NOTES ON THE REGENERATION OF EPITHELIUM
AND PIGMENT.

By ALFRED A. LENDON, M.D.

I have noticed for some time in cases of burns and scalds, and
chiefly the latter, that when the injury is of the third degree
(that is, when the "cutis vera" has only been partially destroyed),
healing has frequently taken place with great rapidity, although
the superficial extent of the ulcer after separation of the sloughs
may have been very great; and further, that in such cases the
rapid healing has been due to numerous foci of cicatrisation, which
have sprung up spontaneously, and given the ulcer the appearance
of having been successfully grafted. I have never observed this
rapid process of healing in cases where the injury was of the
fourth degree, that is to say, where sloughing had extended down
to the subcutaneous tissue.

No adequate explanation occurred to me until recently, when I
had under observation an adult negro, who, ten days before I first
saw him, had sustained an extensive scald, involving the whole
anterior and lateral aspects of one leg. It was chiefly of the second
degree, the cuticle and its pigment having been removed by the
blistering, but in the centre there was a patch about three inches
in diameter, where the injury was of the third degree, superficial
destruction of the corium having occurred; this portion was then
a granulating ulcer. On the fourteenth day after the injury the
superficial scald was of a pinkish red colour, but studded with
numerous black dots, of which about from 65 to 70 were contained
in an area of one square inch; they were arranged in more or less
regular lines, and through the centre of many a hair was seen to
be protruding; the size of the majority of them was not larger
than that of a pin's head; they were evidently the orifices of the
hair follicles. On the surface of the granulating portion were
seen many white spots, islets of epithelium, some of them having
already a central black dot. The ulcer healed rapidly, and in a
few days was glazed over and smooth, and now the black dots
were as numerous and conspicuous over its surface as over the rest of the scalded area. At the end of a month from the time of the injury many of the black spots had coalesced with their neighbours, and the scalded surface had attained a general bluish-black tint, those spots which were still discrete being then about the size of a pea.

Up to the present time two views have been held as to the reproduction of epithelium in a wound undergoing repair by granulation. By some the new epithelium has been supposed to spring from neighbouring epidermic cells, because it most usually spreads from the periphery to the centre of the ulcer; but by others it has been thought to be due to the transformation of the cells of the superficial layer of the granulation tissue, because islets of epithelium, such as I have described, are sometimes seen in the centre of an ulcer, which appear to have sprung up spontaneously. This latter view has the support of M.M. Cornil and Ranvier, as it seems to be corroborated by the observations on skin-grafting of M. Reverdin, (vide Cornil and Ranvier's Pathological Histology.)

I think, however, the foregoing observations throw some light upon the question and serve to explain away some of its difficulties, for we know that in the negro the pigment is mainly found in the deeper cells of the Malpighian layer of the cuticle, and further, that this layer is continuous with the outer root sheath of the hair follicles, which penetrate deeply into the corium, sometimes even through it to the subcutaneous tissue; and lastly, we know that the "cutis vera" and the "epidermis" are derived from very distinct and different embryonic sources, and it is difficult to believe that epidermis, which is of epiblastic origin, can be reproduced from tissues derived from the mesoblast, whereas the hair follicles are known to be formed originally by involution of portions of the epiblast.

The conclusions I have arrived at are as follows:

1. Epithelium is only reproduced from pre-existing epithelium.
2. When the cuticle is completely removed, as by a blister, the regeneration of epithelium commences at the orifices of the hair follicles, as well as at the periphery of the blistered area.
3. That the same process of regeneration takes place in scalds and similar injuries of the third degree.
4. That pigmentation re-appears after the regeneration of
the epidermis, even when the corium is destroyed to
a considerable depth.

Adelaide, February 1884.

A NEW METHOD OF TREATING NOCTURNAL
INCONTINENCE OF URINE.

By J. F. ANDERSON, L.R.C.P., et S. Ed., Urana, N.S.W.

I wish to draw attention to the following mode of treating
nocturnal incontinence of urine, which I have found superior to
everything else.

My plan is based on the principle of attacking the habit through
the action of an electric current, so arranged as to be brought to
bear on the perineum, whenever the smallest quantity of urine
passes during sleep, so causing contraction of the muscles, stoppage
of the flow, and at the same time awaking the patient, when he
can empty his bladder voluntarily.

Placed at the head of the bed I have a battery, attached to the
poles of which are two long insulated wires, that pass underneath
the pillow and down the patient's back, terminating in two small
exposed copper loops placed a little distance apart on the perineum.
One of these wires before reaching the perineum is brought round to
the pubes in front, and there passes down inside a small indiarubber
bag, shaped like the upper part of an ordinary male urinal, but closed
at the bottom. At the lowest part of the bag this wire is filed
clean through, leaving the two metallic ends exposed, and about
an eighth of an inch apart. Into this bag the penis of the patient
is put.

Now set the battery in action, and let the patient go to sleep.
So long as the bag is empty no current passes, but let the smallest
drop of urine be voided, it immediately passes to the bottom of
the pouch, fills the interspace between the filed ends of the wire,
and so completes the circuit, the current passing through the body
of the patient from one copper loop to the other; immediately
the perineal muscles contract and the patient is awakened. After
a little he comes to associate passing of urine while asleep with
getting an electric shock, wakes up, and so a cure is produced.

Of course there are straps, buckles, &c., required to keep
everything in place.
Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, MARCH 5, 1884.

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


The President, Dr. Haig, occupied the chair.

Dr. Colin Henderson and Dr. Springthorpe were present as visitors.

Reports.

The Hon. Secretary announced, on behalf of the Committee, that Dr. Turner had been elected one of the two Vice-Presidents of the Society; and that Dr. Stirling had been appointed one of the Departmental Editors of the *Australian Medical Journal*.

Further that the notice of motion given by Mr. Girdlestone, and published in the February number of the Journal, had been amended by omitting the words, “If carried to take effect from January 1st, 1884.” The alteration in the annual subscriptions of town members, if approved, would not now take effect till the beginning of next year.

The Hon. Secretary also reminded members that the Code of Rules and the Scale of Fees adopted by the Society were about to be reprinted; and that if any member desired that alterations be made in either, notice should be given at once.

The Hon. Librarian reported that he had received the following donations to the Medical Society’s Library:—Dr. Fetherstone, 5 vols. Obstetrical Society Reports. Dr. M‘Lean, Journals. Dr. Williams, Langenbeck’s Nosologie.

Notice of Motion.

Dr. Moloney gave notice of motion to alter the Rules of the Society, so that the ordinary monthly meetings should be held on the first Friday, instead of the first Wednesday, in every month; and that the Committee should meet on the last Friday in every month.
NEW MEMBERS.

The following gentlemen were unanimously elected members of the Society: Mr. Frederic Dougan Bird, M.B. et Ch.B. Melb., M.R.C.S. Eng., of 75 Lonsdale-street West, proposed by Mr. T. N. Fitzgerald and seconded by Dr. Allen; Mr. John Sampson Levis, M.D.Q.U.I., L.M.R.C.S. Ed., of Armadale, proposed by Dr. Fetherston and seconded by Dr. Allen; and Mr. John William Springthorpe, M.B. et Ch.B. Melb., M.R.C.P. Lond., of Collins-street East, proposed by Dr. Neild and seconded by Dr. Jamieson.

Two gentlemen were nominated for ballot at the next monthly meeting.

LETTER TO MR. T. N. FITZGERALD.

The President reminded the members of the Society that Mr. T. N. Fitzgerald, formerly their President, was about to visit the Home Country; he therefore proposed that Mr. Fitzgerald be requested to act as the representative of the Medical Society of Victoria at all meetings of kindred associations which he might visit in Europe or in America. He was certain that Mr. Fitzgerald, as one of their most distinguished members, would worthily represent the Society and the entire Profession of Australia.

Dr. Bird seconded the motion, which was carried unanimously.

DR. TURNER'S PAPER.

Dr. Turner expressed his regret that pressure of business affairs had only allowed him very hurriedly to put a few notes together concerning the treatment of croup; but he would be able to state his views more fully in the Medical Journal, and doubtless his own deficiencies would be atoned for by the fulness of the discussion which would follow. He would avoid the vexed question as to the identity of croup and diphtheria, and would simply state the method of treatment which he had adopted in cases of croup for several years past.

NOTES ON THE TREATMENT OF CROUP.

By DUNCAN TURNER, L.R.C.P. Lond. &c.

Mr. President and Gentlemen,—I regret that I have not had time to read a more elaborate paper on this subject, but the few notes I have hurriedly thrown together will give you some idea of the treatment I have adopted in this disease for the past few years, and which I have found highly successful.
For all practical purposes croup may be divided into three varieties, viz., catarrhal croup, simple membranous croup, and malignant membranous croup or diphtheria.

I am well aware that many of you will differ from me in making a distinction between the two latter varieties, as many of the most eminent authorities deny the existence of any membranous croup which is not diphtheritic. I am not going to enter into this controversy, and I merely state in passing that I am well satisfied that we, in this country at all events, frequently see membranous croup which is not of a malignant character, and cannot fairly be called diphtheria. The treatment of the latter does not concern us this evening, and I will merely give a short sketch of the treatment I have adopted in what I will for the present call the non-malignant forms of croup.

For the last seven years I have been in the habit of treating croup, whether I suspected it to be merely catarrhal or membranous, with the common bi-carbonate of potash, in frequently repeated doses. The results of the treatment have been so satisfactory that I deem it my duty to bring it under the notice of the profession.

Doubtless it will occasionally fail, as all other remedies will, when we are called to the little patient at the stage when the blood is charged with carbonic acid, and the stomach is no longer in a state to absorb any medicine whatever; but given in reasonable time, and the doses well kept up, I am certain that if you will try it you will find much better results than from the ordinary methods of treatment.

The usual conventional method of administering medicines every three or four hours is of no use whatever in this disease, which frequently runs its course in a day. The ordinary dose I administer to a child two years of age is 10 grs. every half hour. In severe cases I order the same dose every quarter of an hour. The remedy is unfortunately somewhat nauseous to children. To counteract this I give it in a small quantity of simple syrup and water, and order it to be given in lemonade. Children are usually fond of lemonade, and if the teaspoonful of the mixture is put in the glass out of their sight, they seldom detect the difference in taste.

The doses must be kept up for some considerable time. Generally from 4 to 12 hours; and the cough begins to lose its hard harsh sound, and assumes that soft sibilant sound which the mother calls "breaking." Occasionally, however, the desired effect is not obtained for a day or two, and I have on more than one occasion.
seen children recover after several days' treatment, when apparently in a hopeless condition.

One great thing in favour of this remedy is its non-poisonous nature and the extent to which it can be pushed. Frequently I have administered half an ounce of this salt in twelve hours to a child of a year old, with no other ill effect beyond a little purging, which did no harm. Nor is this remedy an empiric one. The way in which it acts is pretty clear. It is well known that this salt enters the blood quickly, rendering it alkaline and its fibrin more fluid. The exudation of fibrin is the principal factor in the croupous process. Therefore, when the fibrinous exudation is strongly alkaline, it does not form into a tough membrane which adheres closely to the inside of the larynx, but is exuded in a semi-fluid state, and is easily expectorated.

As croup is a disease that runs its course very quickly, the chief object in its treatment is to administer a remedy that will act with equal celerity. Unfortunately the disease may occasionally be too quick for any remedy, but when I find the symptoms very urgent I administer the fumes of ordinary nitre-paper, the same as used by asthmatics. I have found this to act as an admirable expectorant, and it has the great advantage of acting in a few minutes. Administered by itself it is generally too irritating, but if mixed with steam, by some contrivance which any practitioner can devise by means more or less elaborate according to the resources at his command, the fumes of nitre-paper can be inhaled by the youngest infant without fear of creating spasm.

It may be mentioned that the croup tent, the construction of which you are all familiar with, is the most convenient apparatus for this purpose.

Dr. Allen said that in his experience at the Melbourne Hospital he had not been able to recognise any disease such as membranous croup as distinct from diphtheria. He believed the two diseases were pathologically one; and, in 1880, when this subject was before the Society, he had been able to give the history of two remarkable cases which occurred in the Hospital; a child was admitted with sore throat and difficulty of swallowing, and after eleven days died of typical diphtheria, with well marked membrane over the tonsils and in the fauces; four days after this child was admitted, an elder girl was brought into the same ward with an attack of ordinary acute rheumatism under treatment she
rapidly improved; but six days later, or one day before the death of the first child, she became worse, and ultimately died; and at the autopsy the fauces were found free from exudation, but a thin yellowish membrane extended in patches through the trachea and the lower part of the larynx. In this way a child with pharyngeal exudation (diphtheria) had, to all seeming, communicated the laryngo-tracheal form (croup) to a patient in an adjacent bed. Moreover when no membrane can be seen in the throat, there is a possibility of simple spasmodic or catarrhal affection of the larynx being confounded with the more dangerous exudative disease. Again, he did not think that Dr. Turner's explanation of his treatment was satisfactory; it had been suggested that the administration of bicarbonate of potash by the stomach would add to the alkalinity of the blood and make the serum more fluid; that croup was due to an exudation of fibrin which coagulates into a membrane; and that the rationale of the treatment was to make the fibrin more soluble. For himself he could not accept so simple a theory of complete chemical control over the blood; however quickly salines are introduced into the blood, the kidneys will as rapidly remove them; and thus the alkalinity of the blood will be kept fairly constant; the urine might even be made alkaline without any corresponding change in the blood. Certainly there was no proof that any such excretion of alkaline serum could be produced from the air passages as to dissolve a formed fibrinous membrane; those who have handled fibrinous coagula know how perfect is their resistance to weak alkaline solutions. And further it must be remembered that in diphtheria most observers have found acids more useful than alkalis. But it had also been recommended, when no absorption was going on and alkalis given by the stomach were useless, that fumes of nitre paper should be inhaled, or those of ammonia, which would act more quickly; and he understood Dr. Turner to suggest this also for the purpose of softening and dissolving the membrane; but surely it could not be expected that these fumes could be tolerated in the air passages in such strength as sensibly to affect a pellicle of fibrin. It seemed as if more attention was necessary to the question of the strength in which medicinal or chemical agents must be used in order to produce definite effects; for example, it was a popular error to suppose that carbolic acid or chlorine, or vapour of sulphur in quantity just sufficient to make an unpleasant smell, would exercise a destructive influence upon atmospheric germs; all
these agents, it was well known, must be present in certain
definite strengths to become active disinfectants. Just in the
same way, if by any local applications we are to soften, dissolve,
or remove a formed membrane in the air passages, we must
employ a fit agent in adequate strength; and the difficulty would
be to induce the larynx to tolerate such active medication.

Dr. Williams said that he was a little disappointed with
Dr. Turner's paper, and in the first place with the forms of croup
which had been named. As to the first form, catarrh of the
larynx was very common; children often had it repeatedly, but
as they grew older, they became less susceptible to it; he must
object to this simple affection being called croup. Secondly, he
had never found any distinction between simple membranous
croup and diphtheria; pathologically, he believed the two
membranes were alike, and Dr. Turner had not stated how he
would draw a line of division between them. Then as to
treatment, the first variety—simple catarrh of the larynx—
would get well, with or without treatment; but as to the
membranous form, which he considered truly a diphtheria, he
had never seen the membrane absorbed, and in fact, he had
never seen more than two cases of genuine membranous
laryngeal croup get well, and then only after tracheotomy,
Usually tracheotomy was performed too late, or the membrane
spread down the trachea and obstructed the tube. Among the
methods of treatment formerly practised, Dr. Turner mentioned
emetics and mercurials. The latter were not effective in
diphtheria or the so-called croup; but an emetic of ipecacuanha
was often very useful. Some misapprehension seemed to exist
concerning the action of this drug. Some years ago, Dr. Dyce
Duckworth, in the Practitioner, pointed out that if drop doses
were given, no vomiting occurred, but there was hyperaemia of
the bronchial mucus membrane; in large doses, on the contrary,
Ipecacuanha produced anaemia of this membrane, independently of
its emetic effect. He himself had noticed great relief following
large doses of ipecacuanha apart from emesis. As far as he knew,
the only drug which would dissolve the diphtheritic membrane
was lactic acid; inhalations must be very concentrated to produce
any effect; and even lactic acid, if used strong enough to do its
work, would not be tolerated inside the larynx. The alkaline
treatment would soften mucus, but would not dissolve the false
membrane.
Dr. Turner explained that he did not mean to say that the alkalies would dissolve membranes actually formed; but this treatment would help to separate the membranes. He would be glad if Dr. Williams would enlighten him as to the distinction between catarrhal croup and real croup.

Mr. Girdlestone remarked that the whole essence of Dr. Turner's paper appeared to be that the administration of an alkali would affect the blood, would check the formation of fibrin, and would soften previous exudations and make them harmless. It was not fair to institute a comparison with the use of the fumes of sulphur as a disinfectant. If bicarbonate of potash can be given in the way Dr. Turner points out, it would produce the results named to a certain extent; but it was a great pity he had not time to write out the notes of cases, and so give the details of what he had been doing. The treatment proposed was worthy of attention and of trial. The possibility of introducing an alkali directly into the blood-stream had been mentioned; but though solutions of chloride of sodium, bicarbonate of potash and similar salts could be freely injected, and might be useful in some cases, he did not think that such a procedure could as a rule be adopted with children.

Dr. E. M. James said that he had only heard a portion of Dr. Turner's paper; but he was very much in favour of papers being read without any expression of disappointment at certain points not being made apparent. He had seen a great deal both of croup and of diphtheria, and in dealing with them the practical aspect of the matter must be considered as well as the scientific. No method of treatment, which had been tried and found successful, should be discredited merely because it was simple. It should not be forgotten that the reputation of quacks, such as it is, is usually gained by the employment of simple remedies. He did not however think that any local applications were of much service in diphtheria; and similarly he was of opinion that little benefit would be gained by the topical use of strong solutions in croup. It seemed possible that some simple remedy might be introduced into the blood, through the stomach, so as to stay any further reproduction of the membranes. Chemistry might be called to our aid, when local measures and even surgical procedures would fail. Most certainly cases of croup must not be left to the mother or the nurse; for though the symptoms at first appear mild, the subsequent development of the disease may be most
untoward, and remedies efficacious at first may be inoperative when the advanced stages of the disease are reached.

Dr. Moloney said that he was rather inclined to take the same attitude as Dr. James; he himself was apt to read papers which had not been elaborately prepared; and the most useful discussions often followed such papers as that now submitted by Dr. Turner. Busy practitioners have little time to enter into scientific details, and yet they may furnish a few notes, with their settled opinion on some point, which will be of no little value. As to the question of the varieties of croup, perhaps after all the best way to put the matter is this:—malignant croup is the croup that kills; simple croup is the croup which recovers. Dr. Turner had as high an authority as Niemeyer with him in an allied complaint; generally Niemeyer is disheartening in his therapeutic teaching, but, in his paper on whooping-cough, he said the greatest benefit was obtained by giving three or four grains of bicarbonate of potash with a little tinctura cocci; he says this remedy softens the mucus and makes it more easily expectorated. Again in Hyde Salter's work on Asthma, the inhalation of fumes of nitre paper is strongly recommended, not in any theoretical way but as a matter of absolute clinical experience. No doubt in croup the irritable condition of the larynx is shared in by the lungs, and the general state is somewhat akin to that of the asthmatic, and hence we should expect the inhalations of nitre to do more or less good in both diseases. Dr. Roberts, too, has noted how the urine can be affected by the administration of alkalies, and perhaps Dr. Turner would notice this point in connexion with future cases. As Dr. Williams had pointed out, ipecacuanha is a much neglected drug. Trousseau goes out of his way to praise it; we know its value in dysentery and diarrhoea, and it is not unreasonable to look for some similar action on the bronchial mucous membrane. When children are unable to expectorate, the muscular action of vomiting produces a kind of massage of the lungs and thus assists in expelling the mucus, and the ipecacuanha would in addition stimulate the secretion of mucus. Last month a case of pharyngeal diphtheria came under his care; the conventional remedies had been tried without success, but undoubted benefit followed the administration of jaborandi; for four days the child became perfectly well, and then, through some overkindness on the part of the mother, a relapse took place and the little patient died exhausted. The jaborandi seemed to act upon the mucous
membrane of the throat and loosen the pellicle. Local applications were in his opinion very valuable whenever the exudation could be reached. In six successive cases he found styptic colloid very serviceable, but subsequently he did not reap the same good results from it.

Dr. Jamieson said that having been late he had not heard the paper, but had learned its main purport, viz., a recommendation of the administration of large doses of bi-carbonate of potash, to prevent the formation or promote the removal of a fibrinous exudation. To begin with, he had to offer objection to the doctrine that a true croupous membrane is a mere exudation. It is rather produced by a process of proliferation of the mucous membrane, on which it appears. This may appear doubtful in very slight cases, but in the diphtheritic process it is quite certain.

Dr. Turner said that he wished to state that his remarks did apply to croup arising from diphtheria, but to the simple form of the affection.

Dr. Jamieson then continued, that unfortunately there was often the greatest difficulty in distinguishing. For his own part he was greatly inclined to doubt the existence of a membranous croup independent of diphtheria, unless in those cases where it was distinctly owing to some violent local irritation. Many years ago, when in practice in Scotland, he thought he met with cases of simple inflammatory croup; but, though in this colony he had seen a good many cases, and fatal cases, he was not satisfied that a single one of them was not diphtheritic. If there are non-diphtheritic cases of croup, they must be very uncommon. On the supposition, which he considered proved, that the croupous membrane grows from, and is not a mere exudation on, the mucous membrane, he could not see how benefit was to be got from the administration of alkalis. He could conceive three ways in which the croupous formation might be got rid of: first, by the use of jaborandi, which, by causing a copious liquid effusion, might loosen and in a manner wash off the false membrane. This kind of treatment seemed to him to be very questionable, and though successful cases had been reported, he greatly doubted their reliability. A second and quite plausible method was to apply solvent agents to the membrane to bring about its softening and removal. This kind of treatment could easily be applied to the fauces, but with difficulty to the larynx. Papayotin was said to be very useful in this way, and got into use from the known effect
of the papaya juice in softening meat, &c. Inhalations of lime water had frequently been strongly recommended, and said to be beneficial. It might be true that a piece of fibrin or of diphtheritic membrane suspended in lime-water was soon converted into a pulp, but this was different altogether from the application of it in very small quantity, and in a further diluted state, and only for a short time continuously, as could be done in the form of a spray. The third method consisted in the application to the false membrane of some agent which would tend to stop its formation, by arresting a specific morbid process going on at the seat of formation. Such an agent would be some disinfectant substance. He had very clear recollection of a case of faucial diphtheria, that of a servant in his own house, in which under the persistent use, at short intervals, of spray of carbolic acid, the membrane diminished during the day, to increase at night when the treatment was intermitted, again to lessen next day when the spray was renewed and so steadily to continue when the treatment was kept up. It is only occasionally that one has the opportunity of making such exact observations on the effect of treatment, and this had made a strong impression on him. Dr. Jamieson said further, that he believed that he had also seen very great benefit in croup from similar treatment, and had even ascribed recovery to it in more than one instance. Between two and three years ago one of his own children was attacked with croup following on faucial diphtheria; the attack was a severe one, the difficulty of breathing steadily increasing in intensity, until he had made arrangements in view of tracheotomy being required. The treatment consisted almost entirely in the use of the spray, alternately of sulphurous acid and solution of carbolic acid (2½ per cent.) It needed three persons to carry it out, but it was regularly done and certainly with benefit, recovery being complete. In such cases both force and firmness may be needed, but the treatment can be carried out. Generally, with reference to this disease, his feeling was a want of trust in internal remedies acting through the blood, and certainly he had no confidence in any measures supposed to act in the way of causing increased alkalinity of the blood.

Dr. Wigg said that as far as his own experience went, if you take a small drop of blood from the finger in diphtheria, after the temperature has once reached 104°, the blood corpuscles cease to form rouleaux, and molecular masses are present in considerable
quantities; whereas in croup the rouleaux are well formed, and molecular matter is not more abundant than usual.

Dr. Brett urged that croup was only a symptom, and that the name should be dropped, as it did not indicate a special disease. It should be termed membranous laryngitis. In accordance with what Dr. Williams had said, he had not seen more than half-a-dozen cases of true membranous laryngitis recover, and then only after tracheotomy. It might be queried whether Dr. Turner's cases were spasmodic laryngitis, or simple catarrh, or true membranous laryngitis. It was impossible to use local applications in the larynx in such strength as either to destroy the membrane or to prevent its further growth. In membranous pharyngitis, however, steam was very useful, especially if vinegar were added. Slaked lime in boiling water was also serviceable. Lately he had found the powder of ipecacuanha more useful in producing emesis than the wine. If Dr. Turner had found alkalies useful, by all means let them be tried; but he did not understand how any great change in the alkalinity of the blood could be expected.

Dr. Turner, in reply, said he felt considerably to blame for not putting his paper in better form. Still he could assure the Society that he had not come before them without some experience; within the last seven years he had seen at least three hundred cases of croup. His practice lay in a district where this disease was wonderfully prevalent; in fact, he met with ten times as much as he formerly did in the north of London, where he was stationed before. No doubt the different climate was largely answerable for this undue prevalence. Before coming to Australia he was a believer in the identity of croup and diphtheria, nor did he wonder that most of the London practitioners held this doctrine, but since coming to this country he saw reasons to change his views. The tendency to what the Germans call the croupous forms of inflammation is much greater in warm than in temperate climates. For instance, croupous pneumonia is at least five times commoner here than in London or any part of the south of England. In Scotland, in his younger days, they never heard of diphtheria; croup was very common, and children often died of it; no one, however, dreamt of it being contagious. By and bye diphtheria came, the symptoms were very like those of croup, but it spread from house to house, and from child to child. Now at the changes of the seasons he almost daily saw cases of croup, in
which he was certain that a false membrane was present in the larynx, and yet the disease did not spread to other members of the family. On the other hand, real diphtheria was highly contagious, and in his paper he had not dealt with it at all. Dr. Allen and others had thrown doubt upon the possibility of increasing the alkalinity of the blood, but the speaker, having taken much medicine himself, could say that, within half an hour of taking forty grains of bicarbonate of potash, the taste is clearly perceptible in the mouth and in the expectoration. To his mind that was positive proof that the salt entered the blood quickly, and it could hardly be present in any quantity in that fluid without rendering it more alkaline.

Dr. Moloney asked leave to say that the fact of the potash soon being discernible to the taste, in the saliva and in the expectoration, was of no little importance; that indicated quite as great an effect as was desirable; if the urine could be rendered alkaline by the administration of potash salts, surely a very potent influence must be exerted on all mucous membranes.

Dr. Williams said that if Dr. Turner had treated three hundred cases within the last seven years, he was certainly not dealing with membranous croup. The patients must have been suffering from simple laryngeal catarrh.

The President, Dr. Haig, said that in his practice he did not meet with more than five or six cases of true membranous croup yearly.

[If there are any apparent incongruities between some remarks made in the course of this discussion, and the paper leading to it, this is, in part at least, to be explained by the fact that Dr. Turner’s communication to the Society was a spoken one, and that the paper, as printed, was prepared after the meeting.—En.]

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Special Meeting.

Alteration of Rules.

Dr. Girdlestone, in accordance with notice given at the previous monthly meeting, then moved that the rules of the Society be altered so that the annual subscription should be raised to two guineas for town members, while the subscription of country members should remain one guinea; that the entrance fee should be abolished; and that every member who presents or has presented £25 to the Society in one sum, or who surrenders debentures to the same amount, shall be a life member of the Society. These
alterations to remain in force until the Society shall have paid its liabilities to the debenture-holders.

Dr. Allen seconded the motion.

Considerable discussion ensued, and ultimately the further consideration of the subject was adjourned till after the next monthly meeting.

VICTORIAN BRANCH—BRITISH MEDICAL ASSOCIATION.

The monthly meeting of the Branch was held in the Hall of the Royal Society on the 12th instant, the President (Dr. Graham) in the chair.

The Hon. Secretary reported that it had been resolved by the Council to ask Mr. Fitzgerald to take charge of the address to Professor Owen, and to present it to him on his birthday when in England.

The Hon. Secretary reported the election of Dr. Springthorpe as a member of the Branch.

Dr. Cutts read an interesting paper entitled, "Notes of a P. and O. Voyage to England." The paper, besides being a very agreeable narrative of the incidents that occur on the voyage to a medical man visiting the old country, contained some scientifically accurate particulars relative to the causes which make the Red Sea portion of the home route so much dreaded, and which in many instances have had so disastrous an effect upon travellers. He had concluded, with reference to the several routes homeward, and concerning which patients so often consult their medical advisers, that the following counsel might be taken as fairly reliable, namely, that if a patient wanted a long voyage, the constitution being sound, but the nervous system somewhat weakened by over-work and long residence in a hot climate, the Cape Horn route, in a sailing vessel, might be chosen, the bracing effect of the cold being most grateful under the circumstances of relaxed fibre. He believed that the dry frosty cold could be most advantageously borne by an organically healthy man. If, however, the traveller had a delicate chest, and had to take a voyage as a palliation or cure, he would do well to select the Cape of Good Hope route, in a sailing vessel. If he wished to pick up ideas and enjoy the stimulation of intercourse with his fellows, and, en route, to take a degree in medicine, he would go by the San
Francisco line, through America. If his object were to get to his journey's end as quickly as possible, he would choose an Orient liner. If he regarded a good table, with French conversation, as a condition of health, he would go by the Messageries Maritimes boats. But if he wished to combine business with pleasure, and health with both, and to suffer no delay, and therefore no weariness of body or mind, the vessels of the P. and O. route were before all others the best. The author furnished valuable, because practical, information upon the sanitary circumstances of the various calling-places on this latter route. He was warmly complimented by several speakers upon the very interesting form into which he had thrown his narrative, and he promised, upon some future occasion, to continue it by relating what he saw in the old country.

Dr. Henry exhibited and explained some incandescent electric lights for the examination of the throat and other cavities.

The exhibits included some elastic surgical appliances manufactured by Mr. L. Hartshorn, of 29 Madeline-street, Carlton. These were of a very superior description, and evoked expressions of marked approval.

Hospital Reports.

MELBOURNE HOSPITAL.

CASES UNDER THE CARE OF MR. GIRDLESTONE.


C. S., a healthy man, æt. 28, was admitted June 27th, 1883. He had been knocked down in the street and the wheel of a cart, which had passed over his arm, had inflicted a compound oblique fracture in the lower third of the right humerus, with some comminution of bone, the injury extending into the elbow joint. Splints were applied, and the arm was treated in the usual way, with antiseptic precautions. At the end of July he left the hospital to be treated as an out-patient. The external wound was nearly healed, and the arm was bandaged on to a rectangular splint.

September 17.—He was re-admitted. There was no attempt at union of the fracture.
September 28.—Mr. Girdlestone cut down on the fracture at the outer and posterior aspect of the humerus under the carbolic spray, and having drilled four holes near the ends of the bone, four ivory pegs were driven in, piercing it from one side to the other, as much as the irregular and oblique nature of the fracture would admit. The pegs were left in situ, but no attempt was made to fasten the ends of the bone together, the wound was closed with sutures, and the rectangular splint, from axilla to hand, was re-applied.

At the end of October but little progress apparently had been made towards union. He was ordered to take a teaspoonful of codliver oil three times a day.

In November some callus was thrown out round the fractured ends of the bone.

December 11.—There was an increase of callus, with some firmness in the arm. He was allowed to go home, and directed to present himself in the ward once a fortnight, the codliver oil being continued.

February 12.—There is now pretty firm union. Ordered to leave open the hinge at the elbow of the splint, and use a little passive motion to the joint every day. One of the ivory pegs was felt loose under the skin, and was therefore removed, it presented the usual wormeaten appearance from partial absorption: none of the other pegs could be felt.

February 26.—The bones have united well, and with a considerable amount of callus; the elbow joint is movable, though somewhat stiff. Bandages to be removed; passive motion with friction and soap liniment to be used. The splint is still retained for protection, but attached by a handkerchief only, which the patient can remove and re-apply daily.

March 7th.—The union is quite firm. The splint is to be left off; and the arm to be used.

II.—Some Cases of Piles.

October 2, 1883.—A young woman was operated on for external piles, associated with a blind internal fistula leading from the rectum forwards to the posterior wall of the vagina. The piles were removed with scissors, the external sphincter was then divided and the fistula laid open, which necessitated cutting through the greater part of the perineum from the rectum to near the posterior commissure. The wound healed quickly and well;
she left the hospital at the end of the month cured; the perineum was completely restored.

November 10.—A woman, aged 42, who had suffered for some time from difficult defaecation, stated that the motion she passed did not exceed the diameter of her little finger, and caused a great deal of pain. On examination under chloroform the sphincter ani was found to be rigid and unyielding beyond a point which would just admit the finger. The muscle felt like a hard ring round the finger. There were three external piles, which were snipped off; the sphincter was then forcibly dilated, and the ring was felt distinctly to give way. She soon recovered from the effects of the operation, but suffered from constipation.

December 6.—On examination a concretion of feces was felt in the rectum. She was ordered to take four minims of tincture belladonnae every three hours, which produced free evacuation from the bowels.

December 11.—The sphincter is free from spasm, and it has regained its natural functions. Discharged cured.

Three cases of internal piles were lately operated on, after the manner recommended by Mr. Pollock, with Mr. Benham's crushing clamp. The jaws of the clamp were allowed to remain for two minutes on each pile before relaxing the screw. There was no hemorrhage whatever, and the healing in each case was quick and satisfactory.

Mr. Girdlestone remarked that for several years he had used Mr. Smith's clamp and cautery for the removal of internal piles, but of late he had abandoned this method in favour of crushing, and for the following reasons: after using the cautery he often found that there was severe pain, lasting some three or four hours, in spite of the morphia suppository and hypodermic injection; whereas after crushing, the pain is almost nil, and the wounds have all healed quicker, and the patients have been out and about their business sooner in these cases than in those of clamp and cautery.

The White-lead Treatment of Erysipelas.

By R. A. STIRLING, M.B., L.R.C.S.
Assistant Surgeon Melbourne Hospital.

In the Lancet of March 10th last year, Mr. Barwell reported five cases of erysipelas treated successfully and very rapidly by a mere external application to the inflamed skin—the white-lead
paint. The treatment is by no means a new one, having been recommended years ago by Mr. French; and it is mentioned by several authorities of a few years back as an excellent application in the first stage of carbuncle and boils. I have now tried the method in eleven cases—in ten with success. The unsuccessful instance was complicated with serious internal lesions, and, as the autopsy disclosed, was quite hopeless from the first.

In one case of commencing anthrax of the back of the neck, to which I applied the paint, giving also a mixture containing sulphate of magnesia, iron, and quinine, the disease had altogether disappeared in one week.

The erysipelatous cases were all, with one exception, of traumatic origin, the latter being a very acute idiopathic dermatitis of the face. The burning pain, which was very marked, ceased within a few hours of the application.

I append from my out-patient note-book a few of the cases:

Case I.—E.B., æt. 12, came to hospital on July 5th, suffering from a contused wound, one inch and a half long, over but not involving the right elbow-joint, at its outer side. This had been caused by a blow from a sharp stone three days previously. The whole arm was much swollen, with a deep dusky blush extending as far as the shoulder. His temperature was 101°. Treatment: Arm painted with white-lead paint. Wound dressed with carbolic oil and opium. A rectangular splint applied.

July 9.—The arm of natural size, blush disappeared. The heat and tension were all gone on the morning following the application of the paint.

Case II.—G.H.L., æt. 44. Varicose ulcer of left leg, oedematous erysipelas of left leg and thigh. Came to hospital July 16, 1883. The ulcer was a very chronic one, but the erysipelas had set in only a few days ago. He complained of extreme pain in the limb. The glands along the saphenous vein were enlarging and painful. Ulcer dressed with iodoform powder. Limb enveloped in white lead paint, oil-silk and bandage.

July 19.—He returned with the limb quite shrunken, being now somewhat smaller than its fellow. He stated that on waking the morning after the application the bandage had become so loose that it fell off when rising.
Case III.—The fatal case above referred to was one of cellulocutaneous erysipelas, occurring in an old man æt. 65, suffering from cerebral hemorrhage, with left hemiplegia. At first the application of the paint appeared to be of much benefit—his temperature and pulse fell, and he seemed to improve. The erysipelas, however, continued to spread; deep-seated suppuration in the cellular tissue between the muscles occurred, and he died exhausted eight days from the first out-break of the disease.

Note.—The paint seems to be most useful in the simple or cutaneous variety, shortening its course and relieving the pain almost immediately. In idiopathic facial erysipelas it is a far preferable application to the ordinary flour, or even iodised collodion, both from its sedative effects on the skin and from the compression of the capillaries and lymphatics it induces. In severe phlegmonous erysipelas no topical treatment is of any use.

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ALFRED HOSPITAL.

Short Notes on Three Cases of Hydatid Disease.

By J. B. BACKHOUSE, M.B., Ch. B.

Resident Surgeon.

Hydatid of Pleura—Rupture into Cavity—Death.—H.S., æt. 17, brickmaker, was admitted (under the care of Dr. Adam) with the following history:—On the 10th of December, a week before admission, he was working at his employment as a brickmaker. He was stooping down to lift some bricks, when he suddenly became very faint and was unable to stand, and he was taken home. He complained of great pain in right mammary region and severe dyspnœa, and his breathing was stridulous, and has continued so to the time of his coming here. He has occasional dry cough. He had always enjoyed excellent health previous to this time. Present condition: Patient fairly nourished, face somewhat pale; pupils dilated, the right one especially so; breathing stridulous; tongue coated at edges; bowels regular; cubitus dorsal. Right side of chest somewhat bulging, an inch larger than left on measurement. Percussion note dull over right base, dulness extending two-thirds up scapular region. Hyper-resonant over right infra-axillary region. Tubular breathing over
right lung; breathing exaggerated over left lung; heart's action tumultuous. Fine aspirator needle was inserted, and about an ounce of clear serum drawn off, but no more could be obtained, although the needle was again inserted. The patient died suddenly on the morning of January 1.

At the autopsy, the right side of the chest was found to contain a quantity of serum so loaded with shreddy lymph that the fluid was almost in a semi-solid state. Lying loose in this fluid was a ruptured hydatid cyst, about the size of a goose egg, the walls of the cyst of a pearly opalescent character. At the upper and inner part of the right pleural sac was an oblong cavity, apparently the nidus of the cyst found loose. The inner wall was in close proximity to the anterior portion of the spine, and pressed on the pneumo-gastric, causing the stridulous breathing. The lung was collapsed and quite hepatized, and was bound to the chest walls by bands of lymph.

**Hydatid of Walls of Stomach—Operation—Recovery.—E. F., set. 18,** was admitted to this institution, under the care of Dr. O'Hara, on December 5th, 1883. She was a stout healthy-looking girl, and had enjoyed excellent health till a short time previous to admission, when she had, what she termed, a "feverish attack." She complained of a swelling in the abdomen, and on examination a pyriform tumour was found occupying the epigastric and left hypochondriac regions. This tumour had a resilient feeling to the finger, and fluctuation could be made out. There was marked dulness over the site of the swelling. A fine aspirator needle was introduced at the most prominent part of the tumour, and, as pus was withdrawn as well as a portion of a hydatid cyst, it was resolved to operate forthwith. Dr. O'Hara cut down on the intercostal muscles between the fifth and sixth ribs on the right side anteriorly, and introduced a large-sized trocar. A quantity of pus immediately flowed through the canula. The patient at this stage began to vomit, and evacuated about a pint and a half of pus, similar to that removed by canula. The cavity of the cyst was then syringed out with equal parts of a saturated solution of boroglyceride and warm water. No drainage tube was inserted, as there was communication with the stomach. The wound was dressed antiseptically. The patient was ordered grain doses of ext. opii, with ext. bellad. every six hours. The temperature that night was 103°.
December 6.—Vomited about 10 ozs. of pus, similar to that removed; some localized peritonitis; poultices applied and opium given internally.

December 9.—Bulging re-appeared; abdomen tympanitic; cyst cut down on and a large drainage tube inserted. Temp. 103°, pulse rapid and peritonitic.

From this time patient gradually improved. As the discharge became slightly offensive the cavity was syringed out with warm carbolic lotion (1:120), twice a day.

Patient was discharged on the 26th February. The dulness had quite disappeared from the epigastric region. She had an excellent appetite, and was in a well-nourished condition. The only way she could account for contracting the disease was having a cat sleeping on her bed at night.

Hydatid of Lung—Operation—Recovery.—F. S., aged 8. Admitted (under Dr. O'Hara), on November 20th. Very emaciated, complained of severe cough and loss of appetite. Had been operated on twice for hydatid disease of the liver.

On examination great bulging of right side of chest with marked dulness from just above mamma. Liver apparently pressed down.

On November 28th, incision made between fifth and sixth ribs on right side. A quantity of pus and hydatid cysts, from size of a pea to size of a hen's egg, evacuated. During the operation patient was seized with a fit of coughing and coughed up a great number of cysts, the air being sucked in through the incision at each inspiration. Dr. O'Hara inserted his finger into the cavity, which was about five inches by four, and detached the parent cyst, which was removed through the incision in several portions, by means of a large probe, which was rotated in the cavity and the cyst wall gradually withdrawn. The cavity was syringed out with solution of boroglyceride and warm water, equal parts. The whole operation was performed antiseptically, and a large drainage tube inserted.

Drainage tube removed on 9th day, there being then no discharge. Wound rapidly healed, and patient lost his cough entirely, gained flesh and was discharged cured on February 5th.
**BENDIGO HOSPITAL.**

*Synopsis of Nine Cases of Tracheotomy.*

By A. Colquhoun, M.B., L.R.C.S.E.

Resident Surgeon Bendigo Hospital.

<table>
<thead>
<tr>
<th>No.</th>
<th>Patient</th>
<th>Age</th>
<th>Date of Operation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>J. G.</td>
<td>5 years</td>
<td>July 16, 1880</td>
<td>Died on fourth day.</td>
</tr>
<tr>
<td>3.</td>
<td>J. R.</td>
<td>2½</td>
<td>September 4, 1881</td>
<td>Died on fourth day.</td>
</tr>
<tr>
<td>4.</td>
<td>M. S.</td>
<td>6</td>
<td>May 25, 1882</td>
<td>Died during operation.</td>
</tr>
<tr>
<td>7.</td>
<td>M. G.</td>
<td>8</td>
<td>August 12, 1883</td>
<td>Died on second day.</td>
</tr>
<tr>
<td>8.</td>
<td>E. D.</td>
<td>5</td>
<td>November 18, 1883</td>
<td>Recovered.</td>
</tr>
</tbody>
</table>

These cases were all, when brought to the hospital, in an urgent condition from dyspnœa, and as a rule the operation was performed within a few hours after admission. I do not think it is advisable, when the case is seen in such an advanced stage, to attempt to determine whether the affection is diphtheria or croup; it is perhaps best described as diphtheritic croup. In those cases where there was distinct diphtheritic exudation on the tonsils and soft palate, the symptoms did not differ materially from those in which these parts appeared merely congested. In two of the cases which recovered there were slight paralytic sequelæ, as well as diphtheritic membrane. In several cases which I examined post-mortem there was false membrane in the trachea below the tube, and this is, I believe, usually the cause of death. In the case of M. S., No. 4, the child was nearly comatose when admitted. A small quantity of blood entered the trachea before the tube was introduced, and she was apparently too weak to expel it afterwards.
CLINICAL TEACHING AT THE MELBOURNE HOSPITAL.

We are happy to be in a position to congratulate the University, and the medical profession generally, on the fact that the University Council has at last taken decisive action in the long-delayed matter of the appointment of Lecturers on Clinical Medicine and Clinical Surgery. About the need of such appointments there can be no doubt, and while we may regret lost time we are none the less thankful that the want has been at last supplied. Our students are lectured at enough, and examined with sufficient stringency, and, as many think, far too much; but no one who knows what goes on at the hospitals believes that their practical training is at all satisfactory. An interesting letter from one who has had ample experience of student life and work, both here and in England, brings this out with vigour and clearness. The new appointments will go a considerable way towards supplying defects in some ways, but, even after the Clinical Lecturers are at work, there will still be room for improvement in the use of means and appliances for giving instruction in the various branches of practical medicine. In Dr. Williams and Mr. Fitzgerald the students will find capable and energetic teachers, who, in virtue of the formal appointment they now have, will be in a position to carry out, in a more thorough and satisfactory manner than before, the work of clinical instruction. While it has happened that in them the University has found men worthy of being chosen to fill such responsible positions, it has really been simply by a piece of good luck. The present relation between the Medical School at the University and the Hospital is a most anomalous and unfortunate one, injurious to both and utterly humiliating to the former. At present the medical officers of the Melbourne Hospital, and most of the others, are chosen by the general body of the subscribers, and no
one can say that they are elected solely on the ground of superior skill and knowledge. It is quite certain that none of them are chosen because they are capable of acting as teachers of medicine; and yet, as things are, the University has no choice but to select its teachers from among them. The whole position of affairs in this respect is utterly absurd, and we venture to say without counterpart in any other place in the world. The sooner steps are taken to remedy it the better, if the position of the Medical School in the eyes of the world is to be sustained, and the dignity of the profession upheld. Whether action should first be taken by the Medical Faculty or by the Council of the University may be doubtful, but between them the duty lies, and action should without delay be taken.

THE GHEEL INSANE COLONY.

The following is an extract from a letter recently written to a relative in Victoria by the wife of a medical man, who is making a tour of the world, for scientific reasons, one of the principal of these being to gather, from actual observation, information upon the treatment of the insane. As the Gheel colony of lunatics has been so continually quoted as a model asylum, the picture here given will not be without its interest as evidence on the other side:

“We have been in Brussels nearly three weeks. George has visited most of the asylums in Belgium, and there is a large number for a little kingdom, where the population is only about the same as London. Of course the colony of Gheel is the principal lunatic establishment. George spent three days there, as he desired to become thoroughly acquainted with the system so much belauded by certain writers, and he came away thoroughly acquainted with the system, with which also he was absolutely disgusted. The ‘colony’ is about forty miles in extent, and I think there are 1700 insane patients provided for, in cottages or hovels, for some of them are little better. In some of them the cow-shed and the patients’ rooms adjoin. A few have superior accommodation, but the majority are not much better off
than insane patients in Salt Lake City or Honolulu, and you know
how wretched the accommodation is in these places. There is a
large number of drinking shops, and, not very long ago, an
English patient drank himself to death in them. Many of the
huts are falling into decay, and are so damp as to be quite unfit
for occupation. In some the roof is so low that there is scarcely
room to stand. In many of the rooms there is no provision for a
fire. In others there is only a small stove, and sometimes so
defective are the chimney arrangements that the patients can
hardly see each other for the smoke. One patient, a man of
education, when first sent there, was placed with a butcher and
had to assist him in his business. He is now with another family,
and employed cutting wood. Some of the cottages are in the
most revoltingly filthy condition, utterly unfit for human
habitation. There is very little supervision, and hardly any
medical treatment. Patients are left a good deal to themselves,
the payments for their maintenance being the chief consideration
in the mind of the superintendent. The town originally owed its
reputation for the successful treatment of lunatics to St. Dymphna,
whose shrine was believed to possess miraculous powers. Some of
the superstitious, even in these days of enlightenment, still believe
in the curative powers of the saint: occasionally a patient is
fastened to a ring in the wall by one foot and one hand, while the
sisters pray to the saint for his recovery.

"The cemetery is low and swampy; the roads are unmade and
almost impassable, from the snow and long-continued rain. It
was raining heavily and a gale blowing when George was there,
and there were large pools of water in all directions, some partly
frozen; and yet, in many of the houses, there was no fire, and no
provision for one."

The Medical Times states that the Medical Directory for 1884, which has
just been issued, shows a quite unusual increase in the members of the
profession: there are nearly eleven hundred more names in the present
volume than in last year's Directory; the reason for this exceptional
recruitment evidently being that large numbers have made haste to qualify
themselves before the threatened legislation makes qualification more difficult.
The total number of practitioners in the new Directory is 25,038, divided as
follows:—London List, 4,417; Provincial List, 11,775; List for Scotland,
2,266; List for Ireland, 2,430; Registered Practitioners Resident Abroad,
1,717; Army, Navy, Indian Medical Service and Mercantile Marine, 2,493.
Extracts from the Medical Journals.

Hypertrophy of the Heart.

At the November meeting of the New York Pathological Society Dr. Beverly Robinson exhibited a heart weighing 53 oz., removed from a man aged 39. During life the patient exhibited the ordinary symptoms of cardiac disease, but did not receive much benefit from treatment conducted on the usual lines. The dyspnoea being very distressing, a blister was applied over the precordium, and afterwards Paquelin's cautery at 60 or 70 points, both, especially the latter, giving marked relief. Later in the case great venous engorgement was relieved by venesection to the extent of 14 oz. Pericardial effusion being suspected, a hypodermic syringe was introduced, but nothing but pure blood obtained. The autopsy was interesting in showing the large size of the heart, and the absence of serious results following the puncture of the pericardium, although the needle entered the actual cardiac substance.—New York Medical Record, Dec. 15.

Cerebro-spinal Meningitis.

Dr. Lewis Smith shows how cerebro-spinal fever has gained an endemic footing in some of the larger cities of the United States, especially in New York. For some years past sporadic cases have been noticed in the smaller towns and villages, but since 1872 there have been constant death returns from cerebro-spinal meningitis in New York, rising as high as 461 cases in 1881. Season and temperature seem to exert but little influence on the disease when it has once become firmly established. It has also settled in Philadelphia since 1863, and in Providence since 1871. Thus we may safely assert that cerebro-spinal fever can be classed amongst those diseases, which, occurring sporadically and occasionally epidemically, can, under conditions favourable to their existence and continuance, become endemic for an indefinite period.—New York Medical Record, Dec. 15th.

Injuries to the Elbow Joint in Children.

Mr. Jonathan Hutchinson, in a clinical lecture, remarks that he believes the popular idea as to the frequency of clean dislocations
at the elbow in children to be a mistake. According to him they are almost all complicated cases, the complication usually being a partial detachment of the lower epiphysis of the humerus. The ossification of the lower end of this bone takes place at several points, of which it is quite possible that one may be separated by itself. Of course the epiphysis may be detached *en masse* as well, in which case, as Mr. Hutchinson remarks, awkward union very often occurs. The partial separations of the epiphysis are more common than complete ones and much more difficult of diagnosis; and in many cases of supposed uncomplicated dislocation which turn out badly, the cause of failure is to be found in the fact that the epiphysis has been partly separated. In dislocations of the elbow in adults free mobility of the joint is generally the result, but in children it is very different, owing, in the first place, to the persisting malposition of the fragments, and then to the stripping up of the periosteum which so generally occurs, leading to excessive bony formation. Mr. Hutchinson's experience, however, teaches him that this new bone after two or three years becomes very much moulded and fined down, and that the motion of the joint is very much less restricted than one would at first suppose by the appearance of the case.—Medical Times and Gazette, Jan. 5.

**Congenital Goitre cured by one application of the Red Iodide of Mercury.**

Dr. J. C. Worthington reports that he treated a case of congenital goitre with the external application of Red Iodide of Mercury ointment, 10 grs. to the ounce. The tumour had increased considerably since birth, and at three months filled the whole space from the chin to the sternum on the right side; it was soft to the touch but not fluctuating, and interfered with the child’s breathing when he lay on his back. There was marked flattening of the crown of the head, as mentioned by Aitken. A single application of the ointment with exposure to the sun and the action of the fire induced great pain, but the tumour gradually became smaller and in three days had entirely disappeared; in eleven all traces of dermal irritation had vanished, leaving the child with a thyroid gland to all appearances normal.—New York Medical Record, Dec. 29th.

F. D. B.
It is no more than fair to describe this as an important work, in every way creditable to its author, who has given proof in it of knowledge combined with industry and ability. It would be impossible to claim that it does much to enlarge the field of knowledge on its subject; for though there are imperfections enough in our knowledge of the tapeworms generally, and even of the Taenia echinococcus, one of the best known of them, it is not an easy task for any one, with little help from laboratories and museums, to supplement largely the labours of Küchenmeister, Cobbold, Leuckart, Van Beneden and other masters. Dr. Thomas, therefore, does not make pretence of having added materially to the stock of knowledge in connection with the life-history of the echinococcus; though, by feeding experiments, he has made a contribution towards the settlement of a disputed point. The most original part of the work is that which is devoted to an account of the geographical distribution of echinococcus disease, and especially to a careful collection of statistical data bearing on its prevalence in the Australasian Colonies. But after this statement of what the book is and is not, the purpose of this notice may best be served by passing shortly in review the various sections composing it. The first is introductory and indicates how the tapeworms or Cestodae stand related to other animal parasites. Part II. contains a general sketch of the natural history of tapeworms, which is written with sufficient fulness of knowledge and in a clear and satisfactory manner, helps to the understanding being provided in the shape of numerous illustrations. These are nearly all borrowed, with due acknowledgment, chiefly from Leuckart, and in most cases are good and well executed; and Dr. Thomas has shown good sense and consideration for his readers, in not hesitating to reproduce the same engraving more than once, when it helps to make clear some fact repeated in different connections. It may be of interest to mention that quite recently an important contribution to the natural history of Bothriocephalus latus has been made by

* Hydatid Disease, with special reference to its prevalence in Australia.
Dr. Max Braun of Dorpat, who, by feeding experiments, has shown that the long-sought intermediate host of this parasite is frequently, if not exclusively, a fish, and especially the pike, in whose flesh it exists as a measles. This of course was surmised by Leuckart, as well as by Cobbold (Entozoa, p. 295), differing therein from Kitchenmeister, who thought that the host was probably a fresh-water mollusc. Some points in this section of Dr. Thomas' book may be mentioned as having special practical interest. One of these refers to the distribution of the ova of tapeworms, and their tenacity of life, as favouring the chance of their reaching some suitable host. Speaking of the escape of the ova from the proglottides, he says, "In this way the ova may be widely dispersed over the soil, and become deposited in surface water, such as tanks, dams and swamps, and, carried by rains and water streams, may obtain access to wells, &c.; or they may become attached to grasses, shrubs, salads, windfall fruits, &c.; and even may be found high among branches of trees, as in the case of the tapeworms of birds," (p. 34.) So with reference to their vitality, while the strong statements of Van Beneden are regarded as rather doubtful, it is admitted that some ova bear immersion for eight weeks in water, and have been known to endure twenty-four hours' exposure to the direct heat of an August day's sun in Germany without losing vitality. An interesting and easily intelligible account is then given of the migrations of the tapeworm embryo from the alimentary canal, and of its development when it has reached some congenial lodging-place. This question of migration is of interest in its bearings on the distribution of hydatids in different parts of the body. While it is possible that some embryos may penetrate the wall of the alimentary canal, and so reach the abdominal cavity; "Others again pierce the walls of capillaries and venous radicles, and so enter the blood current, by which they are swept on, until, having passed along the portal vein, they enter into the portal capillary system of the liver. Others may enter the lacteal system of vessels, and pass into the systemic blood circulation through the thoracic duct. Probably, however, many entering this system would be arrested in the lymphatic glands of the mesentery. Probably, at least among the parasites infesting the higher animals, by far the most common course is for the embryo to enter the blood current, and to be carried by it along the portal vein into the liver, where a large proportion of the embryos of
some tapeworms remain permanently in the form of hydatids. Others among the brood pass through the capillaries of the liver, and by the vena cava inferior to the right side of the heart, thence by the pulmonary artery to the lungs, where, in the case of Tænia echinococcus, many remain. Others, yet, pass through the pulmonary circulation to the general systemic circulation, by which they are carried to all the various organs and tissues fed by it." (p. 37, 38.) This may be satisfactory as an explanation of the mode of distribution of the embryos of the Tænia echinococcus, but, as the author elsewhere states, it evidently cannot fully account for the preference shown by those of the T. Solium for the nervous centres, the cellular tissue, and even the eye, or by those of the T. Cenurus for the brain of sheep. This point of the distribution and development of tenia embryos may have a bearing on a subject which has lately been exciting attention. It is reported that rabbits in some parts of Tasmania have become subject to tuberculosis, which is destroying them in large numbers; and it is also said that the disease is generally confined to the liver. This localisation almost leads to the suspicion that the disease may really be of parasitic nature; and the suspicion is allowable so long as specimens of the diseased organs have not been examined and reported on by some competent pathologist. The possibility or probability of this being the case is supported by an illustration, given on p. 38, of a piece of liver of a rabbit, excavated by the burrowings of the Cysticercus Pisiformis, the bladder-worm stage of Tænia Serata, and by the following passage, which includes a quotation from Küchenmeister. "Those entozoa which have reached congenial homes now proceed to their development; but, on the other hand, when favourable conditions are not present, the embryos die and undergo retrograde metamorphosis, which results in the formation of cheesy tubercular or atheromatous masses, often mistaken for genuine tubercle. 'Many cases of miliary tubercular disease of particular organs may indeed consist in nothing else than the dead, fatty, and calcified young of worms,'" (p. 39.) More space cannot, however, be given to this in a manner introductory part, and we must pass on to Part III. which gives a pretty full account of the natural history of echinococcus. All through this section the author bases his description on the writings of Leuckart, Rasmussen, Davaine, Huxley and others; and though he does not claim to have been able to extend our knowledge on the subject, he has at least given
a full and carefully arranged statement of known facts, more detailed than is to be had elsewhere in the English language. For purposes of reference, therefore, it has great value. A short historical sketch is followed by a description of the hydatid cyst, the possibility of the absence of the generally important fibrous sac or capsule being admitted, and cases given in support of this view. The like possibility of a cyst being distinctly pedunculated is also shown and illustrated. The formation of the true echinococcus cyst in all its parts is then described, and the opinion expressed, on good grounds, that *E. hominis* or *altricipariens* is not specifically different from the *E. veterinorum* or *scolicipariens*, the formation of daughter cysts being due apparently to continued growth and increased complexity of scolices or brood capsules, that formation being essentially dependent on the nutrition and seat of the original mother cyst. The feeding experiments made by Siebold, to prove that the *Taenia* echinococcus is developed in the dog's intestine from eating hydatid broods taken from the body of a domestic animal, are described, and there is added an account of the later successful experiment of Nettleship in the same direction. The experiments of Krabbe and Finsen, with hydatid material taken from the human subject, are also described with sufficient fulness, and the rather unsatisfactory nature of the results pointed out. Even Naunyn's success in breeding the *Taenia* echinococcus in this way not being very perfect, Dr. Thomas carried on a series of similar experiments, which are fully detailed in an appendix. In one dog the results were negative; in one hardly better than doubtful, in so far as, though living scolices were certainly administered, only one complete worm and parts of seven others were found, there being also found "some hundreds of *taenia cucumerina*, and one small ascaris in the small intestine." The other experiment was apparently more successful. A large number of living scolices were administered, and thirty-two days after, when the animal was killed, there were found about 100 specimens of the *taenia* in a young state, all of which, with one exception, had become imperfect from injury in conveyance, before being properly examined. There were also found great numbers of *taenia cucumerina*, which Dr. Thomas believes to have been introduced by dog lice, probably swallowed previously by the animal. Successful as this experiment apparently is, it has doubt thrown on it by the circumstance that, four days before examination the dog had been allowed to escape for twenty-four
hours. It is not probable that from anything eaten at that time the tænia could have had time to develope, but nevertheless it is unfortunate that any chance of error had been allowed to creep in. While, therefore, it may be regarded as fairly well established experimentally that the tænia echinococcus of the dog does originate from the ingestion of hydatid scolices from the human being, as well as from similar material taken from hydatid in the domestic animals; it is also difficult to explain why the experimental proof should have been so difficult of attainment, in view of the fact that, according to Dr. Thomas' own inquiries, 50 per cent. of unregistered dogs examined in Melbourne, and 40 per cent. of those examined in Adelaide and the south-eastern district of Australia are infested with tænia echinococcus. In this part of the work special reference may be made to the account of the little known multilocular hydatid cyst, of which a description is given, which compares well with the very meagre account given by Cobbold. Dr. Thomas has not been able to find any notice of such a case having been observed in Australia, though hydatid disease is so prevalent. On this section follows one on the spontaneous death and decay of hydatid cysts, based largely on the investigations of Dr. Kelly; the causes of this occurrence being found, less in resistance to growth by the firmness of the fibrous capsule, than in the following circumstances: "Either because the animal had reached its natural term of existence, or in consequence of an excessive formation of daughter cysts, or as the result of the degeneration of the fibrous capsule, whereby its supply of nourishment has been reduced to the starvation point." Of these causes, of which comparatively little is actually known, the author is probably right in regarding the last as much the most important. Interesting sections on the distribution of hydatids in the human body, and on the influence of age upon the probability of hydatid infection conclude this part. Figures obtained from different parts of the world clearly show the preponderance of hydatids of the liver, which make up more than half of all cases; while nearly 72 per cent. of all recorded cases are those where the seat was in some part of the abdominal cavity. One curious point is referred to, viz., that, so far as published results can be depended on, hydatids of the lung are more than twice as frequent in Australia as in Europe. This fact was noticed by Dr. Bird a good many years ago, so far at least as concerns Victoria. His explanation was, that it is due to the inhalation of
dried taenia ova along with the abundant dust of Melbourne streets or other places. This view Dr. Thomas is not inclined to accept, questioning first, whether the preponderance of lung cases is not more apparent than real, that seat being more likely to be overlooked where hydatid disease is comparatively rare; and second, whether ova reaching the lung would undergo development for want of the digestion of the outer envelope in the stomach, which most authorities consider necessary.

As regards the influence of age, it appears that, while the disease is rare among young children, it may be met with at any age, being relatively most common between 40 and 50.

Part IV. is devoted to a consideration of the geographical distribution of echinococcus disease. The data for a satisfactory discussion of this question are admittedly defective; and we cannot propose to summarise Dr. Thomas' conclusions, of which there is the less need, that a good deal of what is contained in the statistical part has already appeared in the *Medical Journal*.

Part V., which discusses the conditions affecting the prevalence of echinococcus disease in different countries and localities, is of great practical value. While much of the statistical data embodied in it may not be very trustworthy, a kind of relative scale of prevalence in different countries is attainable. The conclusions on this point are, generally, that Australia shares with Iceland the discredit of suffering most from this disease; that of the Australian colonies Victoria shows most cases; but that, of particular localities, the south-eastern part of South Australia is probably the worst infected. The causes which determine the amount of hydatid disease, in any community, essentially are the proportion of dogs and of domestic herbivora to the human inhabitants, and in considerable degree also the likelihood of dogs becoming infected with taenia, by devouring the viscera of infected herbivora, and conversely of human beings swallowing (in water generally) the eggs bred in the dog. These points are severally discussed with care and fulness.

The concluding part (VI.) suggests measures for the prevention of hydatid disease. In the first place systematic steps must be taken to reduce the number of stray dogs, which can best be done by carrying out strictly the laws compelling the registration of all dogs, and directing the destruction of ownerless animals. Dogs should as far as possible be prevented from eating the viscera of domestic animals, and, if this is to be accomplished, no dog should
be permitted to enter butchers' premises or public abattoirs. Uncooked meat should never be given to them. Dogs should be physicked occasionally, and their excreta if possible then burned or otherwise destroyed. Water should be scrupulously protected from the invasion of dogs, and filtration or boiling should be very regularly adopted. By the systematic adoption of these measures, there is no doubt that hydatid disease might be greatly kept in check.

As regards the general get-up of the book we can speak favorably. Dr. Thomas has had the advantage of getting it produced at the Government Printing Office, and has, we hope, been thereby secured against pecuniary loss, which probably would otherwise have been incurred in the production of a work of this expensive character in any of these colonies. He has also had the advantage of the skill as a draughtsman of Dr. Dunlop, so that on the whole the illustrations are exceedingly good. A few, such as Figs. 25 and 33, seem to be rather poorly executed. In some cases, too, as in Fig. 20, the addition of lettered or numbered references would have been helpful toward making the printed description more intelligible. The correction of the press, too, has been carefully done; but we may venture to point out the little inaccuracies in the references at the foot of page 106, and the distinct error on page 110, where E. Veterinorum is given as a synonym for E. Altricipariens, while the terms are correctly applied on page 91. These are slight blemishes, however, on what we have again to describe as a work which is creditable to Dr. Thomas and to all who have been concerned in its production.

J. J.

Correspondence.

"SOME LESSONS FROM A TRIP HOME."

To the Editor of the Australian Medical Journal.

Sir,—It is in the belief that a resumé of what has benefitted and interested me during my recent trip to "the old country" may prove neither useless nor tedious that I venture upon this
slight contribution to your journal, and not without a hope that it may lead the way to some very necessary reforms in our University course.

That such a trip has in it many and great advantages goes without saying, and needs no elaboration from me. It means a passage from an outlying post in the wide domain of knowledge to the very portals of learning, and into the very home of the sciences, where the observant eye and attentive ear of a studious visitor cannot but acquire much that is useful and profitable; much, too, that furnishes food for reflection.

The aim of this communication is directed rather to the latter aspect; hence its weight is simply that of unbiased personal experience and opinion, and as such it is open to debate. A future paper may, perhaps, be devoted to some of the therapeutic lessons that London teaches, the tendencies of modern research, and reminiscences of London medical life.

The topics for brief discussion now are—how best to spend a trip home; where to spend it, in London, Edinburgh, or on the Continent; and most of all, how can we make the most of the advantages we have here? how can we improve the position of our colonial Medical School?

1. Where to Go.—Medically and surgically, to my mind, it is to London that the homeward-bound student should go. No other place commands the same advantages in population, hospitals, skilled attendance. There we find the best union of high mental activity and diversified clinical work. It avoids at once the Scylla of over-devotion to the theoretical, and the Charybdis of entire surrender to the directly practical. If I, personally, were a subject for medical investigation, I might desire to be written about by a Frenchman, to be put under the microscope of a German, but I should certainly prefer to be treated by an English man; for it is in London that clinical medicine and surgery hold their court, and as Sir Andrew Clarke well says, morbid anatomy, physiology, and experimental research, all must bow to clinical study. Admittedly, for the man who wishes to become a University teacher, a course of study, under the favouring conditions to be found in Berlin, Vienna, or some other continental city, is almost an absolute necessity; for in England the fruitful field of experimental research is a Government reserve, from which he is shut out by popular prejudice, original work is almost
tabooed, and physiology and pathology wait on foreign translations. But for the larger army who are to become the practical physicians and surgeons of the day—men in whose hands the public health will be—for such there is no place like London. To intellectual endowments second to none other, her leading practitioners add the crown of a diagnosis, scientifically satisfying; a therapeusis, the best attainable; and a prognosis that is the embodiment of cultivated common sense. In her special hospitals for each speciality of disease, and in her millions of available population, there is a field for observation unequalled elsewhere. In my note-book I find jotted down the following "lessons learned from London medical men":—Thoroughness in work; punctuality in attendance; careful observation of the case in all its known bearings, and their collation for reference and statistics; readiness to give new means a fair trial; use of adjuncts, such as shorthand, stylographic pens, &c.; general all-round knowledge and sound common sense.

"How about Edinburgh?" perhaps is asked. Edinburgh fails only in material, just as the continental schools fail in over attention to the psychological and experimental. Her clinical teaching may well challenge competition elsewhere, but—with all deference be it written—her graduates are finely-tempered instruments, who are yet to have a corresponding amount of public trial and testing. It is her thorough teaching, with perhaps something of the subtlety of the Scotch intellect and force of character, that makes so great the number of her alumni, who in all parts of the world reach the topmost rung of Fame's ladder; but it is the practice gained in the abundant material of an after experience that perfects the training so worthily begun. To my mind, the best practicable medical education would comprise an Edinburgh degree, followed by three years or so of work in the special hospitals of London, and ending with a short visit to the great schools of the Continent.

II. How to Spend the Time.—Choose medicine or surgery, both cannot be fairly followed out: and if medicine, go to the special hospitals: there you will find the most abundant material and the very best men. Some such programme as the following might be carried out: General Medicine at University College and St. Mary's, Fevers at the Fever Hospital, Pathology at Bartholomew's or University College, the Skin at Blackfriar's,
Women's at the Samaritan or Soho, Nervous Diseases at Bloomsbury Square, Children's at Great Ormonde Street, Eye at Moorfields, Chest at Brompton, Ear, Throat, Orthopaedic, &c., at the best clinical out-patient departments. Surgically, on the contrary, it is best to attach oneself to some of the best men, and work systematically with them, and they are mainly at the general hospitals. The meetings of the societies, such as the Medical, Clinical, Medico-Chirurgical, Pathological, &c., are valuable opportunities for listening to interesting discussions, and hearing the latest views, whilst the recognised lectures at the Colleges of Surgeons and Physicians are generally classical productions, and should not be missed. If it should happen, however, that one hospital is considered sufficient, the London Hospital, in my opinion, should carry the palm.

III. Our own Medical School: its shortcomings and improvement.

—Briefly put, our Medical School has the disadvantage that its students are under-taught and over-examined. To face the fact, with a determination to remedy it if possible, is surely better than to attempt to please by unmerited eulogia, or rest content in the sloth of a laissez-faire attitude. For its age, surroundings, and opportunities, our University has achieved a very creditable result, but it must progress if it is to be satisfactory, and if its name is to be saved from disgrace. At present our examinations are as hard as any elsewhere, but the range of teaching is very inadequate. Our graduates need know nothing in practice of diseases of the skin, the eye, the ear, the throat, the nervous system, children or women. Of the two sources of medical training, the University and the Hospitals, if the former is practically efficient as far as it goes, we must confess that the latter are inadequately used, and between the two there is a lamentable want of rapport. With two only of the hospitals, the Melbourne and the Lying-in Hospitals, is the University even nominally associated; the Alfred, the Children's, the Eye and Ear, and the Asylums are in no formal way connected with or utilised by the medical school. All this should not be, and cannot long continue without great harm to our prestige and utility.

I have no intention of resting satisfied with the barren result of destructive criticism; the practical question is "What can be done to improve matters."

Much, very much. The University can enlarge the scope of its teaching, and by a joint scheme with the unutilised hospitals and
their staffs, render a certain amount of attendance at their out-patient and in-patient departments compulsory. With the present number of students no insurmountable objection can be urged. Then the out-patient department of the Melbourne Hospital should be utilised and enlarged, by the formation of fresh departments for skin, and perhaps throat and nervous cases. No one who has been home can have failed to notice how much more real work is done, and more useful instruction given in the out-patient departments of the great hospitals than in the wards themselves, and this vast field is practically unused with us. The question of the Alfred Hospital, and the formation of dispensaries to relieve unnecessary overcrowding, should be discussed in a large spirit, and can be only mentioned here. But above all, what is mainly wanted is the hearty co-operation of those in the profession who are connected with these great sources of medical experience and training; without it a sleep of inaction must settle down upon our rising medical school, and benumb all its vigour and promise; with it,—and who so untrue to the best interests of all concerned as to refuse it?—with it our school must continue to ascend in utility and renown, and take a worthy place in the medical training of the future.

We all wish such a result, and it is practicable without much trouble. Will not our Faculty of Medicine take the matter up, and by joint commission, or otherwise, ascertain the views of the hospital committees and staffs, and thus elaborate some satisfactory scheme for increased efficiency, such as has been here briefly foreshadowed?

I remain, yours &c.

J. W. SPRINGTHORPE.

MEDICAL EVIDENCE.

To the Editor of the Australian Medical Journal.

Sir,—Remembering the difficulties that have arisen from time to time in Victorian Law Courts relative to medical evidence, notably in connection with "Railway" trials, I now desire to draw the attention of the Victorian Medical Profession to the practice followed by practitioners in this country who have had similar difficulties.

The heads of the profession initiated the following practice, which is followed by all reputable practitioners. No medical
evidence is given in any case unless reasonable expenses are paid, both sides being charged equally. If this is not done no one gives evidence or attends the case which will involve them. If subpoenaed, practitioners must attend of course, but they avoid the risk. Then only obscure men, who have no hospital appointment, can be obtained to give expert evidence, although large sums are offered to induce leading men to do so. As a result all medical evidence is falling into great disrepute, and the end which Sir James Paget and others have endeavoured to bring about will soon be obtained, viz., the equal division of the medical expenses by both sides.

Faithfully yours,

JAMES W. BARRETT.

Bedford Square, London.
January 26th, 1884.

Hospital Intelligence.

MELBOURNE HOSPITAL.

At the meeting of Committee on the 19th ult. reports of analyses performed at the Technological Museum were presented, showing that the brandy, whisky, wine, and tea supplied to the institution were of excessively poor quality. Action was deferred till the next meeting (on the 26th), when it was reported that the condemned articles were to be taken back by the supplier.

The medical superintendent then wrote asking that a grant of £20 or £30 should be made annually, to go towards establishing a medical library for the use of the staff; the intention being to spend the money chiefly in obtaining sets of the best medical journals. After some discussion the recommendation was agreed to.

At the meeting on the 4th inst. the medical superintendent reported that, for the week ending 3rd March, there had been no cases of pyæmia or erysipelas developed in the institution. Two cases of erysipelas have been admitted from outside. During the month of February there had been fourteen operations, five of which had been discharged cured or relieved, and three had died.
The return of medical comforts for the month was as follows:

<table>
<thead>
<tr>
<th>Medical Officer</th>
<th>No. of Patients treated.</th>
<th>Brandy</th>
<th>Wine</th>
<th>Gin</th>
<th>Rum</th>
<th>Champagne</th>
<th>Ale and Porter</th>
<th>Lemonade and Soda Water</th>
<th>Lithia Water</th>
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<tr>
<td>Dr. Fulton</td>
<td>63</td>
<td>447 oz.</td>
<td>188 oz.</td>
<td>36 oz.</td>
<td>13 oz.</td>
<td>275 bot.</td>
<td>375 bot.</td>
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<td>Dr. Robertson</td>
<td>88</td>
<td>74 oz.</td>
<td>55 oz.</td>
<td>4 oz.</td>
<td>2 oz.</td>
<td>60 bot.</td>
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<tr>
<td>Dr. Moloney</td>
<td>77</td>
<td>611 oz.</td>
<td>44 oz.</td>
<td>12 oz.</td>
<td>2 oz.</td>
<td>290 bot.</td>
<td>584 bot.</td>
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<tr>
<td>Dr. Williams</td>
<td>51</td>
<td>32 oz.</td>
<td>12 oz.</td>
<td>4 oz.</td>
<td>2 oz.</td>
<td>60 bot.</td>
<td>58 bot.</td>
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<tr>
<td>Dr. Beaney</td>
<td>68</td>
<td>229 oz.</td>
<td>8 oz.</td>
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<td>20 bot.</td>
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<tr>
<td>Mr. Fitzgerald</td>
<td>61</td>
<td>271 oz.</td>
<td>74 oz.</td>
<td>2 oz.</td>
<td>2 oz.</td>
<td>20 bot.</td>
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<tr>
<td>Mr. James</td>
<td>54</td>
<td>149 oz.</td>
<td>8 oz.</td>
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<td>2 oz.</td>
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<td>Mr. Girdlestone</td>
<td>42</td>
<td>40 oz.</td>
<td>8 oz.</td>
<td>1 oz.</td>
<td>1 oz.</td>
<td>28 bot.</td>
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<td>Totals</td>
<td>504</td>
<td>2173 oz.</td>
<td>141 oz.</td>
<td>12 oz.</td>
<td>19 oz.</td>
<td>187 bot.</td>
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<td>Jan.</td>
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<td>2762 oz.</td>
<td>328 oz.</td>
<td>8 oz.</td>
<td>134 oz.</td>
<td>1279 bot.</td>
<td>37 bot.</td>
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At the meeting on the 11th inst. leave of absence for twelve months was granted to Mr. E. M. James, honorary surgeon, to allow of his paying a visit to England. The medical superintendent’s report pointed out that in the event of the new bye law being carried regarding the increase of the out-door medical staff, it would be necessary to exactly define the relation between the in-door and out-door medical staff, so far as “corresponding” is affected, in order to prevent any future dispute. The President announced that the misunderstanding between the medical staff and the medical superintendent with reference to extra duty assigned them by the latter officer had been satisfactorily settled. A letter was read from Dr. Williams applying for the use of a room in which to deliver the clinical lectures appointed by the University. The application was granted, the arrangements to be left in the hands of the medical superintendent.

A meeting of the contributors to the Hospital was held at the Athenæum on the 13th inst. The amended bye-laws were presented for confirmation. There was some discussion of, as well as objection to, certain changes, but as no one seemed prepared to move their rejection as a whole, they were, as the only alternative, adopted. Some of the changes are important. One is the statement that the objects of the Hospital are to afford aid to the afflicted and distressed, instead of as before to the sick poor. The way is thus paved for the introduction of the paying patients system, this intention being made clearer by the introduction of the words without payment in clause 72. Other changes are the omission of the word “honorary” from the title of the members of the medical staff, and the increase from four to five in the
number of physicians and surgeons attending out-patients. Any other alterations, in so far as they have specially medical interest, are of less importance. It may be mentioned, however, that at the meeting attention was drawn to the absence of any reference to the status of licentiates of colleges, and to the probability of difficulty arising from the want of correspondence in the number of physicians and surgeons attending out-patients and in-patients. It was unfortunate we think that the Committee should have brought forward such a complex mass of changes, to be accepted or rejected in globo.

ALFRED HOSPITAL.

At a recent meeting of the Committee a letter was received from the members of the medical staff recommending that a small grant should be made annually, to be applied for the purpose of forming a pathological museum, of which some member of the staff would be appointed curator. The request was not acceded to, but it was stated that, for the preservation of any valuable pathological specimens, jars and spirit would be provided as heretofore.

Melbourne University.

At a meeting of the Council on the 18th ult., Mr. Reed, the architect, was in attendance, and exhibited his improved plans for the Medical School, and it was resolved for all future extension of the school to adopt the Gothic style of architecture, and to alter eventually the present buildings to the same style. The new buildings are to be constructed of Barrabool stone for the general facings, and Waurn Ponds stone for the arches and windows. The architect was instructed to proceed with all despatch to call for tenders, and to get the work commenced immediately.

A report was received from the medical faculty on the subject of clinical teaching, recommending that two lecturers be appointed, each to give one lecture each week outside the wards in the lecture-theatre, and two hours' instruction a week inside the wards. The Council, however, decided that they should give two lectures outside and one inside the wards.
There were several applicants for the post of co-examiner in materia medica. On a ballot being taken, Dr. Snowball was appointed.

At the meeting on the 3rd inst., the business of electing a Chancellor was again deferred for three months.

A report from the medical faculty was received, recommending the appointment of certain gentlemen as clinical lecturers. On the motion of Dr. Morrison, strongly supported by Drs. Cutts, Hearn, and Fetherston, Mr. T. N. Fitzgerald was appointed by an almost unanimous vote as lecturer on clinical surgery, and Dr. Williams lecturer on clinical medicine.

At the same time leave of absence for twelve months was given to Mr. Fitzgerald, who intimated that he had made all his arrangements for visiting Europe.

The Ordinary and Honour Examinations for the February Term have been going on, and in addition to the under-graduates, it is understood that four gentlemen, holding the degree of Bachelor of Medicine, are presenting themselves for promotion to the higher degree of M.D.

Lectures are announced as beginning on Monday, the 24th inst., which it is to be presumed means Tuesday, in accordance with a resolution of Council, confirmed by the Senate at a meeting in December last.

VITAL STATISTICS.

The Government Statist's report on the Vital Statistics of Melbourne and suburbs for the year 1883 has been published.

The births registered in 1883 numbered 10,093. This was the first year in which the births in Melbourne and suburbs exceeded 10,000; in 1882 the number was 9576, and in 1881, 9237.

As compared with every 1000 of the population, the births in 1883 numbered 33·09, as against 32·85 in 1882. A gradual improvement has taken place in the birth-rate since 1880, when it was at a minimum.

The deaths in 1883 numbered 5923, or fewer than in 1882 by 204, but more than in any of the other years of the preceding decenniad except 1875, when an epidemic of measles prevailed.

The proportion of deaths to every 1000 of the estimated population was 19·42, or 1·60 below that in 1882, and 1·42 below the average of the previous decenniad. The death-rate was higher
than in the year under review in all the years of that decennial except the three—1879-81.

Of the births registered in 1883, 51.5 per cent. were of males, and 48.5 per cent. were of females. Of the deaths during the year, 54 per cent. were of males, and 46 were of females. Children under the age of 5 years contributed 36 per cent. to the total mortality, as against 40 per cent. in 1882; 38 per cent. in 1881; 40 per cent. in 1880 and 1879; 37 per cent. in 1878; 42 per cent. in 1877; 40 per cent. in 1876; 48 per cent. in 1875; 43 per cent. in 1874; and 42 per cent. in 1873.

Twelve hundred and two deaths, or 20 per cent. of the whole, took place in Public Institutions, viz.:—557 in the Melbourne, 117 in the Alfred, 73 in the Lying-in, 54 in the Children's, 13 in the Homeopathic, 34 in the Austin, and 2 in the Eye and Ear Hospital; 63 in the Yarra Bend, and 59 in the Metropolitan (Kew) Lunatic Asylum; 66 in the Immigrants' Home, and 121 in the Benevolent Asylum; and 3 in the Industrial and Reformatory Schools, 5 in the Infant Asylum, 20 in the Protestant Refuge, 13 in the Melbourne Gaol, and 2 in the Penal Establishment at Pentridge.

As compared with the previous year, there was a decrease of 204 in the total number of deaths. This results from a decrease of about 200 and 100 respectively in the deaths of male and female children under five years, counterbalanced by an increase of 100 in those of females over five; the deaths of males over five being nearly identical in both years.

As compared with the previous year, there was a marked decrease in the deaths from all classes of diseases, except the constitutional, in which the falling-off was but slight. A considerable diminution of deaths is noted from most of the complaints classed as zymotic, one important exception, however, being typhoid fever, the mortality from which has been steadily increasing since 1880. In 1883 it caused 275 deaths, as against 197 in 1882, the former being the highest mortality from typhoid fever recorded during the last thirteen years with the exception of 1878, when as many as 307 deaths were set down to that complaint. Of other diseases cancer continues to cause a steadily increasing mortality; but the deaths from phthisis, the most fatal of all diseases, have remained tolerably uniform during the last four years. Child-birth and metria caused 54 deaths in 1883, or 4 less than in the previous year. In proportion to the births registered the fatality of these
complaints was much below the average, one death of a mother having occurred to every 187 births in 1883, as compared with every 165 in 1882, and the high rate of 1 to every 90 in 1881, the average during the period 1871 to 1880 being 1 to every 155.

The report for the month of January 1884 shows that the births of 899 children, viz., 445 boys and 454 girls, were registered in Melbourne and suburbs. In the month of December 788 births were registered, or 111 fewer than in the month under review. The births were 182 above the average of the previous nine years, but 88 above that average if allowance be made for the increase of population.

The deaths registered in January numbered 556, viz., 306 of males, and 250 of females; the births thus exceeded the deaths by 343. The deaths were fewer than those in December by 51, and below the average of January during the previous ten years by 15. If, however, allowance be made for the increase of population, they will be found to have been below the average of those ten years by 97.

To every 1000 of the population of the district the proportion of births registered was 2·95, and of deaths registered 1·83.

Males contributed 55 per cent., and females 45 per cent., to the total mortality of the month. Children under 5 years of age contributed 44 per cent. to that mortality, as against 48 per cent. in January 1883; 49 per cent. in January 1882; 45 per cent. in January 1881; 43 per cent. in January 1880; 44 per cent. in January 1879; 47 per cent. in January 1878; 49 per cent. in January 1877; 52 per cent. in January 1876; 66 per cent. in January 1875; and 57½ per cent. in January 1874.

Eighty-six deaths, or 16 per cent. of the whole, took place in public institutions, viz.:—45 in the Melbourne Hospital, 11 in the Alfred Hospital, 1 in the Homeopathic Hospital, 2 in the Children's Hospital, 5 in the Lying-in Hospital, 5 in the Immigrants' Home, 6 in the Benevolent Asylum, 2 in the Yarra Bend Lunatic Asylum, 4 in the Metropolitan Lunatic Asylum, 2 in the Austin Hospital, 2 in the Melbourne Gaol, and 1 in the Protestant Refuge.

The deaths of children under five years of age numbered 246, of which 132, or 54 per cent., were of males, and 114, or 46 per cent. were of females. Of those who died, 192 were under one year of age, 37 were between one and two, 8 were between two
and three, 8 were between three and four, and 1 was between four and five.

Deaths from dysentery and diarrhoea, which numbered 93 in December, decreased to 74 in the month under notice. On the other hand, deaths from typhoid fever increased from 7 to 15. Measles, which had not proved fatal since May last, caused one death during the month.

During the weeks ending 9th, 16th, and 23rd February, and 1st March the births registered in the Melbourne and Suburban Registration Districts numbered 155, 151, 164, and 203 respectively, the deaths numbering 117, 112, 125, and 111 respectively. Of children under three years the deaths numbered 39, 50, 42, and 40; and of children under one year 32, 41, 27, and 28 respectively in each of these weeks.

Local Subjects.


The following gentlemen have been appointed as public vaccinators:—Bruthen, James Duncan, M.B. Buninyong, C. H. W. Hardy, M.B., vice

Decisive action has been taken by the Central Board of Health in connection with the inferior shipments of tea, brandy, whisky, and port wine, which arrived in this port recently, and which, after analysis, were all pronounced unfit to go into consumption. The tea and brandy have been re-shipped to Sydney, the whisky to Adelaide, and the port wine to Hamburg.

Notwithstanding that Mr. Graham Mitchell has given up his occupancy of the Model Farm buildings, the Central Board of Health have determined to continue the calf lymph depot there, with the aid of an efficient staff, including a veterinary surgeon for the cultivation of the lymph and a legally authorised vaccinator. In the meantime arrangements have been made for supplying public vaccinators with lymph direct from the office of the department.

The closet accommodation at the new Law Courts and Public Library is reported as very defective, and a special examination is to be made by the superintending inspectors.

A report of the Health Committee has been presented, informing the City Council that the Public Health Amendment Statute, 1883, provided that an analyst be appointed, who may act for one or more local boards of health, and recommending that the committee be authorised to communicate and negotiate with the suburban local boards immediately adjoining the City, for the appointment of such an officer to act for them as well as for the local board of the City of Melbourne.

Messrs. J. W. Barrett, M.B., and J. J. Prendergast, L.R.C.P. Ed., both recently of the Melbourne University, have been admitted as Members of the Royal College of Surgeons of England.

The Pharmaceutical Society of Victoria held their twenty-seventh annual meeting on the 12th inst., at which there was a large attendance of members. The report and financial statement for the past year were of a very satisfactory character. The meeting decided upon the important step of incorporating the society and registering it under the Companies' Statute. The financial statement showed the assets to be £1,250 4s. 2d. in excess of liabilities. The following gentlemen were elected members of the council:—Messrs. J. Brinsmead, C. Harrison, T. Huntsman, B. Baker, and R. J. M'Farlane.

BIRTHS.


Le Fevre.—On the 18th ult., the wife of George Le Fevre, M.D., of a son.

DEATHS.

Curdie.—On the 22nd ult., Daniel Curdie, M.D., of Tandarook, near Cobden, aged seventy four years.

Lempriere.—On the 4th inst., at Toorak-road, South Yarra, Maria, wife of Charles Lempriere, surgeon.

Macmanus.—On the 14th ult., at Clydebank, Gippsland, James, only son of Dr. Macmanus, of Camperdown, aged 12 years.