

Joseph Nelson (1840–1910)

President of the Ulster Medical Society

1898–99

Presidential Opening Address

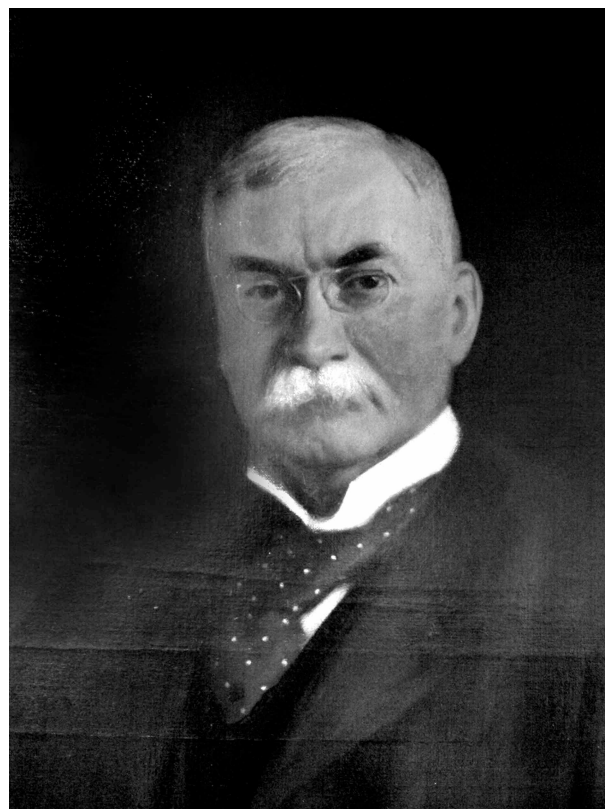
Ulster Medical Society

November 3rd 1898.

The new PRESIDENT proceeded to deliver his inaugural address. He began by referring to ophthalmia neonatorum, and said that where Credé's prophylactic treatment had been adopted, the proportion of blindness had been reduced from 10 per cent. to 1 or even 0.5 per cent. As Fuchs had said, "The prophylaxis of ophthalmia neonatorum is more important outside lying-in hospitals than inside such establishments, inasmuch as the number of births inside was but a small fraction of the total outside, and that when the disease did occur in hospitals it would be well cared for there. He referred to the unsuccessful attempts made in 1884 and 1885 by the Ophthalmological Society to get the Government to instruct the Local Government medical officers that special steps should be taken to check the disease amongst the poor in dispensary and union practice.

Since Dr. Arthur Downes – a Local Government Board inspector – issued an official letter in July, 1896, urging the employment of some form of preventive treatment to the eyes of the newly born, nearly all the metropolitan lying-in wards had adopted it. He believed that no official letter or suggestions of this kind had been issued to the Poor-law unions and dispensaries in Ireland. If general practitioners and others attending maternity cases would only adopt prophylaxis in the form of that simple, safe, and effective remedy – a 2 per cent. solution of nitrate of silver dropped into the eyes – he believed they would save thousands of little victims from perpetual darkness, maintain the happiness of many families, and render a great service to the State.

The President, referring next to suppurative middle-ear disease, said that there was evidence that the profession generally was beginning to take a greater interest in this affection. He described the serious and sometimes fatal results which might arise from especially chronic cases of this kind – namely, brain abscess, extradural abscess, facial paralysis, tuberculous meningitis, septic inflammation of the intracranial sinuses, tubercle in the lungs, affections of stomach, liver, and other parts of the body. The majority of cases of suppurative ear disease were due



to the exanthemata, especially scarlatina, and the middle ear was usually infected through the Eustachian tube. He suggested that physicians treating scarlatina should give more attention, to the naso-pharynx. Antiseptic sprayer and douches might do some good, but were rarely effectual. The only thorough, and effective method was to swab the pharynx with a 2 per cent. solution of nitrate of silver with a properly-made brush, of absorbent cotton wool tied on the end of a wire of the thickness of a laryngeal mirror. The wire should be bendable, so that it could be bent to suit the particular naso-pharynx.

He believed that the success attending this method of treatment would be similar to that of Credé's treatment in ophthalmia neonatorum, already referred to. He did not go so far as to introduce the nitrate of silver solution into the Eustachian tube and middle ear, but he thought that if there was good reason to suspect that infection had made its way there, such a procedure was worth consideration. In addition to preventing the onset of middle-ear disease, the nitrate of silver solution had a good effect in

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preventing the formation of adenoid growths and the increase of tonsillar tissue.

The following case was interesting and instructive, and was, he believed, the first of its kind on record. On May 14th, 1883, he was called to see Mr. __, aged 19. Ten years before the patient had had great pain in head, and suppuration from the left ear. These attacks of pain with offensive suppuration recurred about once a year. The present attack began about the middle of April, 1883. On May 14th the temperature was 101°, the patient restless with pain about the eyes, pain on pressure over the left mastoid, offensive purulent discharge from the auditory meatus, which was filled with granulations; discs normal. A quantity of the granulation tissue was removed, and the canal cleansed.

Operation on the mastoid antrum was advised. Next day, May 15th, a consultation was held, and operation was again advised. On the following day the patient was more restless and the temperature higher. The friends still hesitated to assent to the operation. At 7.30 of the same evening the patient seemed moribund, with widely-dilated pupils and deepening coma. The mastoid antrum and cells were accordingly opened up, a quantity of gummy *débris* and some carious bone being removed. There was much venous haemorrhage. In half an hour the patient had regained consciousness. On the following day (May 17th) the patient had a convulsion, and two hours later a second one. From the above date until May 28th the temperature varied from normal to 103°, pulse about 96, the patient restless, and showing amnesic aphasia.

On the evening of the 28th a further operation was resolved on, and Dr. Nelson opened up the old wound, and raised a flap off the squamous portion of the temporal bone, Dr. Walton Browne, Dr. Charles Workman, and the late Dr. Ross assisting. About 1 ¼ inch above, and a little posterior to the auditory meatus he chiselled down to the dura mater. When protecting the dura mater with a flat director inserted between the dura mater and the bone, a quantity of pus came away. A drainage tube was inserted between the dura mater and the skull in a posterior direction, 5 ½ inches of it being inside the cranium. Through this tube a large quantity of pus was removed by a suction syringe. The patient made steady progress towards complete recovery.

For about six years there was a decreasing offensive discharge from a large perforation in the superior anterior quadrant of the membrane. With attention to the general health, and careful cleansing with intratympanic syringe and warm boric lotion, the

discharge completely ceased, and all odour disappeared. The patient's life was insured in 1890; he had married and was in active business in Belfast.

The President wished to put this case on record to show that an operation for the removal of a collection of pus from the intracranial cavity originating in purulent disease of the ear had been done as early as 1883, two years prior to the operation of Ichondorff, as stated by Barr in his *Manual of Diseases of the Ear*. He (Dr. Nelson) had given a verbal report of the case in the Section of Otology at the Liverpool meeting of the British Medical Association in 1883, but no permanent record of the case had hitherto appeared.

Brief Account of the Life of Joseph Nelson by Sir Ian Fraser

Joseph Nelson was born in 1840 in Downpatrick. His father and grandfather had both been Non-Subscribing Presbyterian Ministers. He was educated first at home, later going on to Inst. His first indication of eccentricity was when at school he wrote an essay supporting "Cock Fighting".

His medical education was firstly in Belfast, later in Dublin and finally in Vienna. Although he mainly studied in Belfast he finally qualified in Dublin in 1863 at the age of 23. However, in the middle of his medical training he heard that Garibaldi had commenced his struggle for the liberation of Italy. Nelson discarded his gown and with another friend—Alexander Blakeley Patterson, a Co. Tyrone man, who later became a judge in India—he sailed for Genoa. He fought through the Sicilian campaign, having left Genoa in a tramp steamer. After one week at sea on May 11, 1860, he entered and captured Marsaala. He was also on the march to Palermo and fought at Catalafimi where Garibaldi's Red Shirts and a motley crowd of poets, journalists, and artists, utterly routed King Bombas' 15,000 so called regulars. Although beaten back on three occasions they finally routed the foe in hand to hand bayonet fighting. Twelve days later they marched into Palermo, later crossed the Straits of Messina and reached Naples.

After the battle of Voltourno they were joined by King Victor Emmanuel whom Garibaldi proclaimed as King of a united Italy. Joseph Nelson had got a commission as a Lieutenant in the Regimento Inglese. This was under the command of Colonel Dunne and there were other English, Scottish and Irish Officers.

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As we said, Nelson took part in all the battles, he was presented with a sword by Garibaldi and later was decorated by the King with two medals. For ever afterwards, and through his life, he was always known as Garibaldi Nelson.

After the two years absence he quickly got down to his studies and in 1863 got his M.D. of the Old Queen's University and also in the same year his LRCSI. He still, however, had his fever for travelling, and so he went to India firstly as a doctor to a tea plantation, but later he actually became himself a successful tea planter. We find that even when in India that he was again involved in a war, this time against the Manipuris. However, after fifteen years in India he came home and decided to devote himself to the speciality of diseases of the eye—he had gained a large practical experience of this in India and he decided to perfect himself in the modern techniques and so he went to Vienna to study under the two leading masters of their craft in Europe. He stayed there for two years. He returned to Belfast in 1880 at the age of 40. It was then that he began his career in real earnest as an eye specialist and for the next 27 years he was to be Ulster's leading consultant.

He was a man of the world, a good business man, much travelled and with a strong personality, a man much in demand for his social graces, his name became a household word. He died in 1910 at the age of 70 after a short illness just three years after retiring. He had given great service to the Belfast Medical School both in the old Royal Hospital in Frederick Street and in the Royal Victoria Hospital, as well as in the Belfast Hospital for Sick Children.