Since Mr. Abernethy promulgated the doctrine that disorder of the digestive apparatus was, for the most part, the direct source of many diseases, no class of medicines has been so indiscriminately used in those of the alimentary canal as the various preparations of mercury. In relation to the treatment of dysentery, it may be worth while to inquire the cause which has led to the employment of such means. In tropical and intertropical climates, the opinion has been maintained by not a few, that hepatic disease is usually combined with dysenteric affection, the former being viewed as the cause of the latter; hence the alleged co-existence of the two has given apparent sanction to the use of this mineral. So far as my own means of judging have extended, dysentery has occurred as a purely local, idiopathic disease, and independently of a morbid condition of the viscus referred to. An idea has sprung up, likewise, that as biliary matter can seldom be traced in the evacuations in dysentery, the liver must be in a torpid, sluggish, or inactive state, and, hence, that this gland required a stimulant of some kind to rouse it into action; accordingly, the “blue pill” or other preparation of mercury, was readily suggested as a suitable means of attaining this object. By many practitioners, whose veracity we have no right to question, the treatment of this affection by mercury has sometimes proved successful. Yet, a reliance upon it, exclusively, has tended to the disuse of others, perhaps more important. It is, I apprehend, by a combination of means, adjusted to each individual case, that successful issues can reasonably be anticipated in the majority of our formidable diseases; the order, however, in which one, or more, be employed is a matter of moment; one active agent need not necessarily supersede the use of another; both may be valuable, as the one or the other be primarily made use of. Blood-letting, for example, is a remedy of
inferior note (I am not sure if not objectionable) in this disease after continuous doses of mercury have been persisted in, say for two or three days, which latter often induces a state closely allied to inflammation, so that not only has a local disease to be encountered, but, in addition, great constitutional disturbance, or, as some term it, irritation.

In adult subjects, in whom the disease did not appear to have sensibly lessened, and after the operation of blood-letting, small doses of calomel conjoined with some sudorific (as P. Ipec. C.), given at intervals of two or three hours, or until the absorption of the mineral had become apparent, have evidently proved very serviceable; the inflammatory condition of the membrane subsiding, as evidenced, amongst other signs, by the evacuation of more healthy, faculent matter. The explanation, possibly, is this: that blood-letting having failed to induce the necessary change in the system, on the principle of counter-irritation or counter-impression, the mercurial action, on the same principle, develops itself more speedily, creating in short, if not a new disease, a different and altered mode of action in the whole system, through and during which, a disposition is given to the topical affection to decline.

The mere circumstance of bile being detected in the depositions after the administration of this mineral, is no evidence that it, the mineral, exerts any particular or specific effect on the liver more than on any organ or part of the body. We have at the diggings examples in point. It is no unusual occurrence for a miner who has been engaged for some time in the process of retorting quicksilver from gold to be the subject of caries of some osseous structure, not infrequently of the maxillary bone; of this I have seen examples, the offspring of the inhalation of the fumes of mercury. In "dyspepsia," too (a name expressive only of a symptom, having no reference, directly or impliedly, pathologically or physiologically, either to the nature or seat of the real disease, that is, proximate cause of indigestion), mercurial preparations are had recourse to from the notion entertained that, after their use, bile being probably secreted in excess, the liver must be the nidus of the derangement, so-called dyspepsia; altogether ignoring the influence which the brain, when disordered in its functions, exercises over the process of digestion; and also the stomach, which, although simple in its structure, is yet endowed with properties which neither the skilled anatomist nor chemist can explain. We may well, then, be sceptical of the value of mercury as a panacea for loss of appetite, sickness, vomiting, flatulence, loathing of food, eructation, heartburn, costiveness; symptoms, whose co-existence has formed the network for the phrase "dyspepsia." The prejudice, however, existing on these points is great, and to be combated with difficulty. On the whole, I have very rarely succeeded in controlling the incipient stages of dysentery by mercury; and even in the milder forms, and especially in the case of children, I am not sure whether the artificial disturbance created by it has not increased the local affection and interfered with its natural tendency to subside at an earlier period than might otherwise have
happened. Perhaps no work contains more suggestive and valuable matter on the abuse, the inutility, and the great injury frequently resulting from the exhibition of preparations of mercury in the majority of the diseases of the alimentary canal, than that of Dr. James Hamilton. There can be no doubt that nice discrimination is required so to adapt this remedy that no evil consequences follow. Calomel, in repeated, and even in minute doses, produces, as is well known, a state of disorder in the intestinal tube, mouth, and of the fauces, &c. (how, or in what precise manner, is beyond the pale of conjecture), of so peculiar a character, of so specific an action, as very frequently to produce ulceration, gangrene, and, as we have seen, leading to the destruction of life, although administered with the greatest caution. By the introduction of small quantities of this substance into the circulatory system at the commencement of this disease, a doubt has arisen in my mind, whether it has not masked the symptoms of the disease when thus exhibited, making it difficult to distinguish the local affection from the effects of the means employed.

That extreme caution should be exercised in the use of mercury, in acute dysentery, the subjoined cases plainly prove. They occurred several years ago, at a time when I felt less sceptical than I now do of the merits of this practice. I transcribe from notes made in the year 1844:—

A child, five years of age, had been suffering from dysenteric purging four days prior to my visit. The symptoms were mild—very little uneasiness complained of on going to stool—the dejections by no means frequent, ten or twelve being passed within the twenty-four hours, small in quantity and slightly tinged with blood; tongue moist and covered with a white fur; pulse 105, but steady; the child's appetite comparatively so good that medical aid was hardly deemed requisite by the parents. The disease remaining unabated during the three consecutive days under a mild treatment (Chalk and Magnesia, mucilaginous drinks, and the interdiction of animal food), and mercury having been suggested by a medical friend, I resolved upon giving the mildest preparation. One grain and a half, therefore, of the Hyd. greta were administered every fourth hour during the two ensuing days without any apparent change. On the morning of the next, hectic flushes were observed on the cheeks, with great restlessness; still no impression appeared to have been made on the disease, nor did its features vary in any marked manner. The mercury was discontinued. Towards the evening violent secondary fever ensued, followed by swelling of the submaxillary glands and tonsils, and a copious secretion of saliva, the breath having a strong mercurial fetor, the mucous membrane of the mouth presenting a highly inflammatory condition (aphtha). These symptoms were soon followed by impeded deglutition, loss of natural articulation, pain in the abdomen, as evinced by pressure, and by frequent sanguineous and fetid dejections. Cool air, six leeches to the abdomen, a spoonful of O1. Ricini (swallowed with the greatest difficulty), and an enema composed of the same
medicine, with thirty drops of the Tinct. Opii, constituted the treatment. The child however gradually got worse; the usual symptoms followed; pulse scarcely perceptible, profuse salivation, tongue protruding, features collapsing, consciousness extinct at midnight; soon after which the little sufferer was in its place of rest.

The other case, that of a child twelve years old, so closely resembled in all its essential characters the one just narrated, that it would be unnecessary to detail it. Now, I have no hesitation in declaring as my decided conviction, that both patients were destroyed by the mercurial treatment which I unfortunately adopted, not from the disease under which they originally laboured. It is to be regretted no inspection of the bodies was permitted. These cases furnish materials for careful study. The means made use of were inoperative to stay the fatal process, and nature herself was powerless to restore healthy action, the constitution having been gradually, yet too surely, undermined by the potent agency of the mineral for reaction to ensue. The proportion of mercury employed was exceedingly small, not exceeding five or six grains, yet it was insidiously paving the road for a fatal sequel. In the incipient stage, therefore, of dysentery occurring in young children, the practice alluded to seems questionable. Even in the adult subject we cannot at all times succeed in controlling the action of mercury when once freely disseminated in the body. In the present day we do not push it to the extent of inducing salivation in order to palliate or to cure disease—an event which will occasionally occur, even under its most guarded use.

Notwithstanding what has been said respecting the employment of mercury in the acute dysenteric purging of children, there can be no doubt that when the disease has been protracted to a period of weeks, or months, very decided benefit has manifested itself, more especially in grown-up persons, from the cautious use of very minute doses of this medicine; and if to this treatment suitable sanguineous depletion have been superadded, together with such means as excite cutaneous exhalation (than which few can compare to the chlorine vapour-bath, as recommended by Sir Ranald Martin), a formidable disease will be sometimes made to yield, frequent change of air being also a powerful auxiliary, whilst, on the other hand, the most powerful astringents, opiates, &c., generally prove nugatory, although particular symptoms perhaps may be partially combated by them, but no lasting, radical impression made on the inflammation which gave rise to them. The experiments of that distinguished physiologist, Majendie, have tended to establish an important fact. He has demonstrated that the absorbent vessels are greatly increased in point of activity when the sanguiferous system has been moderately reduced, as by blood-letting. Thus, then, whenever it is deemed advisable to introduce any of the preparations of mercury into the system speedily, a surer means of attaining this end cannot be pointed out than that of previously unloading the blood-vessels to a judicious extent, other circumstances favouring such an evacuation.
If, during the course of inflammatory action, alteration of structure should have taken place, a permanent cure cannot reasonably be anticipated by the combination of the above, or, indeed, any measures. Can any known mode of treatment, passive or otherwise, however judiciously directed, create new and healthy out of disorganised structure? Dr. Wilson Phillip, in his “Treatise on the influence of minute doses of Mercury,” says, “It is not surprising that a medicine, which so powerfully influences the secreting organs in general, should influence the secreting power of this organ (the liver); but, independently of this power, it has a specific operation on the liver; a power not merely of exciting its function, but of correcting its various derangements of that function in a way which it does not possess with respect to any other organ, and which no other medicine possesses with respect to the liver, and that even to such a degree as not only to restore a healthy state of the bile in various deviations of this fluid, but, often, to correct the most formidable change of structure in the organ which secretes it.” Everyone must feel sensible of the weight of so high an authority; yet some exception may, I think, be taken to this doctrine. Opportunities are afforded of appreciating the effects of mercury without ascribing to the liver the channel by which diseased parts remotely situated from this organ are often restored to a healthy state. Examples are furnished in that specific form of inflammation caused by the absorption of venereal virus; in mesenteric disease; in some cutaneous affections; in fever, and in others. In these, and others in which this mineral had been given, is it probable that in getting into the stomach, it travels only the length of the half-way house, the liver, and expends its influence in its substance? “The removal of the most formidable change of structure” in this glandular body, by a mercurial plan of treatment, can only probably be presumed; as, during life we have hardly any direct method of discovering the alleged existence of many states called malignant and formidable, as, induration of, or scirrhus of, the liver, a tuberculated condition of it, &c. These states being conjectural, it is not easy to determine the effects of any class of substances when administered. Mere swelling of the organ referred to is no test of change in its general organism; an effect which may continue for an indefinite, uncertain period, but which may disappear on subsidence of its cause, inflammation; and which, as I know from repeated experiment, can be as effectually treated by means more simple, as by general and topical blood-letting, &c., unaided by mercury, iodine, or other boasted and fashionable remedies. Dr. Baillie, in referring to this subject in his “Morbid Anatomy,” says, the fluid secreted by the liver is found to vary in different subjects, and he considers this to be an event of so common an occurrence as to question the propriety of using remedies for the sole purpose of correcting any of its impurities. Even Mr. Abernethy, the great advocate for unhealthy bile, thinks that the alvine evacuations which resemble pitch are chiefly composed of diseased secretions from the internal surface of the intestines. If
the bile be occasionally, as no doubt it is, vitiated in quality, in order to restore it to its normal state, the cause of such deviation must be ascertained, if possible, and which may be actual inflammation of the organ that secretes it, and if so, the indications of cure are simple enough. In idiopathic fever, the secretions throughout the whole body are altered; in a "vitiated state," as the phrase is; but these secretions cannot, per se, be improved by "alteratives" (the renowned panacea, blue pill), being simply effects, not causes. The judicious remarks made by Dr. W. Phillip, on the use of very small doses of mercury (especially, as I would add, in combination with small blood-lettings), apply with great force to the treatment of the chronic form of dysentery. He states that although no perceptible amendment might be noticed for a length of time under its use, yet this circumstance should not induce us to administer it in quantities exceeding an eighth part of a grain twice daily for a week or so; resuming it at intervals, according to circumstances. By such a method of proceeding, salivation in a great measure is guarded against; a steady impression is incited in the system generally, and in many instances, if a cure be attainable, a disposition is given to a favourable termination.

Some years since—and even now the practice is not obsolete—it was the fashion in India and other hot countries to exhibit scruple doses of calomel in this affection. It is difficult to understand the rationale of such practice. As a purgative, simply, it would seem to be too drastic and irritative to be of service; but of this I have had no experience. The sallow, frequently jaundiced, complexion of persons long resident in such climates has probably led to its employment; the liver being supposedly implicated with the intestines, and hence, the former is attacked, vi et armis, by mercury; but when lesion of structure has occurred, the remedy becomes of questionable utility in these cases.

Injections: their use.—"Weakness of vessels" of the mucous membrane of the bowels having been a favourite, no less than a plausible doctrine, the custom of treating this supposed condition by astringent injections dates from great antiquity. During the Peninsular war many army surgeons adopted this, amongst other treatment; the Solutio Acetatis Plumbi being mostly in vogue, and with apparent success. I have occasionally used it, but very rarely, with the effect of suppressing the evacuations, or mitigating the disease; on the contrary, its introduction has seemed to aggravate that distressing symptom tenesmus, probably by irritating the sphincter ani; whilst thirty or forty grains of the Ext. Hyoscyami, by way of suppository, has often relieved it, the patient obtaining an interval of three or four hours' comparative ease. With respect to emollient injections, these seemingly inherit no medicinal qualities. The theory of spasm of the vessels, which, during Dr. Cullen's time, maintained its ground, is now for the most part abandoned—and it is seldom that injections in which opium is dissolved, are now given with the view of simply taking off the spasm. Nor are the usual mucilaginous injections of a character to "protect" the
inflamed membrane from saline or other irritating matter contained in the secretions; to do this effectually, their application should be constant; the impracticability of accomplishing which is apparent; besides, the coagulable lymph which is so abundantly effused in this affection is, one would think, amply sufficient to guard the lining membrane from "acrimony of the juices," as the ancients termed it. The trifling degree of disturbance which arises when bile has been freely circulating in the system in cases of jaundice, favours the assumption that the fluids secreted in dysentery are not capable, per se, of sensibly irritating the mucous coat; and, if this be really so, emollient injections would seem to be useless.

I might add that, several years ago, many, apparently hopeless cases of dysentery occurring in young children terminated favourably by a removal to the sea-side. Even in, as I conceived, the last stage of the disease, after a few hours' inhalation of the saline and invigorating atmosphere on the Brighton coast, the gradual restoration to health was as gratifying as it was unexpected.

The whole tribe of tonic medicines (strengthening remedies as they are strangely styled) may be dispensed with during the course of this affection; they defeat rather than aid the object aimed at, namely, the gaining strength. Suitable food, change of air, and gentle exercise are the only means, and certainly the most powerful, which nature has provided for attaining this end.

(To be continued.)

A LECTURE ON OZONE.

By M. FREMY.

At the second Conference of the Society for the Assistance of the Friends of Science, held in Paris on the 10th of April, 1866, under the patronage of H. M. the Empress, M. Fremy delivered a most eloquent and instructive lecture on oxygen and ozone. Soon after its publication I procured a copy, and through the kind assistance of a friend I am now enabled to offer to the readers of the Australian Medical Journal, a tolerably correct translation of that portion of it which relates to ozone.

Yarra-street, Geelong, April 30th 1868. JOHN DAY, M.D.

OZONE.

Beside the gas which you will permit me to call the oxygen of Priestly, of Scheele, and of Lavoisier, we will place another—it is the oxygen of modern chemistry—called ozone. This gas has been discovered by a clever chemist, M. Schönbein, and studied by a great number of contemporary savants.

I believe that it will be easy for me to enable you to understand the relation that exists between oxygen and ozone, and to prove to you that ozone is only modified oxygen.
Alchemists heated certain common metals during entire years, always hoping to transform them into gold by means of heat. Chemists of the present day do not believe in these transmutations, but they prove some very curious modifications in certain bodies. The study of these modifications now constitutes one of the most interesting parts of our science.

Look at ordinary sulphur: after having heated it, we suddenly cool it, and we obtain a soft elastic substance: this is sulphur modified by heat. We must chemically analyze it to demonstrate that this body is still sulphur; we must, above all, burn it in oxygen to transform it into sulphurous acid, which is the same as that which would be produced by yellow sulphur.

Every one knows the inflammability of phosphorus: let us heat a fragment of it during a sufficient time sheltered from the air, and we shall see it little by little change its apperance. Alchemists would certainly have believed in a transmutation, for this phosphorus becomes red and opaque; it is amorphous, it is hardly inflammable, but it is still phosphorus: in burning it in oxygen, we find the phosphoric acid which it forms is identical with that produced in oxidizing the ordinary phosphorus.

Look at the diamond. We expose it to a high temperature, and we transform it into coke, into black coal. You know that the reverse is not yet realized.

Thus heat acting on certain bodies can produce in them profound modifications.

The discovery of ozone demonstrates that in certain cases electricity can also work these modifications.

What is ozone? It is oxygen modified, not by heat, as in the preceding examples, but by electricity. This is the most simple idea that we can form of it.

What are the characteristics of ozone? Let us first say that this body possesses a disagreeable phosphoric odour, like that of lightning, or still more that of an electrical machine in action: the name ozone has been given to it because it is odoriferous. Chemistry has found in this modified oxygen new properties: it is overcharged oxygen, if one may so express one-self. It can oxidize at the ordinary temperature such a body as silver: this metal blackens in ozone, while in ordinary oxygen it remains unaltered. Ozone decomposes iodide of potassium, displaces the iodine, which can then turn starch blue: this characteristic will admit of our presently proving the formation of ozone. Ozone acts on all organic bodies, it can combine with azote to form nitric acid; which ordinary oxygen does not. In a word, we cannot without heat, produce by ordinary oxygen all the phenomena of oxidation, but by ozone they may be realized without an elevation of temperature.

I proceed to show you this curious transformation of oxygen into ozone. M. Ruhmkorff, who lately obtained the prize of 50,000 francs (founded by H. M. the Emperor), has been kind enough to bring here his powerful electrical machine, and with which we are going to electrify the oxygen; if we can actually change the oxygen
into ozone, this paper will become blue under its influence; and this liquid will also become blue. The blue tint, as we have already said, will be owing to the iodine from the iodide of potassium liberated by ozone, and which can then turn starch blue. Into this box, which contains oxygen, we will introduce a current of electricity. We place in it an ozonometric paper, that being steeped in iodide of potassium and starch, the ozone ought to turn it blue. In watching the experiment that we exhibit before you, you see in fact that the paper which was white at first, becomes blue in certain places: but as this experiment may leave some doubts in your mind, here is another that M. Ruhmkorff has arranged: this globe contains oxygen, and by passing into it some sparks of electricity, the oxygen will have been transformed into ozone at the end of two or three seconds. Of this you may be assured by blowing into the globe to drive out the gas it contains; on reaching the ozonometric liquid, formed of iodide of potassium and starch, it becomes blue in fact. Thus you perceive that oxygen, modified by electricity, becomes excessively active and is transformed into ozone.

Let us now look into the consequences of the discovery of ozone, and let us first observe that oxygen becomes modified—ozonized, in every circumstance where electricity becomes disengaged, and in every medium into which air can enter. M. Becquerel, who honours us by his presence, has demonstrated, by his beautiful works, that electricity is produced in a multitude of circumstances, and that chemical action always develops electricity. Consequently, when metals oxidize, when rocks decompose, when vegetable matters slowly burn, and even in the phenomena of organization, ozone can be generated. This body may therefore explain a host of phenomena which have remained obscure to the present time.

We were aware that oxygen intervened when iron rusted, when organic matters burned slowly in the soil, when wine underwent the acid fermentation, when yellow wax bleached in the sun; but certain phenomena of slow oxidation remained unexplained. The illustrious Thénard, the founder of our Society, has already proved, in his beautiful discovery of oxygenated water, that oxygen combined with water is much more active than ordinary oxygen; but there yet remain many oxidations to be explained. The discovery of ozone has shown us that side by side with ordinary oxygen, which is principally the agent of rapid combustion, there exists another, which may be called the oxygen of slow combustion, and we then understand all the phenomena of slow oxidation for which ordinary oxygen did not sufficiently account.

I come at last to an interesting and still disputed question; I mean atmospheric ozonometry. Does ozone exist in the air? Can we prove its presence? Is it possible to determine its proportion?

I will not attempt in this discourse to discuss before you all these questions which, to be treated with all the care they merit, demand developments that it is impossible for me to give you here. I will content myself with submitting to you the following considerations.

When it is known that the air contains oxygen and that the
atmosphere is constantly traversed by electric discharges, it is difficult not to admit the formation of ozone in the air. But can this body remain in it? Has any one as yet clearly proved its presence in the air? I ought to tell you that these questions still leave the greatest doubts in my mind.

In fact, the electric discharges which in the air transform oxygen into ozone, ought necessarily to effect also the combination of oxygen with azote and produce nitric acid, which, in effect, is invariably found in thunder showers. Besides, the circumstances which produce ozone are also those which often engender oxygenated water: Now, this body acts on the ozonometric tests like ozone itself. In such researches we must therefore be guarded against confounding ozone with every other body that electricity may engender.

Without wishing in any degree to discourage the distinguished savants who, believing in atmospheric ozonometry, are, at the present time giving it their attention, we would advise them to bestow the greatest care on their demonstrations and to clearly establish that the body which influences the reactions is indeed ozone, and not nitric acid nor oxygenated water.

Admitting, however, that atmospheric ozonometry does not realize all it at first promised, and that the body which influences the ozonometric papers be not ozone, the proof of the existence in the air of an oxidizing body the formation of which would appear to depend upon the electric phenomena of the atmosphere, would remain in any case a capital fact of great hygienic importance.

There are disengaged from the earth organic matters little known, which may become veritable poisons, and be the cause of our contagious diseases; that eminent savant, M. Chevreul, who is now the dean of chemists, told us this long ago.

If there existed in the air a body sufficiently oxidizing to destroy the venomous organisms which are to be found there, and that we could facilitate its formation, the remedy would be found side by side with the poison. Localities spared by epidemics are perhaps those constantly purified by this mysterious principle.

You see that the gravest questions are attached to the study of ozone. Was I not right in telling you at the commencement of this discourse that ozone was one of the most interesting triumphs of modern chemistry?

Without having even attempted to give you in so short a conversation a complete history of oxygen and ozone, I hope, however, that I have been able to make you understand their immense importance in the phenomena of nature.

You now know that oxygen is absorbed by a great many bodies that burn either slowly or with rapidity, and that this gas intervenes in vegetation as in respiration.

Seeing this enormous consumption of oxygen, you will certainly accept the following figures: A man ejects from his lungs every twenty-four hours about 250 grammes of carbonic acid. The human race absorbs every year one hundred and sixty thousand millions of cubic metres of oxygen. The respiration of animals quadrupled...
this result. The combustion of pit-coal absorbs more than one hundred thousand millions of cubic metres of oxygen, and the enormous quantity of oxygen taken up by the organic matter decomposed on the surface of the soil is not known.

These calculations may terrify our great grandchildren! Will they find in the air that we leave, oxygen enough to breathe freely in?

On this point chemistry can give them confidence and completely reassure them. Side-by-side with animals that breathe, near vegetables that burn or are decomposed, consider the plants that vegetate. Do not believe that they multiply solely for our pleasure; they are indispensable to us: we live perhaps only through them. In fact chemistry demonstrates to us in one of its finest discoveries, that light communicates to them a marvellous power: under the influence of the sun, they can decompose this carbonic acid produced by respiration and by combustion, which, in the end, would finish by suffocating us. When you introduce a plant into an atmosphere charged with carbonic acid, it decomposes it with the aid of solar light. This plant absorbs the carbon contained in the carbonic acid, and leaves its oxygen free. Thus, animals vitiate the air by their breathing; plants, on the contrary, purify it. An admirable harmony which establishes an actual bond between all the beings of creation!

Let us then love plants; let us introduce them everywhere into our populous cities, for they render healthy the air that our habitations always tend to render impure.

I conclude, notwithstanding the many things I should still have to tell you on oxygen and ozone, if I did not fear to abuse your kind attention; but my sole object was to bring before you some of the great problems that chemistry has solved, and in concluding I have thought I could not do better than lead you to this sublime machinery which gives profusely and which restores continually the air of fire and the air of life.

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REMOVAL OF TWO TUMOURS FROM THE BACK OF THE LOWER TURBINATED BONES.

ILLUSTRATING THE USE OF THE LARYNGOSCOPE AND RHINOSCOPE IN DIAGNOSIS:

BY JOHN WILKINS, F.R.C.S.

In February I was consulted by a gentleman who had suffered for six months from a "stuffiness" in the nostrils, pain on swallowing, and general uneasiness in the region of the Pomum Adami.

It had steadily increased from the middle of last year, and the remedies administered seemed to have no effect in lessening his discomfort. There was no abnormal appearance visible to the naked eye, on examination of the palate and pharynx in the ordinary way through the open mouth, nor was there anything wrong, as shown
by the laryngoscope, on the epiglottis or mucous membrane down the windpipe, the rings of which could be easily counted to eight or nine; nor in the larynx, the apparent seat of pain. Every part, from the soft palate downwards, was perfectly normal. His throat was favourable for using the rhinoscope, having a small uvula and a moderately wide space between the soft palate and the posterior wall of the pharynx, so that the mirror could be introduced without causing much irritation to these parts. Examination by the rhinoscope, which was well borne by the patient, showed considerable thickening of the mucous membrane of the posterior surface of the soft palate, the superior parts of the pharynx and the posterior openings of the nasal fossae, extending itself over the turbinated bones. The openings of the nasal fossae were considerably lessened by the swollen condition of the mucous lining, which was covered by a thick creamy mucopurulent substance. On clearing this discharge away by the application, on a brush, of a strong solution of Tannic Acid, dissolved in Glycerine, a large ulcer, about the size of a sixpence, was brought into view, situated high up on the posterior wall of the pharynx, in appearance as if a portion of the mucous membrane had been scooped out, as it extended completely through it. The mucous membrane on the back palate, nasal fossae, and turbinated bones was covered with spongy and granular ulcerations, and so swollen that the outlines only of the parts could be clearly seen. Examination of the nostrils in front discovered extensive disease. The cartilage of the septum had been nearly destroyed to the vomer and perpendicular plate of the ethmoid bones. My examination of this part was greatly facilitated by the reflected light, which showed the destruction had not extended itself beyond the limits of the cartilage of the septum; the nasal bones, though sunken from the absence of the cartilage, were free from disease, as were the vomer and ethmoid bones.

The mucous membrane lining the nasal fossae, was much swollen but not ulcerated beyond the parts in close contiguity to the diseased cartilage. The straightforwardness of this patient in his replies to searching questions, left little doubt in my mind as to the nature and cause of the mischief. He was put therefore on an anti-syphilitic treatment, consisting principally of the Bichloride and Biniodide of Mercury with the Iodide of Potassium. The deep excavated ulcer was frequently touched with a solution of Arg. Nit. 3 iij ad 3i; and the follicular and granular ulcerations were swabbed three or four times a week with a weaker solution, gr. lxxx ad 3 1; alternated occasionally with the compound Tincture of Iodine. The result was a considerable improvement in the appearance of the parts. In a month the scooped-out ulcer had completely healed, and the mucous membrane generally over the pharynx and nasal fossae had assumed its normal rose-pink colour. The margins of the cartilage of the septum near the nasal, ethmoid and vomer bones showing still an indisposition to assume a healthy appearance, were touched thoroughly with a strong solution of Nitric Acid which, on throwing off a slough, left the
parts clear and free from further disease. During the treatment of this case, and after the ulcerated and swollen condition of the mucous membrane had been restored to a more healthy state, the posterior nasal fosse were seen to be partially obstructed by a tumour in each cavity about the size and form of a filbert, apparently of a spongy nature and very vascular. It filled the floor of each nostril, pressed against the septum narium, and hid from view the posterior part of each of the inferior turbinate bones. On introducing the eustachian catheter through the nose, I could raise the growths, and by reflected light I plainly saw the attachment of each by a pedicle, proceeding from the posterior margins of the lower turbinate bones. Dr. Neild saw the case with me one evening, and in a very short time we succeeded in removing the growth from the right nostril. This was easily effected by passing a male catheter through the anterior opening of the nostril, containing a loop of strong silver-wire. On reaching the tumour the loop was pushed out, and after a little manœuvreing, we succeeded in getting it over and round it. Immediately the ends were drawn upon it, and thus the pedicle was securely and tightly grasped in the noose. Steady and firm traction upon the ends, coupled with a twisting motion, caused the tumour to come away. It was of a spongy, granular nature, and highly vascular. The hemorrhage was nothing of consequence, and the patient experienced very little pain during the operation. On a rhinoscopic examination, the whole of the lower turbinate bone was now plainly visible, and the spot from whence the tumour had been torn.

Eight days afterwards we removed the other tumour from the left nostril. It was about the same size as the one removed on the right side, and was fixed also to a corresponding spot on the margin of the lower turbinate bone. No better plan than the noose formed by the silver wire having been devised, I, with Dr. Neild, proceeded to remove it after the manner of the other, and succeeded, with very little difficulty, in bringing it away, root and branch, to the great satisfaction of the patient, who at once felt that the obstruction had gone. This tumour was in character similar to the other. The seat of the growths was touched by a few applications of a strong solution of the Nitrate of Silver, which rapidly healed it and the patient is now quite well.

The value of rhinoscopy in the above case can scarcely be questioned, as it is certain that no other mode of examination could have determined the nature, position, and extent of the disease with the same certainty, showing the amount of structural change, and with this aid, a correct diagnosis suggested a more appropriate treatment than would otherwise have been applied.

Czermak, in his work, gives an excellent illustration of the value of rhinoscopy in correcting an erroneous diagnosis. A young man, deaf on the left side, was found to have a tumour at the back of the nostril, which conveyed to the finger the impression of a polypus. An operation was contemplated, but a rhinoscopic examination discovered a tapering swelling of the mucous membrane, nearly as
thick as the finger, surrounding the orifice of the left eustachian tube; also great swelling of the middle and inferior turbinated bones, but no polypus nor any tumour which an operation could have removed or lessened.

The following is also a typical example of the worth of the rhinoscope, as an aid in diagnosing disease in certain parts of the body:—A lady, aged 33, from the country, consulted me, stating that she had suffered for upwards of six years from a most disagreeable sensation in the throat, pressing her fingers upon the prominent part of the front of the throat as the seat of her troubles. About every six or seven days a cheesy substance mixed with muco-purulent matter came through the fauces, accompanied with a most offensive smell. She was otherwise in excellent health, but this unpleasantness continuing so long had begun to make her nervous and uncomfortable. She had consulted several medical men, who had made many surmises as to what the complaint was; the last she consulted, about two years ago, told her she was suffering from chronic dyspepsia, that her food did not properly digest, but that portions of it coagulated in the stomach, which it expelled now and then through the mouth. As anti-dyspeptic treatment did no good, no relief was obtained from gargles, nor any remedies which had been prescribed. In September last she consulted me, and from her account I gathered that she was suffering from some lesion low down in the fauces or in the upper part of the windpipe. Laryngoscopy and rhinoscopy put conjecture out of the question. The former showed the back parts of the fauces, lower parts of the pharynx, the upper part of the larynx, and down the trachea to be totally free from any disease. All these parts were perfectly normal in dimensions and colour. Rhinoscopy, however, brought into view, in the upper part of the back wall of the pharynx, a granular ulcer, deep immediately in its centre, but shallowed off, making altogether a sore about the size of a French bean. The mucous membrane was thickened all round the upper part of the pharynx and a few other small granular ulcers were visible, scattered about. The surface at the time of the examination was covered with the kind of secretion she had described. I had no doubt, therefore, that this was the situation of the cheesy formation which had annoyed her so many years. Notwithstanding the length of time which had elapsed since the commencement of the malady, I was enabled to give a favourable prognosis, because there was no evidence of disease in any other part of the body. Local applications were commenced on the same day and repeated several times a week. Iodide of Potassium was prescribed, combined with Chlorate of Potash, under the continued use both of the topical applications and the latter mixture, this patient progressed most favourably, and in a few weeks the discharge ceased, the ulcer having healed.

The result of the preceding case was to me most interesting, from the length of time she had ineffectually complained of the local mischief, which had begun to excite the gravest apprehensions as to the real nature of the malady. The important aid afforded by the laryngoscope is here apparent, inasmuch as it enabled me to say
positively that in the locality where she experienced the pain the parts were quite healthy and natural, merely sympathetic of disease higher up, and the practical value of the rhinoscope is here unquestionable, as it pointed out clearly the seat of the disease, and enabled me to apply the remedies with accuracy to the diseased structure.

121 Collins-street east, May 1, 1868.

MEDICAL SOCIETY OF VICTORIA.

The following paper was read at the meeting of the Society on the 1st ult.:

A NEW METHOD OF TREATING SPINAL DEFORMITIES.

By C. LEMPRIERE, M.R.C.S. ENG.
(Late Honorary Surgeon to the Melbourne Hospital.)

Diseases of the spine are unfortunately of such common occurrence in Australia as well as in Europe, and the results of the ordinary mode of treatment are so unsatisfactory, that I have not thought it presumptuous to suggest a new method of treating such diseases.

It is unnecessary for me to inquire into the causes, either proximate or remote, of these serious maladies. They are universally believed to be of a strumous character, excited or aggravated by the slightest external injury, generally however occurring idiopathically.

The chief treatment, hitherto without exception, has been to keep the parts affected at rest by the patient maintaining the recumbent posture as much as possible, while attention has been given to the use of a variety of mechanical supports. To improve the constitution by abundance of fresh air, with a generous and nourishing diet, combined with medicines containing ferruginous preparations, and Cod Liver Oil, is a mode of treatment, I fully endorse. But we want something more than these, and I believe the method I am now about to submit to your consideration will tend to induce more speedy convalescence, and may prove curative in many cases that might at first sight be regarded as hopeless.

By the plan and treatment I wish to propound, I believe that recent cases brought under notice at an early period of the disease, may be checked in their progress, and that serious deformity, known as lateral curvature, or worse still, angular spine, crooked back, so-called, may be prevented. If I should start a spinal revolution amongst my medical brethren, and be in consequence met with opposition and adverse criticism, I shall not complain so long as good is done. If, however, I can demonstrate the utility of my plan, I hope you will take the first opportunity of carrying it out upon any case of the kind you may have in hand, before condemning it in theory.
All authorities concur in opinion that the seaside is the most suitable place for those affected with lesions of the spine. I not only propose to give them sea air, but plenty of sea water, in the shape of sea bathing, in combination with calisthenics or certain muscular exercises whilst in the water. It is well known that the specific gravity of the human body whilst the chest is inflated, is nearly the same as that of salt water. In a case of antero-posterior curvature, I cause the patient to be supported by the hand of an assistant, applied over the epigastric region, the body being balanced without the slightest exertion or fatigue to the invalid. In the water the usual iron supports can be dispensed with and air or cork belts substituted, which are so far preferable that they do not confine the body in any way, but allow of the utmost freedom in moving the arms if wished. The feet of course must not come in contact with the ground, thereby concussion, so much dreaded by the invalid, is avoided. It is necessary the spine should be supported out of the water by the ordinary iron supports between the axillae and hips, or by crutches. As regards muscular exercise, suppose you have a case of lateral curvature, the convexity of the spine being towards the right side, the idea suggests itself, that keeping the right side steady and using the left one freely will enlarge the muscles of that side, and tend to pull the spine as it were into place by means of the different layers of the dorsal muscles, and more particularly the combined action of the sacro-lumbalis, longissimus-dorsi, and multifidus spinae.

Some authorities are of opinion that muscular exercise is of little avail, that the deformity must be reduced by direct pressure alone, but from this view I beg to differ.

I cannot see that it is at all feasible, for many children cannot bear the slightest pressure, as their skin is naturally very tender, and readily becomes sore, and every medical man is fully alive to the fact that should a raw surface be established, many months will elapse before the wound can be healed, owing to the strumous condition of the patient. A certain amount of pressure is no doubt beneficial when it can be borne, but undue pressure I entirely condemn. I may be too confident in the results of the treatment propounded, as the number I have subjected to it is as yet limited, but I trust at a future time to bring many cases to bear out my theory. It may be said that it is difficult to get children and adults to take to the water like spaniels. Give them a trial, however, and it will not prove injurious even if the system is not improved by this original mode of cure. The depth of water is of much importance, as the invalid should never come in contact with the ground, so as to avoid all concussion of the spinal column. As regards the temperature, the weather probably is not always favourable for sea bathing. At a little expense, however, especially at the sea side, a large bath can be constructed as a substitute containing sea water, and raised to any temperature required, by either hot water or air pipes. A large body of water is preferable, but the same end may be attained even in the country by the use of artificial sea-water.
Many people object to remaining long in the water, but the habit can be easily acquired, so that a person can stay for a considerable time without the slightest injury or inconvenience. Let any of my professional brethren take a case of disease of the spine to the sea side, they will then have ocular demonstration of the comfort and happiness experienced by the afflicted one whilst exercising in the water, compared to movements on land. The patient does not feel the pain, and there being no undue pressure anywhere, he is never in a hurry to quit the water. This line of treatment will not prove curative in every form of spinal disease, but most patients will be more or less benefited by it. When softening of the bodies of the vertebrae has set in, perhaps it would not be advisable to adopt it without great care, although in cases where it can be borne, good results might accrue, from the absorption, by endosmose of the iodides, chlorides, and saline ingredients that abound in sea water.

I may mention that I have had several cases of spinal disease under my care, wherein this method of treatment was persevered in, and with the happiest results, and I have much pleasure in submitting them to your favourable consideration.

Whilst Honorary Surgeon to the Melbourne Hospital one case in particular came under treatment, that of

**Case I.**—D. R., aged 32, native of Perthshire, seven years in the colony. He was admitted to Hospital while labouring under the following symptoms:—About two years previously a swelling appeared in the lumbar region, followed by angular curvature of the spine in that situation. The swelling was painful, and there were also aching and weakness in the lower extremities. Eight months before his admission he suffered from hemoptysis and cough. He was ordered to bed and kept in a supine posture until a spinal support could be obtained to take the weight from off the lower extremities, which were partly paralysed, I presume, from pressure of the spinal cord. He was galvanized daily as a palliative, but with very little benefit. After remaining in the hospital some time, he was discharged and made an out-patient. I ordered him sea bathing daily, and directed him not to attempt to go into the water without an air or cork belt, and if possible to get a friend to accompany him, and support him in the way I have mentioned. In addition to this he was ordered to take Cod Liver Oil, and Syrup of Iodide of Iron, and after nearly three months constantly carrying out my directions, I was glad to see that my advice was crowned with the utmost success. He became almost erect; he could walk a mile or more without inconvenience, whilst his general health was greatly improved. Soon afterwards he received some money from his friends, and returned to his native land (Scotland). He left this colony a new man, and after arriving home he wrote, thanking me for my kindness, and stating that he was quite straight. He consulted some eminent men there, and they thought the sea bathing, and the directions given him how to act in the water, had tended greatly to expedite a cure of a most unpromising case.
CASE II.—M. T., native of Victoria, aged seven years; has been
delicate since infancy, anaemic in appearance, extremely intelligent.
Complains of pain and weakness of spine and general lassitude. It
hurts her much on going down stairs, unless she moves very slowly.
She regrets she cannot play for any length of time like other chil-
dren. On examination, I found the spine curved laterally and
towards the left side, corresponding to the upper dorsal vertebrae.
The left shoulder-blade stood out two inches from its normal posi-
tion. I ordered her a pair of crutches to relieve the weight of the
head and shoulders, and directed her to go into the sea daily with
a cork or air-belt, and remain in the water a short time at first,
gradually increasing the time to two hours a day, and to work the
right arm and shoulder freely, keeping the left at rest, and on
leaving the water to apply friction to the skin by means of a rough
towel, and not to attempt walking without the crutches. I also
ordered her to take Ol. Morrhuæ c. Syr. Ferri Iod. This treatment
was persevered in for two months, when she dispensed with the
crutches, and felt comparatively well. The shoulder-blade settled
down into its place, and the curvature was much lessened. Six
months have now elapsed since she first consulted me, and I am
happy to say the deformity has almost disappeared. The child to all
appearance is in perfect health.

CASE III.—John H., aged four years, greatly emaciated, with
slight cough, had a prominence in the back corresponding to the
third lumbar vertebra, occasioned, the parents say, by a fall some
twelve months ago. The bodies of the vertebrae appeared to be
softening rapidly, as he had become much worse within the previous
two months. He is now very weak. I ordered a special support
between the axilla and hip; also, to take Syr. Hypophos. Co.
with Ol. Morrhuæ, and to go into the salt water daily, the weather
being suitable, with an air-belt to support him. This little fellow re-
quired a great deal of persuasion before he would take to it kindly,
but after a short time he did not like leaving it. He was gaining
strength daily, enjoyed his meals, and was improving rapidly, after
six or seven weeks residence at the sea-side. For want of funds
however his friends could not afford to remain any longer with him,
and promised he should return the following summer. They failed
to do so, but they correspond occasionally with me and state that he
is much stronger, and they continue the medicine. It was unfortu-
nate that this child did not remain longer under treatment. I bring it
before you however, believing the case to have been much benefited
by the short period of treatment at the sea-side.

In the discussion which followed—

Dr. Thomas remarked that Mr. Lempriere had done good service
in bringing the subject of spinal disease before the Society, as it was
one far from being infrequent in this colony. His paper principally
applied to treatment, and he thought it bore especial reference to the
disease in its very early stage, or to curvature induced from a bad
state of health, or to that arising from the too common habit espe-
cially in young girls, of inclining the body to either side, or to stoop-
ing; these efforts resulting from want of muscular power and nervous energy. The treatment recommended, together with other hygienic measures, would in such cases be admirably adapted for relief or cure, but when the curvature forwards arose from inflammation, caries, and absorption, the treatment would be of no use as a curative measure; for the bodies of the vertebrae and the intervertebral-fibro cartilage having been in a great measure destroyed, they had a tendency to collapse and become ankylosed, and the spinous processes would project; here rest was required; the supine position should be avoided, as opposing the efforts of nature by tending to separate the bodies from each other, and thus running a chance of destroying the patient altogether. In Kreuznach, where a great number of persons suffering from spinal disease resorted on account of the water, which contained amongst other ingredients a large amount of iodine and bromine, the patients were not allowed to walk, but they had little carriages so constructed that they could rest comfortably in the prone position. In this position they were wheeled about most part of the day in the open air, and took the baths in addition. The success attending this mode was very great.

In Wales, a large class of women carried large pails of water, and other weights, upon their heads, and they were remarkable for being erect. From this circumstance, it had frequently occurred to him that by applying a contrivance upon the same principle in functional cases, those arising from debility, that the muscles on both sides of the body might be stimulated to action in order to maintain the necessary equilibrium, or in an anterior curve from the same cause, instead of placing the weight on the head, it might be in front of the stomach, supported by a strap across the shoulders. This would tend to correct the curve, and by frequent use give tone to the muscles. An organ grinder with his instrument upon his back stooped forward, but when he changed its position and brought it in front, as he was obliged to do when he played upon it, he inclined his body backwards. This was found necessary in order to maintain the centre of gravity.

In lateral curvature, where the bones were seldom diseased, the weight he remarked should be on the same side as the concavity of the curve, having the strap over the opposite shoulder. These, with the other measures for improving the general health, might in his opinion be of the utmost benefit.

The cases arising from rickets he would not allude to as they required special treatment. He hoped Mr. Lempriere would renew the subject on some future occasion, so that they might discuss the pathology of a disease of so important a nature.
The following paper was to have been read at the meeting of the Society on the 6th inst.

ON A CASE OF FIBRO-CELLULAR TUMOUR OF THE SCROTUM.

By P. H. MacGillivray, A.M., Surgeon to the Bendigo Hospital.

Scrotal tumours are not of common occurrence, and the following case may therefore be of interest. I had intended to make a more complete microscopic examination, and a more careful dissection to ascertain its connection with the testis and spermatic cord, but unfortunately the tumour was accidentally placed opposite a window exposed to the sun, and its structure was destroyed. Although I am unable to give so full a description of it as might be desirable, I had examined, on the day of its removal, some portions microscopically, so that there is no doubt as to its exact nature. The man was so excessively stupid, that it was difficult to get any clear account of its origin from him. He was, however, positive that it commenced as a small lump distinct from, and considerably above, the testis.

Daniel D., aged 46, labourer, was admitted to the hospital on 24th January. He says that about eighteen months or two years ago, he first noticed a lump about the size of a hazel nut above the left testis. It had grown slowly at first, but of late had been rapidly enlarging. He had been unable to work for four or five months.

On examination, the left scrotum was found to be occupied by a large firm tumour. The testis could be felt and seen projecting at the extreme inferior point of the tumour. It had always had its proper feeling. The spermatic cord seemed to be thickened, but the tumour came so close to the external abdominal ring, that it was very difficult to make it out distinctly. The tumour was nearly pyriform in shape, the broad end uppermost. It was obscurely divided into several large lobes, one tolerably distinct projecting on the outside. The skin was nowhere adherent, and the veins were not of very large size. The length of the tumour measured along its convexity, from the abdominal ring to the point where the testis was lodged, was twelve inches, and its circumference at the thickest part was nineteen inches. It felt firm and elastic in all parts, and fluctuation could nowhere be detected. It was quite opaque. The inguinal glands were not enlarged. An exploring trocar was introduced a considerable distance, but only obtained a drop or two of blood.

On the 26th January I removed the tumour, assisted by Dr. H. Boyd and Mr. Clayworth. I first made a vertical incision along the front of the tumour, and cut into it to ascertain its nature. Finding it firm and solid, and that the testis was imbedded in it, I determined to remove the whole mass. The incision was extended to the testis, and another made to fall into it, enclosing a narrow elliptical piece of skin. The tumour was easily separated and turned up from the apex. It extended close up to the inguinal
canal. Before dividing the cord, a ligature was passed round it to retain it in position; but the division required to be made so close to the ligature that it slipped, and the end of the cord retracted up the canal. It was necessary to open the canal before it could be secured, and then it was firmly ligatured en masse. No vessels in the scrotum required ligature. The edges of the wound were approximated by a series of silver sutures.

The patient progressed favourably. The day after the operation there was a little swelling and pain in the upper part of the inguinal canal, which disappeared on the escape of a small quantity of pus the following day. All the sutures were removed by the fifth day, and the ligature on the spermatic cord separated on the eighth day. The opening in the inguinal canal quickly healed, but the scrotal wound granulated slowly, and he was not discharged from hospital until 8th March.

The tumour immediately after removal weighed three pounds six ounces (avoirdupois). When cut into, it was quite firm, obscurely divided into several large lobes. The lobes varied somewhat in consistence, some showing numerous firm fibres passing through them in various directions, others not showing them so distinctly or not at all. Those with fewest fibres were also softest and of a slightly yellowish colour. The softness was not caused by oedema, as no water escaped from any of the sections. Several portions were examined microscopically, and found to present the characters of fibro-cellular tumours. There were numerous fusiform cells with large nuclei, and various cells, elongated or oval, with one or two large nuclei. On the addition of acetic acid, a multitude of large nuclei, unenclosed in cells, were brought into view. There was no appearance of cancer structure.

WEDNESDAY, MAY 6TH, 1867.

ORDINARY MONTHLY MEETING.

The President, Dr. Neild, in the Chair.

Present: Dr. Neild, Mr. Blair, Mr. Lempriere, Dr. McCarthy, Mr. Rudall, Dr. Patrick Smith, Dr. Martin, Professor Halford, Dr. Fulton, Dr. Black, Mr. Fletcher, Dr. Nicholls, Mr. Girdlestone, Dr. Thomas, Mr. Beaney.

INTRODUCTION OF NEW MEMBERS.

Dr. Patrick Smith, Resident Surgeon of the Benevolent Asylum, and Dr. Fulton, of Hotham, were presented to the President on this the first occasion of their attendance after election.

A paper was read, antitled:

A CASE OF DIPHTHERIA IN WHICH THE XYLOSTYPTIC ETHER WAS SUCCESSFULLY EMPLOYED.

By John Blair, L.R.C.S. Ed.

Mr. President and Gentlemen,

It is not my intention, this evening, to read you a dissertation on diphtheria; neither do I intend to follow the all but stereo-
typed habit of swelling out these notes into pamphlet dimensions, with compilations from authors, and quotations from Bretonneau, Guersant, Trousseau, Bouchut, Empis, Daviot, Bristowe, Creighton, and a host of others, with which you are no doubt already familiar, or which you can consult for yourselves.

Nevertheless, the case which I have to bring under your notice, appears to me to be one of unusual interest, not only from the malignancy of the type, but from the fact that at the present time the ravages of diphtheria are proving a source of desolation to so many families.

On Sunday, 3rd inst, I was hurriedly called to see a case in the suburbs. I was informed by the messenger that the patient was choking.

On arriving at the house, I found the patient, a young lady, in her nineteenth year, breathing with great difficulty, and totally incapable of swallowing.

On examining the throat, I found the ‘fauces’ engorged and partially covered with a dense adherent membrane resembling moist leather. The tonsils were so swollen as to impede or almost to prevent deglutition. The patient was getting livid, and death seemed certain from suffocation. She had a dry ringing, metallic cough, which led me to infer that the larynx and trachea were also affected.

I at once used the Carbolic Acid, with a brush, locally, and administered Chlorate of Potash, and Infusion of Bark, and brandy and water. I irritated the fauces with the probang, and passed it down as far as possible, with the purpose of detaching the mass. All my efforts, however, were unavailing, and the patient was obviously sinking. I then tried a blunt hook, but the membrane was firmly adherent, and these repeated efforts were rapidly exhausting the already fading powers of my patient.

I happened to have with me half a bottle full of Richardson’s Xylo styptic Ether, and it occurred to me, as a dernier ressort, to try it. I was induced to use it from the fact that I was at a distance from any medical friend with whom I could immediately consult, and in the next place I had used that application after the removal of the greater part of the tongue for cancer, in consultation with Dr. Thomas and Mr. Girdlestone, some short time previously, and I was then much struck with its wonderful styptic properties. I may remark that on that occasion it was unnecessary to tie a single vessel, so satisfactorily did this agent act, nor did the vessels give any trouble by secondary hæmorrhage.

Arguing therefore, a priori, it occurred to me that it would cause a certain amount of contractile action either in the diseased mass, or in the fibres of the muscles, or mucous membrane, from which it exuded. I accordingly applied it with a camel’s-hair pencil, adapted with a curve to fit the condition of the fauces. The irritation was great, but the effect was surprising; for in less time than it has taken me to read these notes, the tubular false membrane, now before you, was expelled, and I need not add how great was my feeling of satisfaction, and how great the relief to the sufferer. The portion
of membrane is, as you perceive, 3½ inches in length, and evidently extended into the bifurcation of the trachea.

The above is a representation of the diphtheritic exudation, the actual size.

In the discussion which followed—

Mr. Rudall wished to know from the author the particular mode in which he applied the ether.

Dr. Black desired to be made aware if the stridulous breathing had been relieved immediately after the expulsion of the exudation.

Dr. Thomas thought it would have been well if the publication of the case had been delayed until perfect recovery were assured, for he needed hardly to remind the author that the disease being a constitutional one, a cure could not always be calculated upon, even when the fibrinous exudation had been got rid of. It was however satisfactory to find that the treatment in this case had been followed by the separation of the membrane. He (Dr. T.) had never seen so large a portion thrown off, and he would undoubtedly recommend a further trial of this remedy.

Dr. Martin thought that whatever might be the nature of diphtheria, the author of the paper was to be congratulated upon the
successful application of the remedy he employed. He referred to a case of diphtheria that had lately come under his notice, in which death had taken place after the medical attendant (an advertising practitioner) had assured the patient, a lady, that she was cured, since he had removed with a pair of forceps a fibrinous mass from the larynx. The prognosis should therefore, he thought, be guarded even after local relief had been afforded. It was not from the purpose, either, to consider in the case furnished by Mr. Blair how far the other remedies employed had been concerned in facilitating the removal of the cast.

Mr. GIRDLESTONE observed that this being a new remedy in diphtheria, it was important to ascertain how far it had been effectual in preventing the return of the exudation. He also wished to know how and to what extent the ether had been applied. The employment of local remedies was of the greatest importance, notwithstanding the constitutional nature of the disease, for they might give time to resort to constitutional remedies.

Mr. BEANEY also regarded local applications as of the highest importance. He instanced a case where he had used a very strong solution of nitrate of silver with the certain effect of saving the patient’s life. He believed it acted as a powerful astringent, and that the xylostyptic ether had operated in the same manner.

Professor HALFORD strongly urged the importance of giving immediate relief in all cases, even when we had but an imperfect theory of the disease we were treating. In the case presented by the author, it appeared probable that the fibrinous exudation was hanging loosely in the trachea, and that it just required some agent to cause powerful constriction of the muscles with a view to its expulsion by an expiratory effort. We should never let a patient die so long as any means remain to us of offering relief. He would be glad to know from Mr. Blair if he had examined the preparation microscopically.

Some further remarks having been offered—

Mr. Blair, in reply, said that he applied the ether through the rima glottidis with one of the long curved brushes usually employed for this purpose. As to the objection that he had precipitately published the case, he begged to observe that he did not give it as an example of entire success in treatment, but simply as an instance of what might be done in the way of relief by local applications, and he had been urged the more to do this from the fact that diphtheria was at this time somewhat prevalent in Melbourne. The fibrinous exudation had been very firmly attached, and he did not use the ether until he had tried, without effect, to dislodge the cast by means of a pair of forceps. He had not examined the preparation microscopically.

The thanks of the meeting having been given to Mr. Blair, the meeting resolved itself into a special one.
SPECIAL MEETING.

The President announced that two notices of motion had some time ago been given, one by Dr. Martin, to the effect that the funds of the Society should in no case be employed to defray any of the expenses in connection with the annual dinner; the other, by Mr. Gillbee, that in the case of the election of members residing at a greater distance than ten miles from Melbourne, the entrance fee be remitted.

Dr. Martin's motion was taken first, and to it an amendment was proposed by Mr. Girdlestone, that the committee be recommended to incur as little expense as possible in making arrangements for the dinner. After considerable discussion, the amendment was carried.

Mr. Gillbee being absent, his motion was proposed by Dr. McCarthy, and to this an amendment was proposed by Mr. Girdlestone, altering the distance to ten in place of twenty miles. The amendment was carried unanimously.

Australian Medical Journal,

MAY, 1868.

SELF DEFENCE.

A movement is afoot to establish a Medico-Ethical Society, the particular objects of which are set forth in a series of propositions to be submitted, in a few days, to a general meeting of the profession.

Of the necessity for such a combination, every medical man in the colony has long been convinced. The loss, the wrong, the misapprehension suffered by us, have continually demonstrated the mistake we make, as a profession, in having no stronger bond of union than mere community of avocation. Perhaps the advocates of professional union have, until recently, dwelt too strongly upon the purely ethical reasons for combination. But without at all yielding any of the arguments which arise out of the less material nature of our calling, it is far from inexpedient to look at the present endeavour very closely in the light of absolute self-interest, and it is for this reason we have headed this article with the title of Self Defence. With some few exceptions, the whole brotherhood of Medicine seems to be engaged in a struggle for existence, a struggle far more desperate than the general conflict to which those of every other profession have to
apply themselves more or less. For there has grown up during many years of the recent past, a totally mistaken estimate by the public both of us and of our office. It has become well nigh a jest with many people to speak of paying the doctor. He is generally the last creditor even paying people think of attending to, and he is always the creditor who is certain not to be paid, by those whose constitutional dishonesty prompts them to pay no more than they are made to pay. So that it may be assumed as a tolerably indispensable truth, that medical men do more work for nothing than any other class in the community.

But even where the obligation of some degree of remuneration is admitted, it is so generally considered indispensable to fine it down to the slenderest expression possible, that the injury is all the more acutely felt, in that it is accompanied by manifest insult. The rogue who boldly cheats us of our due, admits the obligation in the very endeavour he makes to cheat us, but those pitiful rascals who measure our services as they would estimate yards of stringy bark fencing, are despicable as well as dishonest.

And yet what shall be said in reply to their sneers, when they tell us that members of the medical profession are but too glad to accept remuneration, however disproportionate it may be to the services rendered? Unfortunately the charge is but too true, as a thousand instances testify, and the opposition which the present movement has already excited, only confirms this belief.

There are, however, we are glad to think, other and higher objects to be accomplished by a Medico-Ethical Society; but taking the most practical view of the matter, the obtainment of a proper system of remuneration seems at first sight to be the most imperatively necessary of them all. For aesthetics, however immaterial themselves, cannot be nourished on immaterial aliment, so that it is difficult to see how the more exalted purposes of our calling can be properly exercised, unless the condition be present of those mundane auxiliaries for which, it is, after all, the principal business of the average world to strive.

The common principle of self-defence, therefore, should cause the suspension of at least all matters of mere personal difference, when the result to be compassed is the benefit of the whole fraternity. We are not so sanguine as to believe that this higher motive will weigh to the overbalancing of all petty and personal preferences, but it may possibly so weigh with a majority, and this is perhaps as much as can be expected under the circumstances. If nothing should
come of the movement, it will be at least creditable to a section of the profession that the endeavour has been made to bring about a union for practical purposes, and it may help on a little its ultimate, if long delayed, accomplishment. And it is hardly necessary to say, that the most effective and permanent combinations have sometimes resulted, only after many trials, and in the face of repeated difficulties and failures.

A MEDICO-ETHICAL SOCIETY.

A preliminary meeting was held at Scott's Hotel, on the 29th ult., to consider as to the desirability of forming an association having for its objects the more sufficient recognition by the public of the rights and interests of the Medical Profession, and the promotion generally of professional unity.

The circular calling the meeting had been issued by Mr. Van Hemert and Dr. Neild, and its purpose was, as stated by them, to bring a few gentlemen together, not with the intention of at all organizing the movement, but only to arrange for a meeting of the whole profession, out of which such a union might grow.

Dr. D. J. Thomas having been called to the chair,

Mr. Van Hemert stated in detail the advantages likely to spring from such a combination, and moved that a Medico-Ethical Society be formed, and that a committee be nominated for the purpose of drawing up a scheme for consideration at a general meeting.

Dr. Barker seconded the motion and expressed his hearty concurrence with the endeavour initiated for putting some stop to the continued encroachments made upon the material rights and status of the profession.

Mr. Wooldridge and Dr. Neild having offered some further observations, the motion was carried.

Dr. Neild then proposed, and Mr. Fitzgerald seconded, that the whole of those present be constituted a committee to propose suggestions to be offered to a general meeting.

A conversation ensued, and it was eventually decided to limit the number of the committee to the following six—Mr. Wooldridge, Mr. Van Hemert, Mr. Fitzgerald, Dr. Barker, Dr. Thomas, and Dr. Neild, the last named gentleman to act as Honorary Secretary.

The Committee having met twice agreed upon the following propositions, to be submitted to a general meeting of the profession, to be held in the hall of the Royal Society, on Thursday, May 21st:
The purposes of the Medico-Ethical Society should include the following:

1. The creation of a better understanding between members of the Profession in their various relations with each other.
2. The obtainment from the public of a more sufficient recognition of our position and services, and by consequence a more adequate remuneration for the latter.
3. The determined resistance by us of the prevailing practice of public bodies, to consider medical appointments as necessarily honorary.
4. The establishment, as far as may be possible, of an equitable scale of fees, both in private practice and in the case of medical witnesses.
5. Resistance to the professionally demoralising and pecuniarily injurious system of club practice, as it now exists, and the substitution of some preferable mode of attending those persons, whose circumstances do not enable them to pay the ordinary charges for medical attendance.
6. The prevention of imposition on medical charities.
7. The better recovery of debts, by the refusal to attend patients known to be indebted to other practitioners.
8. Repression of irregular practice, by the systematic prosecution of offenders against the Medical Act.
9. The establishment of a Court-Medical, to which disputes between members of the profession may be submitted for arbitration.
10. To define and to discountenance all unprofessional usages.
11. To establish rules for guidance in consultations.

University of Melbourne.

At the Annual Commencement of the Melbourne University, on the 18th ult., the following medical degrees were conferred:—

Francis Long, M.B.
Ad Eundem.
J. Singleton, M.D. Glas.
T. J. Sturt, M.D. Lond.
Henry Maunsell, M.B. Dub.
THE ANNUAL DINNER.

This event took place on the evening of the 18th ult. Dr. Brownless, the Vice-chancellor, occupied the chair.

Dr. Robertson responded on behalf of the lecturers in Medicine, and stated that he had noticed that Medicine had not been viewed with the same amount of favour as a profession as the law, and that the medical school had met with opposition not alone from members of the profession, but even from members of the University.

CORRESPONDENCE.

THE MEDICAL SCHOOL AND THE MELBOURNE HOSPITAL.

To the Editor of the Australian Medical Journal.

168 Collins-street East, April 30th, 1868.

Sir,—I observe in the leading article of your number for this month the following passage, "It is quite true that the Medical School of the Melbourne University has never received cordial support from the profession of this colony. It has been sneered at, abused, and misrepresented, not only by the Philistines of the profession, from which (sic) such antagonism was as a matter of course to be expected, but by nearly everybody else not officially connected with it. In this spirit the medical staff of the Melbourne Hospital, if they have not absolutely refused to facilitate the clinical studies of our medical students, have shown anything but a cordial desire to do so." It is the last section of this passage to which I wish now to refer, and I have to state that, for myself, as a member of the surgical staff of the Melbourne Hospital, I feel the charge to be most untrue. While utterly denying it so far as I am personally concerned, it is right further to say, that from nothing which has come to my knowledge in my communications with my medical and surgical colleagues, have I any reason to believe that they have opposed difficulties in the way of the clinical studies of students, or that they have been actuated by the spirit of antagonism thus imputed to them. Indeed, one cannot help thinking it very unlikely that a staff, the greater number of whose members are also either officers of the University, or its graduates, would combine in offering opposition to the progress and success of the University Medical School.

I am, Sir, your obedient servant,

JAMES T. RUDALL,

Fellow, by examination, of the Royal College of Surgeons of England; Surgeon to the Melbourne Hospital, and one of the Examiners in Anatomy, Physiology, and Pathology in the University of Melbourne.
COAL TATTOOING.

To the Editor of the Australian Medical Journal.

SIR,—Can any of your readers recommend a remedy for the removal of the blue or black stains, or rather scars, so often seen on the faces of gold and coal miners, more especially the latter.

Several patients have consulted me on this subject, but I could not suggest anything for their obliteration. Hoping some of the mining practitioners will throw out some hints on the matter.

I am, &c.,

Wallsend, Newcastle, N.S.W,

John Pierce, L.R.C.S.I.

April 17, 1868.

LOCAL TOPICS.

At the meeting of the Medical Board, on the 1st inst., the following gentlemen registered their qualifications:—Francis Long, Carlton, M.B. Melb. 1868; Richard Brown (additional qualification) L. Mid. F.P.S.G. 1857. The name of Dr. N. Nicolson, deceased, was erased from the register.

The following public appointments have recently been gazetted:—William Laidlaw Purves, M.D., coroner, to be visiting justice of the gaol at Horsham, vice C. Wilson, resigned. Robert Knaggs, L.R.C.S.I., to be a magistrate for the colony of Victoria.

The New Hospital movement, and the movement in favour of an Alfred Memorial, have been amalgamated, and a large general committee list, including about four hundred names, has been published. The Executive Committee consists of Mr. Butters (the mayor), the Hon. James Service, Mr. John Mackenzie, Mr. Blair, surgeon, the Rev. J. Bleasdale, D.D., Mr. Curtayne, the Rev. H. England, Mr. R. L. J. Ellery (Government astronomer), Mr. Girdlestone, surgeon, Professor Halford, Mr. W. G. Murray, Mr. G. B. Payne, the Rev. D. Rees, Mr. Valentine, and Mr. Young.

The first general meeting of the Subscribers to the Melbourne Eye and Ear Institution was held at the Institution in Spring Street, on Friday, the 8th inst. Mr. James Dodgshun presided. The report read on the occasion stated that during the past year the out (or dispensary) patients numbered 2008, of whom 935 were adult males, 654 adult females, and 419 children. Seventy-six important operations were performed, and many cases of accident to the eyes were admitted into the house. The balance sheet showed that the amount of subscriptions received for the year ending 1867 was £143 15s. 10d.; Treasury order received from Government, £150; receipts from patients, £261 6s. 8d.; whilst the expenditure amounted to £555 2s. 6d. The amount due by the Government is £150; and the balance in hand, £75 2s 6d. The proposed rules of the Institution having been discussed and adopted, the following office-bearers for the ensuing year were appointed:—President, Dr. Neild; Treasurer, Mr. E. M. Gibbs; Hon. Sec-
Local Topics.


At the Committee meeting of the Melbourne Hospital, on the 21st ult., Mr. Gillbee brought up the report of the Drug Committee, submitting a new and revised edition of the Pharmacopoeia. It was adopted and two hundred copies of it were ordered to be printed.

On Thursday, April 16th, a pleasant evening's amusement was provided at the Collingwood Lunatic Asylum, on the occasion of the departure of Dr. Leslie Gordon from that establishment, to fill the more responsible position of resident medical officer at the Yarra Bend Asylum. Nearly all the patients, as well as the whole of the staff and a large number of visitors, were present, and danced with great spirit; and when in the course of the evening Mr. Rae, in a few appropriate remarks, alluded to the general esteem entertained for Dr. Gordon, and expressed a wish that his connection with the hospital for the insane at Yarra Bend might be useful, happy, and prosperous, the sentiment was cordially re-echoed by all present.

Mr. McMillan, L.R.C.S. Ed., of Kyneton, has gone on a visit to Europe. A few days before his departure he was presented by a few friends with a handsome silver claret jug, valued at £80. Addresses were also presented to him by the office-bearers of St. Andrew's Church, and the local volunteer corps.

Dr. Semple has resigned his appointment as Resident Physician to the Melbourne Hospital.

In a Wood's Point newspaper, appearing twice a week, a medical man practising there has been abused in every issue, save ten, during twenty-eight months. He has thus formed the subject of thirty-five leading articles, one hundred and fifty paragraphs, thirty-five letters, and twenty ballads. If the mere printing of these matters had had to be paid for, it would have cost £400. The result has been thoroughly to advertise the doctor, and so greatly to increase his practice.

A correspondent of the Port Denison Times, writing from Burketown, says, that two medical men who lately went there in the hope of making a fortune out of the large practice to be got from the constantly prevailing endemic fever, have abandoned the profession and are now respectively keeping a public-house, and tending a mob of “Kanakas,” whatever these last may be.

Mr. Longman has been appointed assistant dispenser to the Melbourne Hospital, in place of Mr. Lowe resigned.

A WELL-DESERVED HONOUR.—The “International Society for Aid to the Wounded in War" have awarded to Mr. Condy, of Battersea, their medal, in recognition of the importance to military surgery and great sanitary value of Condy's Fluid, as proved by the experience of the Prussian army surgeons during the late Bohemian war.—Lancet, Dec. 7th, 1867.
DEATHS.

COSA.—On the 25th April, at Brunswick, Melbourne, aged seven months, John Hooper Goldsboro', youngest child of John Frederick Cobb, M.R.C.S.E.

YOUL.—On the 4th inst., at 111 Collins-street East, Amy, third daughter of Richard Youl, M.D., city coroner.

GOODWIN.—On the 14th April, at South Yarra, John Power, infant son of Staff-Assistant Surgeon Goodwin.

ANNESLEY.—On the 18th ult., at Ceres, Thomas Annesley, M.D. and M.R.C.S.

NOTICES TO CORRESPONDENTS.

Communications have been received from Mr. MacGillivray, Dr. Heily, Mr. Wilkins, Dr. Clutterbuck, Mr. Barrett, Dr. Day, Mr. Rudall, Mr. Pierce, Mr. Blair, Mr. Rogers.

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