respect" made use of in the resolution of the General Medical Council. He concludes: "But I believe that neither Sir John Williams, Dr. Watt Black, nor I, who have acted first as Chairman of the Midwifery Board, and afterwards have been called to the presidential chair, and are therefore, perhaps, the most "infamous" among "infamous" men, feel the least ashamed of our work, conscious as we are of our own integrity, and of the great injustice which has been done to us all. As regards the form of our certificate, if the General Medical Council had told us that they thought it open to objections, we should have at once done what we are now doing—asked for its criticism with a view to their removal.

To have helped us to remove any cause of offence would have earned our gratitude.

I cannot but think that when it has mastered the subject, and had time to think, the General Medical Council will regret what it has done, not only towards men as honourable as any of its members—whose life and work are well known to it—but to a meritorious and public-spirited Society.

Meanwhile the agitators may rest assured that it has not seen the last of our examination, nor of us.

It is a significant fact that the number of candidates for our last examination has hardly ever been exceeded, not less than 114 women having presented themselves, and that in spite of our having held our certificate in abeyance.

If there is one thing certain in the world, it is the ultimate triumph of right. It may be opposed—it may be misunderstood—it may be reviled—it may have to suffer; but—

Magna est veritas, et prævalebit."

THE TREATMENT OF OZÆNA: A PRELIMINARY NOTE.

By G. HUNTER MACKENZIE, M.D.,

Surgeon for Diseases of the Throat and Nose to the Eye, Ear, and Throat Infirmary, Edinburgh.

ON May 28th, 1890, a young lady was sent to me by Mr. G. W. Watson, L.D.S., of Edinburgh, on account of a foetid discharge from the nose. This had lately been so intense as to induce complaints from the governesses and pupils of the school which she attended, and ultimately the girl was requested to discontinue attendance. She had been taken to Mr. Watson under the impression that her teeth might be at the bottom of her trouble; but as these were found quite sound, and Mr. Watson readily recognised that ozæna was present, she was sent to me.

The patient was one of the worst examples of ozæna that I have seen. Large putrid crusts blocked both nares, and, when removed, reformed by the following day. The nose was broadened, and the alæ were thickened and reddened. The patient was put under treatment during the summer and part of the autumn of the same year, and I saw her occasionally during 1891. Treatment was entirely discontinued after 1890.

On October 27th, 1894, about four years after the discontinuance of all treatment, I received a note regarding the case from Mr. Watson, of which the following is an extract: "I saw your old patient Miss C. recently, and thought it would interest you to know that she is quite cured of the ozæna. She says she is quite well again, and has no discharge; nor was there any odour perceptible when I examined her. She looks a different person now that she is all right."

This case, from its nature, result, and the period that has elapsed since the discontinuance of all treatment (four to five years), affords an opportunity for making a few observations preliminary to a more exhaustive communication on the subject of this distressing disease. Believing that ozæna is a disease of the mucous membrane, and that the atrophy or shrinkage which is characteristic of it is simply due to pressure of the hardened pus (crusts) upon that membrane, a condition which is somewhat analogous to that met with in the skin in certain forms of eczema, I have endeavoured by *curettement* to supplant the diseased membrane by new tissue, and the success I have met with in several instances, of which the above is an example, has warranted me in publishing this preliminary note. After curetting I have found

oily applications, such as a mixture of ichthyol and olive oil, soothing and beneficial. I may add that the patients upon whom this method of treatment has succeeded have been young, that is, from 10 to 25 or 30 years of age.

CASE OF INTRALARYNGEAL TUMOUR REMOVED BY THYROTOMY.¹

By JAMES MACKENZIE BOOTH, M.D.,

Surgeon Aberdeen Royal Infirmary, Lecturer on Diseases of the Ear and Larynx in the University of Aberdeen.

I HAVE thought the following case worthy of being communicated to the members of the Branch, not only on account of the infrequency of the affection in this part of Scotland, but also on account of its special features, and the operative treatment necessary for its relief.

The patient, Mrs. W., a married woman, aged 38 years, who, with the exception of a quinsy fifteen years previously, had always enjoyed robust health, first noticed a disagreeable sensation in her throat, causing her to make efforts to clear it, in July, 1892, at the time of her fifth confinement. A week later she began to suffer from hoarseness, which in three weeks resulted in complete loss of voice; for this an astringent pigment for the throat and a cough mixture were prescribed. During the latter part of 1892 and the beginning of 1893 the aphonia remained much the same, varying to a slight extent with the state of the weather, somewhat less marked when warm and dry, and worse during cold and wet.

In July, 1893, her medical attendant, Dr. Cheyne, advised her to apply to the ear and throat department of the Aberdeen General Dispensary. On laryngoscopic examination there, her symptoms were found to be due to the presence of a small tumour like a pea in the anterior commissure of the larynx, of the same colour as the laryngeal mucous membrane, which was redder than normal, and attached by a broad pedicle to the anterior fourth of the free border of the left vocal cord. Fig. 1 shows the condition observed in July,

Fig. 1.—July, 1893.

1893. Attempts to examine it with the probe and establish toleration of the laryngeal surface were repeatedly made without success, even with the aid of cocaine as pigment and spray. A pigment of zinc chloride of 30 grains to the ounce of glycerine was applied twice weekly to the larynx, and the patient enjoined to use steam inhalations of pine oil twice or thrice daily. Under this treatment the congestion diminished, and the subjective symptoms were benefited, the discomfort being less and the voice, though still hoarse, returning to some extent, but no apparent diminution was observed in the growth.

Towards the commencement of the cold weather, however, her symptoms got worse; she began to suffer from attacks of dyspnoea, and she was admitted to the Royal Infirmary on

Fig. 2.—October, 1893.

¹ Read at the December (1894) meeting of the Aberdeen, Bsnff, and Kincardine Branch.