouth and throat, but she complained of a sense of stiffness in the muscles of the jaw. The general condition of the body indicated impending collapse. I therefore gave at once, and repeated, at intervals of about five minutes, a drachm of the aromatic spirit of ammonia with about two drachms of brandy. She did not at first retain these draughts more than a few minutes. In about half an hour she complained of being excessively cold, and said she could not feel her feet. I, therefore, had blankets placed over her, and a bottle of hot water applied to the feet. Presently her gaze became fixed, the pulse ceased, and she sank back on the pillow in a condition of syncope. I had the syringe ready for injection of ammonia into the veins if necessary; but I thought it desirable to try first the effect of friction over the heart with cautiously-applied ammonia to the nostrils, and after these means had been employed for a minute or two, she revived. She had three of these attacks of syncope, and they were each dealt with in the same manner. In about an hour from my arrival she quite suddenly became delirious, threw her arms about wildly, talked of dancing, and sang a good deal. This state lasted for about twenty-five minutes, and then she gradually became rational. During all this time I continued to administer the ammonia and brandy, and as the vomiting became less incessant, the intervals between the periods of its administration were made longer. The shivering and numbness however continued for nearly two hours, when the temperature of the skin began to be higher, and the pulse lessened in number, and became more normal in quality. I now gave her some strong hot coffee with a little brandy, which had a perceptibly good effect upon the system, in improving the pulse, and setting up a
certain amount of diaphoresis. In twenty minutes, however, she rejected some of the coffee, but from this time, all the symptoms abated, and, four hours after the reception of the poison into the system, she had quite recovered.

No doubt the vomiting which had been so promptly induced, had caused her to reject a good deal of the poison taken, but many of the symptoms so clearly indicated the known effects of this drug, that it is clear some of it had been absorbed. The obvious risk was of death by syncope, and this, I need hardly say, is the most common mode in which aconite kills in the human subject. There was no paralysis of the ordinary kind, and no apparent likelihood of asphyxia. But there was clearly a liability to syncope, and hence I was quite prepared, as I have said, during the occurrence of three instances of this failure of the heart's action, to inject ammonia if it had been in any sense persistent.

Considering the activity of this drug, and the rapidity with which it sometimes acts on the system, the means most potently instrumental in saving this patient's life, were undoubtedly represented by the emetic given her by her friends. Very prudently, they did not wait until medical aid was procured, but did what their common intelligence prompted them to do. At the same time, I think it will be evident, that resorting to this treatment with the most complete promptitude, will not make quite certain of freeing the system from it, and therefore I think it would be always right to be prepared to relieve the flagging circulation by means of ammonia injection. And I will take this opportunity of repeating what I have before asserted, and with the best possible reason for doing so, namely, the warrant of my own experience in having witnessed the effect of ammonia injection, both on the lower animals and the human subject, that it is of all means that I know, the most reliable in arresting collapse, no matter what the cause upon which it depends.

Dr. McMillan remarked, that the case incidentally showed the necessity of its being made illegal to dispense poisonous preparations in other than specially prepared vials.

Dr. Neild explained, in answer to some queries which arose in the course of a conversational discussion, that he had satisfied himself of the composition of the liniment administered, by communicating with the chemist from whom it was procured. The delirium was not delirium e potu. It came on suddenly, was not accompanied or followed by any drowsiness, and had none of the recognised characteristic signs of inebriety.

SACCULATED CALCULUS.

Mr. Girdlestone exhibited a bladder in which was a calculus so completely sacculated, as to resist extraction without enlarging the opening of the sac. Oddly enough, he had discovered it while practising lithotomy on the dead subject, and had been puzzled to find the staff grating upon a stone, which, on the bladder being cut into, could not be found.
Mr. MacGillivray had had experience of a similar case, which was caused by the retention of a fragment, after the bulk of a stone had been removed by lithotripsy. He subsequently operated as for lithotomy, but was unable to extract the fragment, though it could be felt without difficulty.

**The Vacant Vice-Presidentialship.**

A conversation took place as to the appointment of a Vice-President in place of Mr. Knaggs, and as to whether it was desirable to take the sense of the meeting before filling up the vacancy. It was eventually determined to leave the appointment in the hands of the Committee, in accordance with Rule 3.

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**Cases of Ovariotomy.**

By L. J. Martin, M.D.,

No. I.

Hon. Physician to the Lying-in Hospital, Acting Lecturer on Obstetrics in the University of Melbourne.

Jane Frankpit, aged 51, married, was admitted to the Lying-in Hospital on the 28th December, 1869. She has had two children, the youngest now eight years old. She had been in the hospital for some weeks in the year 1868, under treatment for congestion of the uterus and granular erosion of the os; a tumour, supposed to be a large fibroid, was then discovered in the anterior wall of the uterus. The menses had ceased for ten months, but reappeared for a fortnight during her stay in the hospital. She was in a low, weak, dyspeptic condition, with a tendency to diarrhoea, but improved steadily, and was discharged in a fairly healthy state.

On her re-admission, she states that she has since had two or three returns of the haemorrhage; the last twelve months ago. She has been attending as out-patient, and Dr. Martin, on examining her in October last, had diagnosed a multilocular ovarian tumour in the left side. The uterus was then in a normal state, the sound passing only two and a-half inches. Since that time, the tumour has been rapidly enlarging, and she complains of much pain in the back, and of a "bearing down." Her aspect is very sallow, dusky, and cachectic, with a pinched and anxious expression of countenance.

Skin dry; pulse 72, but very soft and weak; dirty flabby tongue; no appetite; bowels costive.

The tumour now occupies the whole of the left side of the abdomen, but extends to the right lumbar region also, and upwards to the liver. About the splenic region it feels boggy; at the lower part it is softer. The os uteri is patulous; the uterus itself is drawn up, and the sound passes three inches. She measures round at navel thirty-two and a-half inches; sternum to umbilicus, six and a-half inches; umbilicus to pubes, seven and a-half inches.

Jan. 5th, 1870. Dr. Martin passed an exploring trocar into the swelling in two places, viz: in the splenic region, where four ounces of
clear limpid fluid escaped; and below the umbilicus, where about two ounces of thickish yellowish fluid was obtained. The clear fluid, on examination, was found to be rich in chlorides; the other was albuminous.

On the 14th Jan. she was made an out-patient, being then greatly relieved and improved in health; but on the 21st April was readmitted in a very low state, with a rapid and almost imperceptible pulse, and with great pain and tenderness over the right side of the abdomen; there was tympany along the ascending colon; her stomach rejected everything, and she appeared to be almost moribund. She was placed under Dr. Tracy's care, (as Dr. Martin had gone to England), and by the repeated application of leeches (thirty every second day for three times), with opium and minute doses of ipecacuan, the acute pain and tenderness abated, but the irritability of the stomach continued; even the opium pills were rejected, and hypodermic morphia was resorted to with excellent effect in controlling the pain and procuring rest. She continued in a very precarious state during the whole of May and June, requiring the hypodermic dose (liq. morph., minim 20) once or more every night. She then began to improve; the stomach slowly recovered its tone, and she was again discharged much relieved, on the 12th Sept.

At this time she measured round at umbilicus, thirty-six and a-half inches; sternum to umbilicus, eight inches; umbilicus to pubes, eight inches.

On the 28th April, 1871, she was again admitted to the hospital. Her health has been slowly improving, but the tumour still grows larger, and now measures round, forty-one inches; xiphoid to umbilicus, nine inches; umbilicus to pubes, nine inches.

The patient was very anxious to have the operation for radical cure performed, the dangers and advantages having been fully explained to her; and after a further careful examination by Dr. Martin (who had returned) in consultation with Drs. Tracy and Fetherston, a day was appointed for the operation.

May 9th. Chloroform was administered by Dr. Motherwell, and Dr. Martin proceeded to operate, assisted by his colleagues, Drs. Tracy and Fetherston, and by Mr. James, and in the presence of a number of medical gentlemen. An incision four inches long, between umbilicus and pubes, exposed a vascular lobulated mass studded on its surface by a number of small cysts, containing a straw-coloured fluid, and bathed in a quantity of ascitic fluid. No adhesions were found by the hand except one, rather extensive, to the omentum, which was carefully detached.

Puncture with Wells's trocar obtained only a small quantity of thick fluid, and it was evident that the tumour was of great size and density; pseudo-colloid; trabeculated; proliferous.

The cyst was seized with Wells's disk forceps, the trocar withdrawn, and the tumour cut open with scissors, so as to admit the hand, and then the mass was broken down in all directions within the parent cyst. Still the tumour presented a large size, and was quite firmly lodged and immovable; the external incision was now
extended upwards to one inch above the umbilicus, and the breaking down of the secondary masses in the tumour continued, until, at last, after much labour, the mass was dislodged and turned out. The pedicle sprang, long, narrow, and fleshy, from the left side of the uterus. A clamp was applied, and the tumour cut away. Much difficulty was experienced in keeping the intestines from protruding, but they were kept carefully under by Mr. James. Three silk ligatures were applied to bleeding vessels in the omentum, and a torn and ragged portion of it cut away altogether. The "toilet of the peritoneum" was now performed. A quantity of ascitic fluid and blood was sponged out carefully, and then the external wound was closed by nine silk sutures, with superficial sutures of horseshair. The peritoneum was included in each deep suture.

The patient by this time was very low, but the remaining steps of the operation were soon done; broad strips of adhesive plaster were applied over the abdomen; the clamp and stump of pedicle were surrounded by lint, and covered with carbolized gypsum. Cotton wadding and a flannel bandage were applied, and the patient placed in bed. Ten minutes afterwards the pulse was 60, but reaction had set in and she was lively, and complained of great pain. A suppository of opium was given at once.

10.45 p.m. Pulse, 66; resp. 19; has had some sleep; slight nausea, probably from chloroform; complains of flatulence; oozing of sero-sanguineous fluid from around the pedicle. Pil. opii. gr. i., statim.

May 10. Patient says she has slept well, and has not had such a comfortable night for months. 16 ozs. of urine were drawn off. Pulse, 75; resp., 19; the solid part of the tumour weighed 9 lbs., and twelve pints of fluid had been contained in it. The pedicle looks dry and shrivelled up. In the evening still comfortable; has taken small quantities of nourishment; chicken broth, essence of beef, and water biscuits. No further oozing from pedicle.

11th. Good comfortable night, but this morning felt a colicky pain in left side of abdomen, which was soon relieved by an opium pill and a beef-tea and brandy enema; belly feels sore; pulse, 90; passes urine herself freely. The same pain recurred several times during the day, but not severely. The soreness of the abdomen rather more marked until towards evening, when she passed some flatus "per anum" and was at once relieved. She felt stimulated and supported by the nutritive enema, which, however, caused a slight feeling of nausea soon after its administration. This appears to be the result whenever the beef-tea and brandy enema is given; but the sensation soon passes away.

12th. Still progressing favourably; in the evening the dressings, strapping, &c., were removed, and the wound found to be united, except a small spot at upper part. Applied fresh lint round the clamp, and renewed the abdominal dressings.

13th. All going on well; she requires an opiate now and then to relieve pain. Tongue looks more foul to day; pulse, 82;
resp. 19. In the evening she was much excited and agitated about another patient on whom ovariotomy was being performed. At night she had much pain over the descending colon, and this was again relieved by an enema of beef-tea and brandy.

14th. Much better to-day; tongue clean; pulse, 76; removed dressings and took out the sutures. The wound is healed, except for two or three little spots, where a superficial suture had not been inserted to keep the edges of integument in apposition. The clamp is fast separating, a large piece of the pedicle being now visible beneath it. Dressings all renewed.

The two ovariotomy cases are now lying near each other, and as they are both doing well, their mutual companionship is helpful.

15th. Sleeps well; but the tongue is foul and the appetite very bad. Examined the wound and found a strong suppurative tendency in suture tracks, &c. Clamp nearly separated.

17th. Has been going on very well, but is rather weak, and there is a good deal of pus in the lower part of wound, next the pedicle.

19th. Ninth day after operation, the clamp was removed, by dividing a piece of sloughy tissue, which was all that now retained it. Wound gaping a little; was dressed with carbolic acid lotion; she has now a clean tongue and a good appetite.

The patient now slowly but steadily improved in health; the wound was very tedious in closing, but it finally healed soundly, and she went out of hospital in good and sound condition.

In this case, the operative procedure was in accordance with that adopted by Mr. Spencer Wells in his later operations, as observed with great pleasure and interest by Dr. Martin during his recent visit to London. The more comfortable position of the patient on the table, and the protection of her dress and person by the waterproof apron; the reliance on the clamp alone as sufficient security and support for the pedicle; the discarding of pins in the closing of the wound, and the use, instead, of fine hard silk for the sutures, the admirable dressing of antiseptic powder for the pedicle, and the support given to the abdomen afterwards by broad strips of plaster. All these points were then new here, and were subsequently adopted in all the cases of ovariotomy performed in the Lying-in Hospital.

THE TREATMENT OF DIPHTHERIA BY CARBOLIC ACID.

By Richard Bunce, M.R.C.S. Eng.

Medical Officer of Health, Ballarat.

I have been induced to write this paper in consequence of the remarkable success which has attended the mode of treating diphtheria by the application of undiluted carbolic acid; and from the apparent inefficiency of other remedies. I have confined my
observations especially to the treatment of the disease. My success has been most marked in the treatment of cases which I have seen at the earliest period, and I therefore attach extreme importance to the daily examination of the throats of all children, in a house where there is already one suffering from diphtheria. In alluding to the apparent inefficiency of other modes of treatment, I am induced to do so from having read and heard of entire families being destroyed by the disease, even when treated by skilled practitioners.

In solitary cases it is not remarkable that the disease should not have been detected early, inasmuch as, in my experience, the parents of children imagine that a child is only suffering from common sore-throat, until it is discovered that the disease is dangerously extensive.

The treatment which I have almost invariably found to be successful during the last three years, provided that the disease had not extended to the larynx, and, provided also, that nourishment was not refused by the patient (as is too generally the case with children suffering from this disease), has been the immediate application of undiluted carbolic acid (liquefied by heat) to the exudation in the throat, and repeated every twelve hours for three or four times if deemed necessary; and, also, twice or thrice a day during the treatment, the application of the same acid diluted with one, two, or three parts of glycerine.

After three or four days of this treatment, I have in some cases seen a good effect produced by the application of a solution of nitrate of silver (3j to the 3j) once in the day; at the same time applying the diluted carbolic acid every four hours. When the undiluted carbolic acid has been applied to a patch of lymph on the tonsil, I have frequently found it absent on the following day, and another patch appearing on the opposite tonsil has been in like manner destroyed, convalescence ensuing. I am therefore convinced, from repeated experience, that if the practitioner will examine the throats of other children in a house where one is already affected, and will attack the disease (as I have done) on its first appearance, the result will prove most satisfactory. At the same time, I prescribe Tr. of Iron and Chlorate of Potash in full doses (11 xv., or xx. and gr. x. of each) every four hours, and order the most supporting liquid food, such as very strong beef or chicken tea mixed with a little thick rice-water, milk, brandy, &c. But one of the greatest difficulties which we have to contend with in the treatment of this disease, is the reluctance which children have to take a sufficient amount of nourishment, chiefly because it is uncomfortable for them to swallow; for I cannot imagine the feeling amounts to pain. Hence, I order that the beef and chicken tea should be highly concentrated, in order that quality should compensate for the small quantity taken.

With regard to the great importance of nourishment, I am reminded of a remark made to me by a very experienced and
thoughtful practitioner of our town (Dr. James Stewart), viz., that in his experience generally, where the patients take sufficient nourishment they live, and where they do not, they die.

I have lately attended two boys, aged about ten years, in both of which the tonsils, uvula, and pharynx were covered with the dirty yellow exudation of diphtheria, and in both of which cases the disease also extended into the nasal passages. Their tongues continued clean during the whole time, with no febrile excitement. Both have recovered under the treatment here described.

The great curative value of carbolic acid in diphtheria, is due to its possessing caustic and remarkably antiseptic properties. The manner of applying the remedy is of consequence. Many practitioners simply order the patient’s friends to apply the lotions by means of a rag or sponge fastened to a piece of stick; but as it is most desirable to prevent any unnecessary discomfort to the patients (too often very wayward children), and to convey the lotion to the part affected without touching the lips or tongue, as is likely to be the case by the rough means above referred to, a full-sized, short camel-hair brush should be used; with this, only well-saturated, I effectually and quickly brush the affected parts.

I do not allow any liquid to be taken for a quarter of an hour after, in order that the strong acid should not be washed away, but allowed to penetrate the affected parts.

More recently I have added sulphur fumigation in the rooms of the patients.

I have also found undiluted carbolic acid to effect rapid cures in cancerum oris and accidental mercurial stomatitis, the remedy having been used as described in this paper.

In conclusion, I may state that no fear need be apprehended from the use of the undiluted carbolic acid, as I have always found the mucous membrane perfectly normal after the patches of lymph have been destroyed. I make these remarks in consequence of a medical friend of mine, who has had a very large experience in the treatment of the disease, expressing his fears that the acid might produce seriously deep ulceration.

Ballarat, May, 1873.

HOW THE NATIVES OF NEW ZEALAND AVOID OBSTETRIC OPERATIONS.

By W. R. G. Samuels, M.D.

A short time since, while attending a patient in a difficult case of labour requiring the use of the forceps, the nurse in attendance inquired whether I knew how the natives of New Zealand acted so as to prevent such complications as those I was then engaged in dealing with. She said that upwards of 20 years ago she was acquainted with a chief of some note (whose name I have forgotten) whose wife was in labour with her first and only child. It was a very bad case indeed, and the poor native woman only barely escaped
with her life. Upon seeing this, the chief declared that she should never run such risk again, and he appears to have kept his word; for no sooner was the woman restored to health and strength, than he set to work in performing the operation of "spaying," his instruments being two sharp pieces of flint. The woman recovered and the chief rejoiced at his success. My informant said that she saw the woman on whom this operation was performed only a year or two ago, well and healthy, barren of course. Should this be true, and I have no reason to doubt the person's word, she being in good social position resident near me, it would seem that the New Zealand natives know something concerning ovariotomy, and that they can successfully perform it, although their instruments are of a very primitive description, and that they can dispense with the aid of anaesthetics. I am fully aware that the native race can stand pain very much better than any European. There is one other thing in connection with the subject of parturition I may mention, namely, that the natives of this country seem to know something of the mode of procuring abortion, and use for that purpose the Kotukutuka, (*Fuchsia excorticata*). They use for this purpose an infusion of the bark and give it to the patient as a drink, very similar to the way we infuse ergot. This is said to be a very powerful excitant of the muscular fibre of the uterus. I have been unable to make a trial of the preparation yet, but intend to do so the first opportunity.

Wanganui, New Zealand,

May 16, 1873.

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**Australian Medical Journal.**

**MAY, 1873.**

**THE MEDICAL ACT.**

Nearly three years and a half ago, the Medical Board drafted an amended Medical Act. The Medical Society considered it carefully, and made a good many alterations, most of which the Medical Board adopted. It was forwarded to the M'Culloch Government, and it has since been submitted to all succeeding Governments, and they have all promised, in succession, that it should be introduced to Parliament at an early day, or when the pressure of more immediately urgent measures permitted, or that it would be considered "during the recess." It has not been submitted to Parliament, and if it has served to engage the leisure of any Chief Secretary during his period of retirement from the conflict of debate, he has never made known the result.
of his conclusions. It has never been mentioned in the Governor's speech, at the opening of any session of Parliament, unless "the various other measures of importance" are to be understood as having included it, and no member of the Assembly, so far as we are aware, has ever thought it worth his while to inquire what the Government intended to do with it.

And yet an amended Medical Act is much needed. Irregular practice is steadily on the increase, and every day's experience shows the necessity of the Medical Board—or Council—having authority to deal promptly with offenders against the proprieties. Moreover, the portals through which persons are admitted into the profession in this colony are confessedly too wide. There are on the Register not a few practitioners whose qualifications are valueless, and yet the Board is obliged to recognise them because they fulfil existing legal requirements. The Board, in fact, has no power of discretion, and cannot exercise its own intelligence in determining the sufficiency or otherwise of a diploma. The question, therefore, not unreasonably presents itself, whether the profession will content itself with the very imperfect Act now in force, or it will adopt some means of drawing the attention of the Legislature to what is required in its stead. It is certainly not complimentary to the profession as a body, that it should have been so persistently snubbed by every Government during the last three years and a half, the more so when the mass of utterly useless or mischievous legislation which has been effected is remembered. Perhaps this present Government, having practically adopted one of the provisions of the amended Act, namely, that relating to the election of the Board, is under the impression that nothing further is necessary. Doubtless, it is one of the things to be remembered to the credit of the Francis administration, that they recognised the necessity of having genuine representatives of the profession upon the Board, and so permitted its members to be elected by the whole body of the profession, instead of being nominated as heretofore by the Government. For this, they have earned our thanks, but they would merit them all the more, if they would condescend to consider the virtual helplessness of the Board, however representative its character, so long as they have no more authority than what is derived from the consolidated Act of 1865. The Board itself might fitly move in urging the Government to take the required action, and there can be little doubt that the profession would support them in the appeal.
PROSTITUTION MEDICALLY CONSIDERED.

A report has lately been presented to the Parliament of this colony, "On the social evil considered with a view to legislation." It consists largely of extracts from a great number of authorities, showing the preferable method of dealing with prostitution in view of its relations to the common health, and it has been compiled by Mr. David Blair, a gentleman whose extensive acquaintance with all matters connected with social science, peculiarly fitted him for the task of furnishing to the Government data upon which to base any legislation dealing with this question. The main purpose of the report is to show that syphilis may be lessened both in extent and virulence by the system of periodical inspection as adopted in the Contagious Diseases Act, now and for the last nine years past, in active operation in England. And this, it need hardly be said, is the interest, or at least the chief interest, possessed by the report for the medical profession; and it is on this ground the subject is to be approached when dealing with it, so as to take up the objections raised against any legislation proposing to recognise it.

The report refers to a writer in the Medico-Chirurgical Review, who "calculates that a million and a-half of cases of syphilis occur every year in England, and this number he believes to be far below the true total." He concludes, very naturally, that, as a consequence of this prevalence, the number of children born every year with constitutional syphilis must be enormous, and that the mortality amongst them must be in proportion. Dr. Sanger, an American writer, estimated in 1858 that at least 78,000 cases of syphilis occurred in New York, and it is probable that this large number is below the average of some of the more thickly populated cities of Europe.

Bearing in mind the social circumstances of this city of Melbourne, we may reckon that at least this ratio will apply to it. Taking the population of Melbourne as about one-sixth that of New York, we have 13,000 cases of syphilis in our own metropolis, and every medical man can testify to the domestic misery, bodily and mental, which results as the consequence of this continual propagation of the disease. It is, therefore, our duty as a profession to strengthen the hands of the Government in furnishing them with corroborating reasons for obtaining some legislative enactment, which shall help to lessen the percentage of this disease.

After giving the history of prostitution as conveyed in
the several opinions of the authorities who have dealt with the subject, Mr. Blair offers the following as practical conclusions out of which legislative action may be evolved:

"1. It is unquestionably the duty of every government to make provision for the protection of the lives and health of the population, from the effect of the destructive diseases engendered by prostitution.

"2. This can be done effectively, only, by means of legislation dealing directly with the agents in spreading contagion.

"3. The simplest kind of legislation is that which compels every such agent, by forcible arrest, to abstain from spreading contagion, and detains her in custody until her cure is effected.

"4. Moral and religious means should be employed during the woman's detention, to induce her, if possible, to abandon her vicious course of life and to restore her to society."

With the concluding recommendation we have of course no direct concern, but the others can hardly fail to secure the assent of all carefully-thinking members of our body. It is not likely that in discussing the desirability or otherwise of adopting these conclusions in an Act of Parliament, we shall embarrass ourselves with objections which constitute the grounds of dissent, upon which a steady opposition has been given to the Contagious Diseases Act in the old country. This opposition, as is well known, has come from a certain section of the religious world, and may be generally described as the expression of a belief that the "Forcible Regulation" of prostitution, would amount to its direct encouragement, and would therefore be equivalent to the fostering of immorality. If, however, any members of the profession should be adverse to this legislative regulation on moral grounds, it may be well for them to remember that, so far from the number of prostitutes having increased in those districts where the Act has been in operation, the effect has been exactly of an opposite kind. In section 51 of the Report we find the following:

"The statistics of the Metropolitan Police showing the operation of the Contagious Diseases Acts down to 31st December, 1871, show that in Portsmouth, of 2,453 women registered, 1,809 had left the district, married, or been restored to friends, and 58 had died; that 1,355 common
women were known to the police when the Act of 1864 was passed, and only 586 were known at the end of 1871. And this ratio of decrease or even a greater, is shown to have occurred at all the 17 stations included in the Acts. The total numbers were: women registered, 11,995; of these, left the districts, 5,324; married, 578; entered refuges, 907; restored to friends, 2,574; died, 201; remained on registers, 2,411. The number of common women known in the 17 districts before the passing of the acts, was 4,852; so that the number known on 31st December, 1871, as just stated, namely, 2,411, is exactly half: a reduction of 50 per cent. in seven years, with the population increasing, and with all the circumstances which generally favour prostitution more abundant. With such facts before us, we may at once, therefore, dismiss the fear that the forcible regulation of prostitution would serve to encourage it. Indeed, the apprehension in the minds of another section of those inimical to it is quite the other way; for they say that the dread of inspection and the dislike to any interference with liberty as citizens, would cause many women to discontinue the calling of prostitution, and would thereby render virtuous women less safe. As a profession, however, we have nothing to do with the moral aspect of the question. Our calling infers two duties, to prevent or to heal diseases, and as the tendency of much pathological enquiry of late years, has been to discover the most efficient means of effecting the former object, the control of prostitution so as to diminish the frequency and intensity of one of the most offensive forms of diseased action, infers that we are clearly bound to give all the aid in our power to the Legislature in the obtainment of a law to this end.

As an encouragement to the profession to support the Legislature on the grounds of prophylactic expediency, we may refer to the speech of Dr. Lyon Playfair in the House of Commons, in 1870, when Mr. W. Fowler moved for leave to bring in a bill to repeal the Contagious Diseases Acts of 1866 and 1869. He produced statistics showing "that within the scheduled districts during the five years from 1864-9, the average of syphilitic cases had fallen from 93 to 58 per 1,000 men, whilst, at the other stations, there had been an actual increase from 107 to 111 per 1,000 men. The type of the disease had also become much milder, the average duration of illness amongst the men affected, having fallen from 85½ days to 37 days. Amongst the registered women at Chatham, the average of those diseased had fallen from 70 to 6 per cent."
It seems, therefore, that, on all grounds, the expediency of legislating on this question, so as to secure its forcible regulation, and as a consequence, the diminution of syphilis throughout the community, strongly recommends itself to the profession. In any case it is to be hoped that a subject, in the discussion of which medical experience and testimony have always counted for so much, will not be allowed to pass without evoking some marked expression of opinion from the profession in this colony.

We observe from a note from the Commissioner of Police to the Solicitor-General, appended to the report, that steps are being taken “to prepare a comprehensive return of the number and nature of the brothels, assignation-houses, etc., in the principal towns of the colony, as also of the various grades of prostitutes who reside in or frequent those establishments.” In this return, we think should also be included, so far as it can be obtained, a return of all the cases of syphilis treated in the various hospitals during twelve months, and, if it were possible to obtain a record of the cases treated in private practice, so much the better. It would certainly help the Government more thoroughly to comprehend the urgency of legislation, by putting them in possession of particulars relating to the physical as well as the moral evil to be grappled with.

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**REVIEW.**

_A Theory of the Causation, and suggestions for the prevention of Dysentery, together with hypotheses on the Causation and views as to the prevention of Typhoid, Cholera, Yellow Fever, Remittent, Diphtheria, Typhus, and other Zymotic Diseases in Man and Animals._ By “MucoR,” Melbourne, 1873.

We look upon this work by MucoR as the most singular, if not the most original book of the day. The author flies at a higher elevation than any Victorian, or indeed European, philosopher has ever soared to. It almost turns one giddy to follow him into the upper regions of disease-causation, and to survey the vast fields of malaria that he unfolds to the view, and proposes to reclaim. It well nigh takes one’s breath away to be called upon suddenly to entertain gigantic proposals for sweeping such terrible pestilences as typhoid, dysentery, cholera, and diphtheria, bodily off the face of the earth. No wonder MucoR felt this, and expressed some misgivings, in his preface, as to the kind of reception his startling propositions may receive in the first instance. We can readily understand the smile of incredulity with which most readers, after
noting the curious prefatory remarks, will dip into the body of the work. We can easily conceive that the strange blending of audacity and diffidence observable in the mode in which the object of the book is stated, may lead many to conclude that they are about to be entrapped into the wild and visionary speculations of a philosophy, or of a philanthropy, run mad.

It was with some undefined feeling of this kind that we entered upon the consideration of this remarkable work. An attentive perusal of the preface, indeed, by no means assured us that we were not going into the domain of fiction. We thought it just possible that the author might have been bitten with the idea embodied in that entertaining novel Erewhon, and might have set himself down to work out an elaborate hygienic joke upon the basis of the criminality of disease. The whole thing looked too Utopian to be real, or too good to be true. A very cursory glance, however, over the closely printed pages of the book—too closely printed for pleasant reading by the way—suffices to let one see that Mucor is in earnest, savagely in earnest. There is no mistaking the ferocity with which he denounces the custom of dealing with the material which he believes to have killed more people than have died of old age. Having got into the body of the work, we hardly know how to convey to our readers anything like an adequate conception of its nature. It embraces such a variety of subjects and includes such a multiplicity of details relating to the causation and prevention of zymotic disease, that we are almost at a loss where to begin. The main or leading views with which Mucor starts, however, is that dysentery is caused solely by faecal matter exposed upon the surface of the ground under certain conditions. This deduction is opposed to the view taken by Professor Maclean in his article on Dysentery, in Reynold's "Practice of Medicine," namely, that the specific poison of the flux is the product of the decomposition of organic matter in, or under, the soil. Mucor brings forward a vast array of facts and reasons in support of his theory, and having satisfied himself that he has established his position, he proceeds to inquire in what manner excrement evolves the specific poison of dysentery. He arrives finally at the hypothesis that the infective agent of causation is a mildew developed on the faecal substratum, and that the sporules, mycelium, or other portions of this parasitical vegetation are carried by the air to the person infected. The intimate association of typhoid with dysentery, led Mucor to believe that the fever had a community of origin with the flux, and he next investigated the subject of their relation. The result is another hypothesis to the effect that typhoid is caused by another species of cryptogam, developed on faecal matter under other conditions than those required for the generation of the fungus of dysentery. From typhoid he passes on to cholera, yellow fever, remittent and other zymotic diseases, and in each instance he adopts the views of a hypothetical mildew or excrement under varying conditions, as the agent of infection. So much for causation. As regards prevention, Mucor contends that if the hypotheses of causa-
tion are sound, it follows that the determination of the conditions of evolution of the different mildews will enable the hygiest to disturb those conditions, and thus preclude the formation of a given specific poison. The principal means on which Mucor relies to obviate the production of the special malarias which cause particular zymotic diseases, is the occlusion of faecal matter from the air by such modifications of the Mosaic ordinance, as may be practicable and efficient in a state of civilization. In fact, he proposes an extension, on more complete and more philosophical principles, of the excrement-disposal system in vogue in many of the great cities of Europe, and even now in operation to a limited extent in Melbourne, and in a few of the larger inland towns of Victoria.

This is a brief, rough, and imperfect outline of the argument. The first object of interest to the profession is, manifestly, to submit the proofs adduced by Mucor in support of his theory and hypothesis of causation, to the severest critical examination. It is of primary importance to scrutinise what he advances as facts, to analyse the reasoning founded on those facts, to search for other facts which he has not brought forward, and to see how far they may tend to upset or give strength to his novel views of the origin of zymotic disease. In fine it becomes necessary to test his tests and to apply omitted tests as well. To do this thoroughly and exhaustively is simply impossible within the limits of an article. We do not propose on the present occasion, therefore, to do more than offer some remarks upon the hypothesis generally, and upon the views of Mucor as to the origin and prevention of diphtheria specially. We must take the matters treated of in detail on future occasions. In the mean time, we trust that the members of the profession will examine the book for themselves. We say confidently that, in spite of the crudities here and there visible, and notwithstanding that the writer's medical lore may not be up to the present standard, they will find much to interest, if not to instruct them. Although the phraseology may be a trifle antiquated, and although the sentences have sometimes the appearance of having been set down at a hand-gallop; yet readers will not have to go far before they light on short passages full of deep, original thought, while occasionally they will come across page after page of close, hard, clear, reasoning. We have gone carefully through the book from beginning to end, and we are bound to say that the argument throughout, taking it as a whole, is so ably sustained, both by the facts and the ratiocination, that we can hardly resist coming to the same general conclusions with the author. We candidly confess that we can see no logical escape from many of the principal deductions he has arrived at. And we predict that this most modestly written treatise upon malaria—for the writer religiously avoids all dogmatism and self-assertion, and eschews all pretence to finality, even where it is easy to perceive he feels most secure—will commend itself favourably to the scientific minds of Europe. If we mistake not, the reflex action of this book on the colony will be more pronounced and decided than may be deemed possible by those who have not
studied and digested it. We shall be surprised if the faecal mildew hypothesis of zymotic diseases causation do not create a profound sensation in epidemiological circles and amongst advanced microscopists. In the present aspect of the questions raised by Mucor, it will be of course impossible for the most learned to say absolutely whether he is right or wrong in his deductions.

It may require series after series of elaborate microscopical observations, together with numberless experiments upon animals, to verify or disprove them. Years may pass away before these important hypotheses are finally disposed of. It is only open to us, therefore, to form our conclusions as to the points submitted, upon the same data as those taken by Mucor, or upon similar, or even larger, data than those he has found or assumed. As the case stands at this moment, it must be evident the profession has no precise knowledge of the matters involved. There is no ready and infallible proof by which to try the soundness or unsoundness of these hypotheses. As the author points out, the final appeal lies in the microscope, and this must be admitted. Until, therefore, the evidence of the microscopists can be produced, this cause célèbre in the High Court of Science must practically be adjourned. Discussion, however, is by no means prohibited in this Trial of Mucor v. Malaria. The issue cannot be materially interfered with by comment, whether favourable or adverse. It turns mainly upon a question of dry fact. Is a poisonous mildew, capable of inducing certain specific lesions in the organism, at any time developed on human faces under any conditions? This is the essential thing to determine. If this question be finally answered in the affirmative—and we think there is every probability that it will—the discovery must not only prove of the utmost importance to humanity, but it must be held to be a triumph of induction.

Of the zymotic diseases touched upon by Mucor, there are three of more immediate and more vital interest to the Australian colonies than the others: viz., diphtheria, dysentery, and typhoid fever. Our author starts with the subject of dysentery, and devotes the larger portion of the work to the consideration of its causation and prevention. We should, therefore, under ordinary circumstances, have proceeded to examine into the argument connected with this disease in the first instance, and have then passed on to the others. And, indeed, it is only in this clear way that an understanding of the views of the writer, on the causation of allied diseases, can be arrived at. For much of the reasoning brought to bear upon the causation of the flux, applies with more or less force to the causation of the cognate affections, and is not repeated. But it unfortunately happens that the colony has lately been, and is now, under the scourge of diphtheria. That fell disease has attacked the country districts in every direction, and the local press teems with distressing accounts of its ravages. Large families of children have been carried off, and many adults have been affected, some of whom have died. The lay mind has been much moved in consequence, and, as usual, it has attributed blame to the profession. Medicine has been reproached,
in that it has failed hitherto to suggest a mode of prevention, or to
discover a successful plan of treatment. We need not stop to reply
to these silly attacks of the unreflecting vulgar; attacks which
might be levelled against the men of science of any age, by the
shallowest critics of the succeeding age. As well might Faraday
have been reviled because, with all his discoveries in electricity, he
could not direct the lightning safely into the earth, or Herschel be
taken to task for not designing a system of lenses by which the
planets might be examined microscopically. The fact of the
unusual prevalence of diphtheria just now, however, induces us to
give precedence to the consideration of this disease in the present
notice of the work of Mucor.

After alluding to the complexity of the problem of causation
presented by diphtheria, Mucor says at page 331: "But now let
us look at diphtheria by the light of a faecal mildew. I submit
first that the disease is caused by a vegetable germ derived from a
fungus developed on excrement, under conditions which I cannot
foreshadow; but which I believe to be connected, in some manner,
with the excrement-disposal system of Europeans. [I will narrow
this down presently.] And, secondly, I submit that the disease
will eventually prove to be not only a preventible disease, but pre-
ventible by simple means." He admits that these "are bold propo-
sitions, and perhaps hazardous;" but argues that "a dysentery
mildew entails a diphtheria mildew." He then alludes to the
analogy in the local products of the two diseases, and to the fact
that Hallier says he has found a vegetable germ in the dysentery
patients and Dr. Letzerich another in diphtheria cases. He sums
up his reasons for the faecal mildew thus: "1. There is no other
known efficient cause of diphtheria. 2. General malarias are
excluded. 3. The disease is purely local as regards causation,
though propagable by infection, and perhaps by contagion. 4. It
is essentially an European disease, though met with in tropical and
other countries inhabited by Europeans. . . . I think it
will be difficult to find instances of its endemic occurrence among
other than European races. . . . 4. If the foregoing observa-
tion be well-founded, it should follow that the cause of diphtheria
depends on some special peculiarity, or peculiarities, connected with
the modes of life of Europeans. 5. This point fixed, we may
readily eliminate food, clothing, water, crowding, want, uncleanness,
and general malarias. . . . 6. When the disease has occurred a
long way from Europe—in India and Australia for instance—it has
occurred de novo. This is indisputable. 7. Almost all observers have
concurred upon the point that decomposing organic matter is in
some way concerned in the causation; while some have considered
sewage and night-soil to be directly implicated. . . . 8. The
disease has almost entirely disappeared from the city of Melbourne,
and those of its suburbs, in which a complete excrement-removal
system obtains, during the last three or four years; whilst it still
continues to break out with terrible results in the country districts,
and in places where locally-generated indigenous malaria cannot be
supposed. 9. Human influence must be assumed as a necessary element in the causation. It is a constant.” In addition to these reasons, Mucor says in his Preface: “I regret extremely that I had not more time to work out the details, and to put the hypothesis into a more presentable form. Many other points could have been made—such, for instance, as the striking advantage of a removal from the house; of the well-known cases where the source of infection has been so closely connected with a dwelling, that successive families living in it have been attacked one after the other; and the fact that the Chinese in this colony “have hitherto had an immunity from the disease—as was shown by the evidence taken by the Royal Commission. These and many other reasons, which escaped me at the moment of writing, all strongly support the hypothesis submitted. They will, however, as readily suggest themselves to others.” At page 333 occurs the following: “It seems to me, on a careful retrospect of the question, that, as the disease is associated with dwellings, and not necessarily dirty dwellings, and appears amongst more settled communities, it must be connected with the common privy system. . . . I suspect that the (hypothetical) mildew of diphtheria grows, either on detached portions of the excreta that have lodged on projections, and have not mixed with the mass, or on the faecal matter which has oozed out into the surrounding soil—most probably the latter. . . . The view accords with the fact that children are so much more prone to the disease than adults. . . . Whereas adults place themselves within the sphere of the distribution of the poison germs once a-day, and for a short period, children are constantly playing about back-yards, and are frequently in the privy itself and for a long while. They are also nearer the ground, which may make a sensible difference in the quantities and qualities of poison germs inhaled. It is possible, also, that if the recorded case of the two families resident in the one house, in which all the members of one family were infected and not one in the other family was attacked, were investigated, it might transpire that though the two families lived under the same roof, they had separate privy accommodation.”

Even when put in this disjointed and mutilated fashion, we conceive that this explanation of the causation of diphtheria will strike those who have not read the book, as the most probable and philosophical they have yet seen. When carefully compared with what precedes upon the subject of mildews (for without an examination of this entirely new field the passages quoted are denuded of much of their support), we believe it will be almost universally admitted by the profession that this hypothesis is the shrewdest, most consistent, and most likely of all the multifarious views upon the subject that have hitherto appeared. Not one of the speculative opinions that have been put forward so commends itself to the understanding. The etiology of diphtheria nowhere presents such a compact, concrete, tangible notion of the source of the disease; and we consider the presumptive evidence in favour of its soundness
as being so strong that we confidently look forward to its establishment by microscopical proof within the next year or two. For we may supplement the evidence produced by Mucor. He does not appear to have been aware that Dr. Letzerich not only announced this discovery of the cryptogam which causes diphtheria, but named it the *Zyodesmus fuscus*—one of the family *Cladosporideae*. We may also mention that Robin describes a vegetable parasite found in cases of diphtheritis and aphtha as the *Oidium albicans*. If, therefore, the epiphytic origin of diphtheria, as contended for by Dr. Letzerich, and as believed in by some eminent men, be an actual fact, and one capable of demonstration, the chances that the vegetation comes from a faecal substratum are infinitely greater to our mind than that they are derived from any other substratum. And if a fungus can be shown to be the efficient infective agent of diphtheria, there will be no difficulty in showing whether it does, or does not, occur as a mildew upon excrement. We shall watch with intense interest the solution of this microscopical problem. We feel impelled here to express our regret that we have not a larger staff of trained microscopists in the colony, so that some of the numerous questions started by Mucor, for instance, might be settled on the spot. There are a few workers of undoubtedly high rank, but as they have their hands full with their own specialties, it is not to be expected that they should detach themselves from their own peculiar subjects. We sadly want more men on whom we could rely to conduct a series of microscopical observations with the requisite carefulness and precision.

We have dwelt so long upon this primary question of causation, that we have but little room left for the discussion of the prevention of diphtheria. So we will say at once, let us not wait for the scientific determination of the question at issue; but let us take the bull by the horns, and root out every foul, noisome, and as we believe deadly, midden, cess-pit and privy, throughout the length and breadth of the land. We know that in the present stage of the inquiry this advice is empirical, but it is at all events not more empirical than the burning of sulphur, whilst it is more in consonance with common sense. The remedy suggested by the Royal Commission is, taken at its best, only capable of destroying germs floating in the air, or adhering to walls, bedclothes, or furniture. It does not touch the evolution of the germs themselves, and, as a consequence, the disease will have seized upon a family in most cases before sulphurous acid is resorted to. Burn sulphur, then, if you will; but away with the fastid excrement in the back-yard as well. Independently of the rational probability there is, that faecal pollution of the ground in the neighbourhood of leaking privies gives rise to the diphtheritic poison, the enforced removal of night-soil at stated periods cannot but be productive of good, both morally and socially, and therefore physically. We find as a fact that our gaols, lunatic institutions, hospitals, and public institutions where a decent and proper excrement-disposal system obtains, are free from diphtheria. We know that the disease has sensibly decreased in Melbourne the las.
few years. We learn that in the large Chinese camps, in which the excreta are carefully collected in receptacles, the Orientals have been almost invariably free from diphtheria, even in districts where the malady has been most rife. These facts may be mere coincidences, it is true, and they may be interpreted in more than one way, no doubt; but in the presence of an unseen and a subtle enemy, with the deadliest of poison on his shafts, it would be a monstrous absurdity to throw away the flimsiest of shields. It were madness to discard what really promises to be armour of proof. Let every man then, having anything to do with the sanitation of the colony, work with a will. The Central Board of Health, we have been glad to observe, has been exerting itself of late. We trust that all the Local Boards will display an equal amount of energy. And we have no doubt the profession will aid in impressing on the residents in the country districts outside the jurisdiction of municipalities, the imperative necessity of doing away with the abomination of the old privy, with its faecal accumulations of months, or years, and with its excrement-sodden environs. We say emphatically, that so confident are we of the soundness of the ingenious and carefully-worked-out hypothesis of Mucor, that we believe that could a thorough system of hygiene in connection with the excreta of the population be introduced within the next three months, diphtheria would be stamped out of the colony.

OURSELVES AND OUR PATIENTS.

BY SINAPIS.

No. 1.

There are 469 of us in Victoria, according to the last published Register. We are of all nationalities—almost—and our qualifications are of all degrees, hailing from no less than forty-eight different halls, colleges and universities, not to speak of the ten who hail from no college at all, but who by the good-luck of having been in the colony before 1853, and practising at that date, were allowed, by a Legislature always indulgent to irregular practice, to have themselves entered upon the list, and to exercise the calling of medicine equally with the most efficiently qualified man of them all.

I suppose every one of the 469 is more or less conscious of the exalted nature of the vocation to which he belongs, and possibly even the least noble of us all, has had his aspirations and his dreams of greatness. But even the most imaginative is obliged to confess that medicine, besides being a Godlike art, is also a means of livelihood. The difficulty seems to me to preserve one's reverence for the art, and yet
make it sufficiently useful to subserve one's purpose of living. We have seen, by many illustrious examples in the old country, how really possible it is to do this. Some of the greatest names in medical science have been of men who have amassed riches in the exercise of their profession. I suppose every man who chooses medicine for his calling would prefer to practise it so as to acquire both wealth, fame, and the respect of his fellows; and if every man were, in the outset of his career, quite independent of his calling, probably there would be but few wanderings from the straight road of honour. But the obligation of living somehow often takes away the option of living as one would prefer to live. Hence it has come to pass that both science and honour have often been made subordinate to profit, and the first object of attainment has been material success. Consequently, to the world other than the world of medicine, the competition among medical men has seemed to be, not an emulation of who should best advance the knowledge of disease, and improve the modes of curing it, but of who shall be most in favour with the public, and most in the enjoyment of its substantial favours. I would rather not say that this is, in fact, the characteristic of the largest part of the profession. I would rather not think it is. But I have often been obliged to confess to myself how difficult it is to escape from such a conclusion. For ours is not a lucrative calling. The prizes in it are few. Those who fail, are not rare exceptions; those who only just escape failure are still more numerous, while even those who achieve only an average success and keep on the sunny side of the way, are easily enumerated. It is, perhaps, to our credit that we are only exceptionally wealthy, for when it is remembered how readily wealth is acquired, if only a medical man will completely renounce his title to honourable dealing, we may congratulate ourselves upon the fewness of our moneyed brethren. Rich medical men may be divided into three classes: Those who deserve to be rich, having gained what they possess by the absolute force of their merit; those who do not deserve their riches, seeing that they have acquired them at the cost of honour, and those who, with only moderate professional merit, but with plenty of tact, have had the wit to avail themselves of opportunities which other men do not discover.

And of the second class, namely, those who grow rich by making a trade of physic, it may be remarked, that they are of two subdivisions, to wit, those who discard the proprieties openly, and those who, while still preserving an outward
show of reverence for them, yet act in utter disregard of them.

In other words we have notorious quacks, and quacks in disguise; and, of the two, I object least to the notorious quack.

The notorious quack is, no doubt, quite beyond the pale of professional recognition. He is an outcast; but then he admits it. He does not care for professional recognition; he can do without it; in fact, it would rather embarrass him to be recognised; for, as he is generally, if not invariably, an ignoramus, it would continually disillusionise him if he were brought in contact with well-informed men. So he accepts the consequences of his outlawry. He has bid for money, and he has got it. He has also yearned for notoriety, and he has got that too. He stands aloof from professional respectability, and as his public announcements are always self-glorifying, he is not disturbed in the contemplation of what he believes to be his own excellence. He is, therefore, though a scandal to the decencies of medicine, and an offence to professional respectability, not a source of direct personal offence. He is viewed at a distance and avoided.

But the quack who, in the disguise of a decently-ordered practitioner, still retains his connection with the profession, and secures a wide recognition because of his usefulness to others, does infinite harm. The other quack is understood by the public quite as much as he is understood by the profession. They read his announcements and laugh at them. They observe his absurd vanities and become accustomed to them. They never mistake him for a reputable practitioner, and never confound his charlatanry with the practice of reputable medical men. But it is different with the other one. Unlike the quack absolute, the quack in disguise is a snare. He advertises himself quite as much as the quack absolute; but he does it so as to appear as if all he does were done in the interests of science. In Europe this kind of advertising is conducted on a much more extensive scale than here. Nevertheless, it is done here to a proportionate extent. A great deal of outside show in the way of houses, furniture, servants and equipage. A showily got-up book on a popular, not to say unsavoury, subject; a lavish expenditure in announcing the book all over the colonies;—all these expedients go down with a very large section of the public, and procure the kind of recognition required. For it is argued, that if there were no merit in the man there would be no success, and that there must be
genuine material success, if the outside expressions of it are to be trusted. Success, in such instances of it, verifies the modern aphorism that success succeeds. There may possibly be a shrewd suspicion in the minds of a good many people who consult such a man, that perhaps he does not stand well with his professional brethren. But what then? It is not for them to inquire into these private quarrels and jealousies. Medical men always have differences, and always will have. Those who are most successful are most envied, and it is not for the patient who hopes to profit by what he thinks is superior skill, to inquire into the private or professional relations of the man who exercises it. Besides, it is far from unlikely that a kind of sympathy is got up for such a man. His patients resent as slights shown to them, and as reflections upon their discernment, unfavourable comments upon their favourite. So, probably out of sheer opposition, they cling to him and send others to him, and as professional success is, in most cases, like arithmetical progression, once the success is quite established, it moves by its own momentum. It is so corroborative too to the patients of such a man, that they are right in their opinions, to know that he is met by other medical men against whom there is no shadow of suspicion of professional delinquency. It comforts them to know that even some of those who denounce him, are glad to take the consultation-fees he procures them. And here we become entangled in the intricacies of ethics, of which so much has been said from time to time in this city. For the question presents itself, how far your undoubtedly reputable practitioner is justified in meeting a man who, though not notoriously disreputable, is so far soiled, that the difference between him and the notorious quack is only in the particular form his quackery takes. On the high ground of abstract morality alone, such a man ought to be sent absolutely to Coventry, and if it were possible to do so, or in other words if abstract morality alone were allowed to guide us in our dealings one with another, he would be sent to Coventry and left there. But it seems as if abstract morality were impossible in practice. For not to speak of the urgency of circumstances against which abstract morality, and therefore abstract reasoning, avail so little, the urgency of personal need or personal cupidity will always prevail to a great extent. Prudence may prevent a leading hospital surgeon meeting, in consultation, an advertising practitioner, whose posters are upon every hoarding in the city, and disfigure thousands of unoffending gum-trees, even in the little frequented forests
of the interior. The penalties of such professional associa-
tion would outweigh the profits. In hard business terms it
would not pay. But, in the other case, it is done safely,
and therefore profitably; and is consequently done con-
stantly. Hence, however far from the well-understood line
of ethical demarcation the disguised quack may diverge, so
long as he acknowledges in appearance the more obvious
proprieties, he will always feel secure in his position. He
will know that whatever complications arise in his practice,
he can always make sure of shielding himself from un-
pleasant consequences, by a consultation with a practitioner
whose reputation has not been blown upon.

It is not to be denied that even quackery can be
successfully cultivated without some kind of ability, but
it is not the ability of which a man who preserves his
self-respect is likely to boast. A careful observer of
the social life of Australia once said to me, "Depend
upon it, the secret of success in any walk of life in
these colonies is steady, persistent self-assertion." It
is certainly true of political life, and it is unquestionably
true of that struggle for supremacy which is continually
going on among those who compose what is known as
"society." And I am afraid it is true of some of the
success in the profession of medicine. But to maintain this
habit of self-assertion unflaggingly, requires so unbounded
a belief in one's own powers and abilities, that it involves
a considerable strain upon the mind, if there be the least
tincture of modesty in one's composition. Indeed, modesty
and charlatanry, in all its degrees, are in the nature of
incompatibles. The explanation, therefore, of why quackery
does not always succeed, may be due to the fact that the
man's confidence in his powers is not complete. It is a
system which, once adopted, must never be relaxed. There
is no going back, and yet preserving the hold obtained
upon those who are to be made subservient to the ends con-
templated.

I believe of all the methods adopted to impress the vulgar
mind with the importance of the disguised quack, that of
exaggerating the gravity of the diseases he is called upon
to treat, is the commonest and the most profitable. A
tumour is always pronounced a cancer. Catarrh or colic is
always active inflammation, and a cough is invariably dis-
covered to be the concomitant of consumption.

A gentleman consulted me some months ago for a neuralgic
pain in the groin, produced I believe by excessive equest-
rian exercise. It was one of those slight ailments that
require only rest and the avoidance of the cause. I prescribed a little aconite liniment, and recommended quiet. On paying me my fee, he said, “I think it right to tell you that I consulted Dr. ——, who told me it would be necessary to perform an operation, the fee for which would be twenty guineas.” I replied, “in that case do not take my word only, but go to Mr. ——, a neighbour of mine, and tell him I wish him to examine you, so that you may be satisfied whether there is any need for an operation.” He went to Mr. ——, and, as a matter of course, was satisfied, my own opinion being confirmed.

This mystification and exaggeration are especially useful to the disguised quack who affects obstetric practice. It was at one time a standing joke in medical circles, that any female patient who should consult Mr. ——, would be sure to be pronounced suffering from uterine disease. He was, so it was said, in the habit before hearing any account from the patient, of expressing himself in tones of the most alarming solicitude, as thus: “Good heaven, you ought to have come to me before. I know quite well what you are suffering from. You have the most frightful ulceration of the womb.” And of course he always found what he said he should find. An especial case, illustrating this kind of exaggeration, came under my own notice.

A young married woman had been long under the care of this intuitive diagnostician. She was suffering, so I was informed, from cancer of the womb. Whenever her friends visited her they always came back much distressed at the accounts given them of what Mr. —— had said from time to time of her gradual declension. It was a mere question of time, he told them, as to when she would die, and it was only the treatment to which he subjected her which kept her alive.

I had occasion to inquire from time to time from a relative of this person how Mrs. —— was, and the reply was always “she is gradually sinking.” At last the poor woman’s money ran out, and Mr. —— declined further attendance, so she went into one of the hospitals, no matter which. On being examined, there was found to be not the least uterine disease whatever. There was some abrasion of the cervix, in consequence of the use of irritants, the purpose of which may be readily surmised, and she was in a most depressed condition of mind from having been continually assured, during several months, that she was suffering from an incurable disease. She left the hospital in a week or two, quite well, and I believe she has enjoyed excellent health ever since.
In another case which was related to me by a gentleman of whose truthfulness I make no question, a medical man in this city described, as an excellent joke, a case out of which he had got a good many fees, by regularly touching what at first was only a pimple, with strong nitric acid, but which, under this lively plan of treatment, had developed into an irritable ulcer.

These are solitary examples only, but they are examples among many which have come within my knowledge. I should be sorry to think that those who pursue such practices are other than exceptional members of the profession, but their existence is a sad blot upon the nobility of our calling. I cannot but regard it as a crime of the most unpardonable kind, to trade upon the fears of those who put perfect confidence in us. At the same time, I am ready to admit that there are patients, whom to treat with perfect candour, would be simply to hand over to some other medical man. The number of persons suffering from imaginary diseases is not so great in this part of the world as it is in the old country. We are most of us too busy with the hard work of living, to find time to believe ourselves ill without reason. Nevertheless, there are persons who insist upon being treated for ailments which exist only in their imagination. In such cases, the only thing to do is to deal with them as monomaniacs. In fact, their disordered imaginations represent a kind of monomania, and must be treated accordingly. A clear distinction, however, is to be drawn between a disordered imagination and a real affection of a curable kind which the patient is told is incurable. In the one case, the employment of some simple placebo with appropriate instructions as to diet and general habits, may effectually remove the impression under which the patient is labouring, and there is no impropriety in taking a fee for adopting this indirect mode of treatment; but it is a very different thing from exciting the apprehension of a nervous person, with the double purpose of exalting our own skill and robbing the patient.

I think it is possible that some medical men, even of strictly honourable minds, are given to lay stress upon the ailments of their patients, with the object of securing their confidence. And no doubt it is, of all things, most desirable in practice to have their confidence. For lack of it, many otherwise gifted men never succeed; and, because of it, many ordinary-minded men succeed beyond their deserts. It is an art in itself, to impress a patient and a patient’s friends, with the belief that whatever is done is the best that can be done. In the accomplishment of this good under-
standing, much, no doubt, depends on manner. If manners
do not always make the medical man, they go a long way in
helping to make him. Genius will always assert itself in
spite of manner, but genius is the lot of so few, that manner
must often stand in its place. And on this question of
manner, no absolute rule seems possible to be laid down.
As a matter of course, what we understand by a “gentle-
manly” address, is most proper to be observed; but there is
the widest possible interpretation of this term “gentlemanly.”
I am bound to confess that some medical man who would be
greatly affronted if they were told they were not typical
gentlemen, are to my thinking little better than bullock
drivers. I am afraid there is a good deal of contemptible
imitation in this matter. Abernethy has had thousands of
imitations, so has Sir Astley Cooper, and they may be taken
as having represented severally the extremes of bearing,
one being the impersonation of rudeness, the other of
courteousness.

I know it is a fixed belief in some medical men’s minds,
that the Abernethian style of treating a patient is the most
politic, and I am compelled to admit too, that, with many
patients, rudeness is understood to cover over remarkable
skill. One of the most ignorant men I ever met, was a
practitioner in Lancashire, with whom I had occasion to
come into collision a great many years ago. His barrenness
of mind was incredible, but he had acquired such an ascend-
ancy over the people in the neighbourhood where he lived,
that their belief in him was almost superstitious. All sorts
of local stories were current of the strange expedients to
which he would have recourse. On one occasion, he was
called to a young man suffering from constipation. The
bowels had not been moved for several days, and the patient
was suffering a good deal of spasmodic pain. The South
Lancashire expression descriptive of the bowels not having
been moved is, “I have not had a road through me,” for
such and such a time. “Oh!” said our Caliban, “he has
not had a road through him, has’nt he, and you’ve given him
all the medicine I ordered?” “Ya, we’n gien him it a.”
“Very well, get me a gun and load it.” “Load it, what
for?” “Why, to make a road through him; by God, I’ll soon
make a road through him.” And it is a fact that the belief
in the man, and the terror inspired by the conviction that
he would administer an enema of small shot, was so com-
plete, that a very vigorous action of the bowels commenced
to take place.

We are not without instances of the uncouth style in
Victoria, and I should not be surprised if there were more imitations of one very notable example, considering the local success which has accompanied it. There is no use in trying to reason with people who insist that uncouthness must, of necessity, cover over great skill. The reply is invariably to the effect that professional jealousy stands in the way of the recognition of Caliban's merit. Caliban has succeeded, therefore Caliban ought to succeed. Caliban snubs his best friends, therefore Caliban is confident in his own merits. Caliban has made enemies in the profession, but it has been because genius cannot be tramelled and kept down within the ordinary grooves. Caliban has broken through customary rules; he has defied etiquette, and ethics, and decency; he has questioned the ability of every man in the profession beside himself. He has sneered at those whom the rest of the world are delighted to honour; like a cur, he has bitten the hand of those who fed him in his early needs, and because he has never complied with one single requirement of the commonest obligations of professional relationship, he is regarded as a stupendous example of scientific attainments.

It is indeed very curious, this insisting upon the necessary association of bearishness and great skill. If this kind of false reasoning were confined to the vulgar mind, one could not wonder, because the vulgar mind is prone to indulge in false reasoning and to delight in fallacies. But it is by no means the exclusive privilege of vulgar minds, to confound savagery with genius. It is not in ordinary human nature to resist the temptation to take advantage of this kind of blind confidence, therefore it is taken advantage of accordingly, and so we find Caliban exalted on the pedestal of greatness, and worshipped with a self-abasement on the part of those who deify him, that can only be described as wonderful.

I am loth to refer to the weaknesses of my brethren of the craft, when the weakness is in the nature of a misfortune. But this disposition on the part of the public to exalt positive disqualifications, and to conclude, because of their existence, that great merit co-exists, almost of necessity reminds me that some men in the profession are supposed to be exceptionally gifted, because they are unexceptionally given to intoxication. It is the commonest thing in the world to hear a medical man spoken of as exceedingly clever, because he is hardly ever sober. It almost suggests the necessity of getting drunk, in order to be able to secure somebody's confidence. They tell me there are districts in this colony
where it is the exception to find sober medical men, but, nevertheless, that nobody is in any fear of sending for them, because it is generally understood that unless they are quite drunk, or as we have it, dead drunk, there is no fear of their not being perfectly well able to deal with any case whatever.

It may be indeed, that the explanation of this curious confidence in a drunken medical man, is of the kind suggested by the gravedigger in "Hamlet," when he says that it is no matter about Hamlet being mad and sent to England, for "there the men are as mad as he." However the belief be explained, it exists.

Altogether, therefore, it would seem as if your fairly qualified practitioner, honest in his dealings with his patients, candid in his explanations, rational in his treatment, and courteous in his manners, had a good deal, if not everything against him. For, judging by the success of many in the profession, a man must either be a plausible fool, an unprincipled rogue, an unscrupulous savage, or a confirmed sot, in order to acquire any lasting degree of public favour. I should prefer to think it were not so, but the exceptions wherein honesty and capability succeed are so comparatively few, that one is almost unavoidably driven to accept the conclusion that these qualities are not of themselves available means of securing the material advantages for which, after all, we are striving, notwithstanding that our profession is noble, and our aims theoretically lofty and heavenwards.

CORRESPONDENCE.

FOREIGN DIPLOMAS.

To the Editor of the Australian Medical Journal.

Sir,—I am requested to inquire, through the medium of your Journal, whether foreign diplomas are registrable in Victoria? I notice one on your list, whose qualification seems to be from Maryland U.S. Would be glad to know something of the Medical Practitioners' Act of your colony having reference to foreign degrees.

Yours faithfully,

Wanganui, New Zealand, May, 1873.

M.D.

[The Medical Act of Victoria allows the registration of other than British qualifications if applicants can prove, to the satisfaction of the Board, that they have passed through a regular course of study of not less than three years' duration in a British or foreign school of medicine, and have received, after due examination from]
some university, college, or body duly recognised for that purpose,
in the country to which such body may belong, a medical diploma
or degree certifying to their ability to practise. The difficulty, of
course, is to make sure that the proofs furnished as to the prescribed
term of study, having been gone through, are valid. We believe the
Medical Board has always taken the greatest pains to be satisfied of
the genuineness of such proofs; but it is none the less certain that
there are persons now on the register whose diplomas are worthless,
the holders there is good reason to believe, never having gone
through any regular course of study. Ed. A.M.J.]

LOCAL TOPICS.

The following qualification was registered at the meeting of the Medical
Board on the 8th May: Stewart Cowper, Rokewood, M.D. Glas., L. et

Mr. N. Avent, M.R.C.S., formerly of the Melbourne Lying-in Hospital,
has been elected Honorary Surgeon to the Clunes Hospital.

Mr. Greenaway has resigned the appointment of House-Surgeon to the
Alfred Hospital.

The record of imported diseases during the last few weeks, has included
small-pox by the May mail steamer Baroda, some cases of typhoid by the
German ship Alardus, and eight cases of dengue-fever by the Charles Auguste,
from the Mauritius.

The Committee of the Alfred Hospital have determined upon adding a
fever-ward to the building, and Mr. Webb, architect, has been instructed to
prepare plans and specifications so as to commence its erection at once.

Attention has been called in some of the country papers to the facility
with which opium can be obtained from the Chinese.

BIRTH.

Comm.—On the 30th inst., the wife of John Frederick Cobb, M.R.C.S., Brunswick, of

son.

DEATH.

GREGORY.—On the 23rd inst., at Richmond, William Gregory, M.R.C.S.E., aged 51.

NOTICES TO CORRESPONDENTS.

Communications have been received from the following gentlemen: Messrs. J. and A. Churchill, London; Dr. Martin, Mr. Bunce, Dr. Samuels.

The following publications have been received: “The Glasgow Medical
Journal,” for February; “The Canada Medical and Surgical Journal,” for
February; “The Medical Record” (London), Nos. 1 to 9; “The Medical
22, March 8; “The British Medical Journal,” for Feb. 15, 22, March 1, 8;
“The European Mail,” for March 21; “Burgoyne Burbidges and Co.'s
Prices Current,” for February; “On the Causation and Prevention of
Dysentery and other Diseases,” by Mucor; “F. F. Bailliere’s Catalogue of
Books on Medicine and Surgery.”
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