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St. Bartholomew's Hospital



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OCTOBER, 1893.

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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

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St. Bartholomew's Hospital Journal,

OCTOBER 14th, 1893.

"Æquam memento rebus in arduis
Servare mentem."—Horace, Book ii., Ode iii.

THE objects of the Journal are, **FIRSTLY**, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

SECONDLY.—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, &c., to give non active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

THIRDLY.—To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

FOURTHLY.—To give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art, before they plunge into literary work in a wider sphere in after life.

FIFTHLY.—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital.

It will be circulated among the students, past and present, of St. Bartholomew's Hospital, being the Journal of the Hospital and the organ of the Amalgamated Clubs.

FOR twenty-eight years an annual volume, the *St. Bartholomew's Hospital Reports*, has been issued. As is well known, it contains original articles, reports of cases, abstracts of papers read before the Abernethian Society, statistical tables, &c. The objects of this Journal in no way clash with the *Reports*, for there is an enormous mass of material which never finds its way into either the *Reports* or any of the weekly or monthly medical papers. This particularly refers to the valuable clinical lectures and to the interesting and instructive cases which daily are seen in the wards and out-patient rooms, records of which are only to be found in the somewhat inaccessible ward note-books. But the Journal is not intended solely for the publication of purely professional matters, and so may be said to have a wider scope than the *Reports*. It will be a record not only of much of the work of the Hospital which otherwise would be in a large measure lost, except to the few, but also of social and other matters of general interest to the student, and thus it will supply what has for some time been felt to be a want.

It is only in recent years that attempt has been made to carry out the objects of this periodical. We understand that at some time in the seventies an endeavour was made to publish a monthly paper, but it appears to have been made in a half-hearted manner, and came to nothing. In 1885 an effort was made to maintain a serio-comic journal in manuscript, which, after running through six issues, like others

of its kind, deservedly retired into obscurity. The present attempt is, we hope, to be a lasting one; for the knowledge that there is amply sufficient material to enable us to publish a journal of twice this size every week, and that we are supported by practically all the existing students of the Hospital and by the not inconsiderable reserve fund of the Amalgamated Clubs, has been our great encouragement to proceed. We ask the indulgence of our readers for any shortcomings in this our first issue, with a promise that we will do all we can to improve in the future. Our excuse is not want of time, but lack of experience. We trust that, with the kind assistance of past and present students, we shall be able to keep a high standard in all the branches we take up, and shall be grateful to all for any advice or criticisms.

THE Amalgamated Clubs, under whose auspices this periodical is started, were put upon their present basis in the summer of 1892. Before that time each of the various Students' Clubs was an autonomy in itself; they were, in many cases, in far from a flourishing condition; some only just paid their way, some had a small deficit. Only comparatively little interest was taken in them by the students at large. After negotiations and conferences extending over about six months, it was at last decided to amalgamate the clubs for financial purposes, so that, by the payment of one subscription, each student became a life-member of all the clubs. The Abernethian Society joined in the scheme, and now this society, together with the Athletic, Boxing, Cricket, Association and Rugby Football, Boating and Swimming Clubs, are for financial purposes under the control of a Finance Committee. Each club, for the purposes of play and details of management, &c., preserves its individuality. Each club elects its own President, Secretary, Committee, and other officers, from amongst those who are members of the Amalgamation; but for financial control they are all of them under the central government of the Finance Committee. This committee is, however, constituted on thoroughly democratic lines. It consists of a representative of the Abernethian Society and of each of the clubs, elected annually by their committees, with a secretary elected at a general meeting of the whole Amalgamation. To these are added two members of the staff elected by the Committee of the Medical School, one as President and the other as Treasurer.

So successfully has this scheme worked out that in the first year of its existence, in spite of some opposition and indifference, it has been able not only to liberally meet all the current expenses of the Abernethian Society and of the clubs, but to found a reserve fund, which at the present time amounts to over £200. In May last, a Lawn Tennis Club was started on new lines, and admitted into the Amalgamation on equal terms with the other clubs; and, at the same time, the members of the Amalgamation em-

powered their Finance Committee to begin the issue of a Journal.

Mid-Summer Address to the Abernethian Society.

ON CLINICAL APTITUDE.

By SIR DYCE DUCKWORTH, M.D., LL.D.

GENTLEMEN,—I propose to address the Society this evening on the subject of clinical aptitude. I often think, and I sometimes say, that many of you do not sufficiently realize the full purpose of your lives in this grand old Hospital and School of Medicine. What brings you here to spend five of the most important years of your life? My reply is that you come here to fit yourselves to take care of the health of those to whom you may one day be called to deal with, to acquire such a knowledge of the human body in health and disease as will enable you to manage sick people, to relieve suffering, to promote recovery, and to avert death if possible. In short, you come here to learn the art of healing. This is a truism. These thoughts are not, I know, uppermost in the first years of your work here. The necessary introductions to pure medical study are many and various. You hardly see the full value and importance of them. You wonder, perhaps, why a knowledge of physics, and of biology, is considered imperative in one whose after-life will largely be occupied with such minor details as ordering poultices and prescribing diet and remedies. If you argue thus, you have not yet appreciated the importance of approaching medical study with a trained mind, fitted to grasp, and deal with, the great problems that will certainly await you. You must accept the necessity of the curriculum enjoined upon you by your masters, whose object is to make your life-work worthy and fruitful. If you begin your medical study with man, and if you end it with man, you do so at the risk of becoming a narrow-minded and imperfect practitioner. Why? Because man is the most complex and complete biological piece of evolution, and to understand him it is absolutely necessary to know first a good deal about living things far lower in the scale of creation. You must study well the lower forms of animal and vegetable life as a prelude to human anatomy and physiology. That is the only scientific order that can be recognized. Such knowledge was not thought necessary for the education of an apothecary a century ago. He had to be a craftsman, handy with his lancet, cupping-glasses, pills, and potions. The physician came in to help him when his diagnosis was imperfect. But we have changed all that, and now by Act of Parliament we must confer a diploma on no man in these realms who is not trained and tested in all branches of his profession.

The modern order of the curriculum is thus designed to produce a fully trained and equipped man.

Now, it is not too much to affirm that the early and preliminary training is of the last importance for the comfort and welfare of the future practitioner. Neglect and imperfection at this early period will never again be made good. So much is now required that it is truly hard to get in all that is demanded, and I will say, at once, that I conceive it to be highly to the credit of the average student of medicine that he achieves what he so commonly does now-a-days, and that the work done by him is, as a rule, indicative of greater acuity and pains than that done by students in any other profession. The establishment of a "Modern Side" in our Schools, and in the Universities, was an acknowledgment of the impossibility of securing adequate attainments in *litera humaniores* by many youths who had tastes in other directions, notably in natural science. This new departure came largely from the efforts of biologists and scientists themselves. It was declared to be a waste of time for youths who had soon to begin and earn their bread to pore over Latin, Greek, and mathematics, in which they could never become adepts, and it was also declared that fully equivalent mental training awaited them in biological and other scientific studies, which would also aid them in their subsequent careers. There is much to be said for this argument, and, in my opinion, there is justification for the so-called modern side. But I am far from agreeing with the belief that medicine has altogether benefited from the very large adoption of it that has prevailed in the last twenty-five years. I bear witness to a higher and fuller cultivation of science, but I see, no less, a very sad decline in letters, in literary attainments and tastes, even amongst some of the best of modern students of medicine. I hold, in opposition to views now prevalent, that the older plan of the preliminary Arts curriculum was, and is still, the best course to be followed by those who aspire to do the best work in medicine, to advance their art, and to retain for it the respect it demands from the public, and from other learned professions. The imperfections and failures under the newer system meet us at many points in daily life. The inability to write and spell, even the English language, like educated men is very widespread in our profession, while the effort to write a prescription in decent (dog) Latin is too commonly beyond the powers of men who have taken brilliant degrees in Science. This was not the case five-and-twenty years ago. I maintain that it would be well to cultivate more thoroughly the ancient languages as a mental discipline in accuracy, and not to come too early to special and technical studies. There must be something wrong in the conduct of many of the entrance examinations for our profession, when so many imperfectly trained candidates can pass, and gain admission to the Students' Register, as is now the case. It is to be feared that a disposition in youths towards medical studies is commonly supposed to indicate now-a-days an aversion from literary pursuits, and that a taste for natural history and anatomy is something quite apart from, and independent of, a taste for letters, and

the cult of the former is presented as if there was a veritable antagonism between the two. I am quite sure that for a student of medicine it is better to have even a little Latin and Greek than to have none at all. The help that even a little can give is very great, but the more the better. I do not in any degree wish to decry the value of studies in biology. I recognize their supreme importance for the student in medicine. Such studies come best, in my opinion, after a sound classical education has been secured, or may well be cultivated concurrently to some extent. The teaching of Celsus on this point must always be remembered—"Itaque ista quoque naturæ rerum contemplatio, quamvis non faciat medicum, aptiorem tamen medicinæ reddit perfectum."—*Tib. 1*.

But what has all this to do with the subject I am to speak about to-night? Is it the case that only the literary dunce shows any aptitude for medicine? We might as well say that fitness for military pursuits is as commonly shown by those who are very unlettered, and yet seek to be leaders of men; but I have yet to learn that such a qualification is desirable, or is destined to produce many trustworthy commanders. Without doubt, there are notorious exceptions, but they only test the rule, and the true idea is that a good and liberal preliminary education is the best qualification for subsequent excellence in any profession.

This leads me to ask, next, Whether it is always the case that a highly trained literary man is most likely to display clinical aptitude in after life? And my reply to this must be that such is certainly not the case. We have had conspicuous examples in our profession of highly trained men who have not shown great fitness for the practice of our art in daily life. But this inability to succeed, or to be a leader, is not confined to the pursuit of medicine, and may be met with in other professions. Clinical aptitude, then, is something apart from literary, from scientific, and from mere book-excellence. It is a personal factor, something inherent in the individual, something essential to successful pursuit of medicine. No trite definition of it can, I think, be given. I will speak of it as a gift, as a kind of genius, which may be cultivated and quickened only in one way. It may give token of its presence in early life before any regular medical training has been begun. If discovered, and it be determined to give it free play, I would in such a case urge all the more that it be rather repressed till a wide and liberal culture in general education has been secured. The tendency now-a-days is to seize on this embryonic aptitude, and to push it violently and at once into specialized lines of study, with a view to its immediate cultivation and development, so that it may earn for its owner so many pounds *per annum*. This is to narrow the mental grasp of its possessor, and to make a scientific philistine, or prig, of the man instead of a widely cultivated gentleman. And once accomplished, the bad work thus done can hardly be undone, and the worst must happen if the unhappy man acquires a science degree with honours, and consequently

believes that he is a learned person. The danger is of premature specialization. This is all very well for craftsmen and manufacturers who must needs early earn a competence, but it is very bad for members of the great professions, whose position in the social system must needs be very different.

Only when the period of professional study proper begins should the clinical aptitude assert itself, and be allowed full play. But even then a caution is needed. The old and effete apprentice system used to breed men who were too early trained in medical art, and they used to come to medical schools to begin their anatomical and other studies with a patronizing air, avoiding all that they conceived to be of small practical value, and acquiring just so much knowledge as they believed would enable them to procure their diplomas. They could deliver a woman in labour, and manage a case of placenta previa before they knew where to find the anterior superior spine, or the ileo-pectineal line on the iliac bone; and they could prescribe a remedy before they knew much of materia medica or of chemical compatibilities. There was much clinical aptitude, indeed, and perhaps an unctuous, so-called "bedside manner," but the ignorance behind it all was amazing and truly serious. It is a matter of congratulation that we have no such persons in our medical schools to-day, at least none in this School.

Our profession is approached from several sides. A love of science may lead on to the wish to apply knowledge for the benefit of ailing humanity. A love of the simple art of healing may draw some, or the desire to do good for its own sake may inspire others. The taste may, as with other things, certainly be inherited directly or by atavism. It is often an advantage to have had a father in the profession before one, and yet the son may never reach the excellence of the father. On the other hand, the son sometimes excels the father. Sometimes the first indications of aptitude for medicine or surgery are manifested early in life by a taste for botany, natural history, or for anatomical study. It is a vulgar belief to this day in all ranks of life that students of medicine are specially endowed with cruel and torturing instincts, and that they have a particular tenderness for vivisection, which not even the inculcations of their teachers can subdue. So much so is this belief prevalent, that many foolish old women, some wrong-headed men, and even some bishops, have established a cult to prevent such wickedness. We, who know students well, know what nonsense this is, and how little-minded they are to pursue their studies in any but a humane spirit.

The clinical aptitude I speak of, and would recommend, shows itself in all points of a good student's character. It is recognized by close attention to details in each branch of study, by the thorough mastery of each subject taken up, by diligence in all the practical departments, by thoughtfulness and reflection, by questioning of teachers, by careful note-taking, by assiduous attention to the

minute points of every case of disease studied, by close observations of the facts manifested, conducted with an open and inquiring mind.

This is the Harveian method, and, therefore, one we inculcate in this the school of Harvey.

For such a student no trouble is too great. He will take nothing for granted, and accept nothing second hand which he can verify for himself. He will follow his cases from the admission-room to the dead-house, and from that place to the pathological laboratory. He will pursue his cases that recover to their homes, and learn what becomes of them months, or it may be years, afterwards, completing his notes whenever he can. Who is sufficient for these things, you may ask? You have had examples set you in this school, and you can find them now in every good school, of men who have thus worked, and developed this clinical aptitude into a second nature, with brilliant acumen and a power of lucid expression for all they see. I can to-night especially commend to you one notable instance, and all the more, because he has unhappily left us, in the person of our late senior physician, Dr. Andrew. It was in this way that he worked here, and showed many of us how to work, bringing his splendidly trained intellect, with all the assiduity and humility of the thorough student, to bear on the hard problems of every-day disease, till he became a great master of clinical art.

If you are not prepared for all this, or will be content with anything less than this, you will hardly excel in your calling.

If you cannot attain to the high ideal I have set forth, you can still be inspired by the splendid example of it, and so fit yourselves in the best way to do your work in after life in more humble spheres. To do this you will have to depend upon your own exertions. We provide you with the means in ampler measure than your predecessors had, and our teaching is indeed now greatly elaborated, so much so, that I sometimes fear students come expecting to be fed with strong food, which they shall stow away chiefly for the purpose of reproducing it on the desks, or across the examination tables, of our colleges and universities, leaving it there too often, and going away empty of real and assimilated knowledge.

You must digest your mental food and make it your own for your personal use in after life. You will have to trust to yourselves when you leave us, and you surely do not wish to starve. You have to train your own eyes and hands to form your own opinions on new problems, and we can only show you how to do this for yourselves. This view is always before me when I am with you in the wards. I wish you to learn to be self-dependent, and to stand by yourselves, to learn how to act when face to face with patients, without our aid or the assistance of skilled nurses, and therefore I try to make you listen, touch, taste, handle, see, smell, and draw in at all the doors of sense all that can be learned from each case. Do not be content to look on,

but push in to take your part and gain all the first-hand knowledge you can from every case. You often hear me say "everything is clinical." Your business is to be with sick folks all your life. To know what to do, and how to treat your ailing brothers and sisters, demands clinical aptitude indeed. You need sympathy, kindness, patience, good temper, and a bright, cheerful manner. If you do not quickly learn how to manage your fellow-men, you will never make good practitioners of medicine and surgery. You will not do this by an oily and assumed kind manner. Be direct, straightforward and firm, but always considerate, remembering the frailties and ignorance of most sick persons. Put yourself in their place, and do nothing to anyone you would not do to a near and dear relative of your own. Having by care and great pains fitted yourself to be their adviser, secure their confidence in your powers by simplicity and honesty, and by avoiding all "put on" and false manners which are not properly yours. As I have said, clinical aptitude and instinct become, by practice and thorough pursuit of your duties, a second nature, and, in time, you will come to see far into matters that baffle men who have originally been careless or idle students, who have never thought for themselves, and who have been content to look on without soiling their hands, or learning things at first hand. Such men as I have just described may have a taste for medicine, but they will never be clinical artists. I have watched the careers of many of them, and I have found them in the ranks of homoeopaths, or electricians, so-called, or as drudges in disreputable dispensaries.

Sometimes I have been chidden for not recognizing the transcendent skill of some of these idlers and dunces by persons well-placed in society, who swallow the globules prescribed by these men, and I have been told that I am narrow-minded.

This would be hard to bear if one did not know the boundless credulity of the public—which is a clinical fact, by the way—and did not expect to meet with it not least in the educated classes of society.

Yes, clinical aptitude will help you to recognize shams everywhere, and to abominate them vigorously. It will often prove a solace and assurance to you when the careless and unrighteous go past you, and win what you think your due. You who possess this special fitness to exercise the healing art will assuredly enjoy that best reward a man can have in this world—the answer of a good conscience; and with endurance, perseverance, firm faith, and much dignity, you can afford to let the ungodly flourish like a green bay-tree, for you will live to look for him, and you will find his place filled no more.

If clinical aptitude, in its true sense, is wanting in any student of medicine, I should recommend him to recast his life and follow some other calling. Such a man can never succeed in practice, or be happy in it. Just as some men have no natural ability with their hands, and can never become good surgeons, so others have no natural intuitive

gifts, or patience, to pursue processes of disease, and can never become good physicians.

The gift of healing is no mere empty expression. Some men truly have it, and others can never acquire it. It implies clinical aptitude of the higher kind, but it is only seen at its best when cultivated by close contact with disease by those whose minds have been carefully trained, and are therefore capable of sustained and logical thought, and fitted to put aside all that is unreal, empty, and unreasonable. It demands a large knowledge of humanity in all aspects, entire devotion to the matter in hand, an absence of self-consciousness, and a temperament that will bear discouragement and failure after the best efforts have been honestly put forth. We have many men in our profession who daily exemplify such qualities. Not seldom those thus imbued are incapable of imparting their knowledge, but you may look on and observe the manner and method they employ. The best teachers are those possessed of all this, who can lucidly explain their method, and carry you with them as they exercise their art. But even to work under, and with, such men will not suffice to endue you with clinical aptitude unless you have the right instinct within you. It comes to this, that you must each for yourselves add by your own personal efforts to this natural endowment, if happily you have it, and cultivate it day by day. It is the same with all the arts. The artist is born, and only made so far as he makes himself. Our great art can only be cultivated on the broad basis of many sciences, and scientific knowledge is to be acquired best by those whose minds have been previously trained to be methodical, accurate, and receptive.

You may again ask, Who is sufficient for all this? And my reply must be that the man who comes fitly trained to appreciate and acquire all that is set for him to learn, and put his hands to, in any great school of medicine, and who gives his whole mind and energy to the task during the five years of his curriculum will seldom fail to be sufficient. Such a man will have no morbid dread of his examinations, he will rather enjoy the recurring opportunities of setting forth his knowledge, and of registering his attainments. And having completed all the examination work, he will be free to cultivate his powers for the public good and his own supreme happiness. That all of you now before me, trained in this old school, disciplined in this grand old society, and grounded in the honourable traditions of this place may prove sufficient for all this, and may abound in the highest clinical instincts and aptitude, is my most fervent heart-felt wish.

CHOLERA.

In our next issue we hope to report the seven suspected cases which have been admitted into the Hospital during the present epidemic. Dr. Klein has also promised a note on the subject.

Clinical Lecture

ON
BY-WAYS IN THE STUDY OF DISEASES OF THE
SPINE.

BY HOWARD MARSH, F.R.C.S., ENG.

Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital
and Consulting Surgeon to The Hospital for Sick Children,
Great Ormond Street.

GENTLEMEN,—I wish to go a little out of the beaten track and to allude, though I can do so only very briefly, to some of the more uncommon forms of spinal disease that are met with in the course of clinical work.

Curvatures that are met with in the First Year of Life.—You know that Pott's disease (tuberculous caries), though it may occur at any age up to seventy, most commonly begins between the ages of three and ten. I have, however, seen several instances in which it commenced in children less than a year old, the earliest being in a child six months old. This infant had distinct angular curvature in the middle of the dorsal region. In cases that occur thus early, rigidity of the spine, pain and other symptoms that are met with in older patients, are no doubt present, but they are apt to be overlooked, and in the cases I have seen they did not attract attention, and the curvature was the first symptom that was noticed. The main fact in the clinical history of caries in young infants is that the disease tends to advance with rapidity and to produce serious curvature so quickly that irreparable deformity may take place in the course of two or three months. The main point in treatment is to keep the child at rest in the horizontal position as absolutely as possible, for in very young children the skin is so readily injured, the breathing is so easily interfered with, and the abdomen is subject to such rapid variations in size from hour to hour that no mechanical appliance can be used with any hope of success. In these early cases prognosis is by no means favourable. In two of the cases I have met with, suppuration occurred and the patients died from exhaustion.

The second form of curvature that is met with in the first year of life is due to rickets. Rickets produce in older children three varieties of curvature: (1) general bowing of the whole spine backwards; (2) ordinary lateral curvature; and (3) an increase of the lumbar curve forwards (the condition to which mothers make a quaint allusion when they say that the child is "cutting his teeth in his loins"). The first and second of these curvatures are met with in the first year of life, and I may say a word with respect to each. The first, when it is originally developed, assumes the form shown in Fig. 1. Later, if the child is very rickety and is nursed much in the sitting position, it soon takes

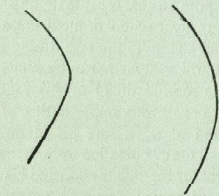


FIG. 2.

FIG. 1.

the outline shown in Fig. 2. When this is the case it may very easily be mistaken for true angular curvature depending on caries; and this mistake is all the more likely to be made because rickety children are often tender, so that they cry when they are lifted; whilst in those infants who are suffering from rickets—an affection to which Dr. Cheadle and Dr. Barlow have drawn particular attention,—and in whom every movement seems to produce pain, the pain, together with the curvature of the spine, will unless you are very careful, inevitably lead you to a wrong conclusion. The diagnosis depends upon the following three points: (1) that rickety curvature is very much more common than angular curvature in young infants; (2) that the child is, as disclosed by other evidence, acutely rickety; and (3), the crucial test, that when the child is placed in the prone position the spine can, without the use of the slightest force, but merely by placing one hand on the loins whilst the other hand, in the gentlest manner, raises the extended lower limbs and the pelvis in the air,—be not only straightened, but be carried to the point of becoming concave—a change of outline

that would be impossible were true angular curvature present. Lateral curvature, when it occurs in the first year of life, is exactly similar in form to that which is met with in later periods. In the few instances in which I have seen it at this age the patients were very rickety. Diagnosis, therefore, presents no difficulty. Unfortunately as much cannot be said as to treatment. The weakly muscles to a great extent abandon their function of supporting the column, and deformity, reaching an extreme degree and depending on a formidable change in the shape and the relations of the vertebrae to each other, is quickly developed. Probably the worst cases of scoliosis that are met with in young adults are those which have commenced in early life in rickety children. Mechanical appliances in these cases are, as in those of caries in early infancy, very unsatisfactory, and of course the exercises which are so valuable in older children cannot be used. The best course is to treat the rickety state by prescribing a full diet of fresh milk, diluted as far as is necessary, the juice of raw meat, beef tea or pounded raw meat, plenty of fresh air, and small doses of cod-liver oil; and the child should be kept as absolutely as possible in the horizontal position. This position will prevent the further increase of deformity; but it will be necessary to much more. The future progress of the case will illustrate one of the most important and striking facts in the surgery of childhood—the fact, namely, that growth, when favourable conditions are secured, is a very powerful agent in the removal of deformity. Distorted parts, in fact, "grow straight." About six years ago an infant fourteen months old came under my notice who was very rickety, and had severely marked lateral curvature with rotation. The deformity had been in progress, as far as was known, for about four months, and was still increasing. The child was kept for the next eighteen months constantly in the horizontal position in a tray fitted with a mattress, in which it could be carried about. The curvature diminished steadily with the child's growth, which was rapid, and at length it almost entirely disappeared. It must be allowed that this treatment is very tedious; but, as far as I know, in no other way can extreme deformity be averted and a satisfactory result obtained. Gentle massage may be advantageously combined with it.

Quiet Spinal Caries.—The symptoms of spinal caries in different individuals are subject to considerable variety. In some instances pain, stiffness and impaired function are present in a marked degree, and in others all active symptoms, except stiffness, are so nearly absent that the main evidence of advancing disease is a slowly-increasing angular deformity. But cases are occasionally seen in which the usual symptoms entirely fail to attract attention. Some years ago I met with a patient aged nineteen, who had a perfectly distinct angular curvature of the lower dorsal spine, of which he could give no account. His back was perfectly strong, and he was leading an active life; and he could not remember any period at which his spine had given him any inconvenience. Such a case may strike you as being very remarkable—even perhaps inconceivable; but I may confirm my own observation by mentioning that both Sir James Paget and Mr. T. Smith have met with exactly similar cases. I think I can throw some light upon the subject by referring to what is not rarely seen in cases of tuberculous disease of the joints—namely, that the inflammation which the tuberculous disease provokes is sometimes plastic in its character, and may end, apparently in a few months, in firm fibrous, or even, though perhaps more rarely, in complete bony ankylosis. In these cases—and I have seen enough of them to be quite sure of their occurrence—a joint (it has been most commonly either the elbow or the shoulder) is found to be firmly ankylosed, but how or when the ankylosis occurred the child's parents have been quite unable to explain. It would seem as if the tissues, although unable to prevent the establishment of the tuberculous process, yet maintain a vigorous struggle against its further advance, and, soon winning the day, speedily undergo sound repair. In this way, perhaps, a case which occurred a few years ago may be explained. A boy aged nine had a perfectly obvious and advancing angular curvature of the dorsal spine, for which complete rest and a plaster-of-Paris jacket were employed. When this treatment had been followed for six months the patient was taken to a bone-setter, who said that one of the buttons of the back was out. This he proceeded to put in by manipulation—although, as you may suppose, without producing any change in the curvature—and he then ordered the boy to go about as usual. He forthwith did so, and no further development of spinal symptoms has since occurred. Now, the fact is familiar to all that when angular curvature has once become marked sound repair does not generally take place in so short a time as six months; but the form of plastic inflammation leading to rapid ankylosis which I am alluding to may run its course, I am sure, well within this period. It may be useful to draw attention in a pointed way to these cases of quiet disease of the joints and spinal column. Clinically they are certainly of much importance, because they contradict common experience in two respects: firstly, they run their course much more rapidly than the common set of cases do; and, secondly, they always end, as far as I know, in firm ankylosis, which the surgeon can do nothing to avert. Firm ankylosis

is the result which, unless you can make an authoritative statement to the contrary, parents will certainly attribute to your method of treatment by fixation; but I am quite sure you are justified in maintaining that it is not due to this treatment. It would have occurred just the same even if no splints had been employed. This is shown, in fact, by the cases which I have mentioned above, whilst, on the other hand, I have frequently seen tuberculous joints recover with absolutely unimpaird movement which have been kept uninterruptedly fixed in splints for eighteen months or two years. In short, ankylosis is determined by the plastic character of the inflammatory process and not by the fact that the joint is kept at rest. Pathologically this occurrence of early ankylosis is a valuable illustration of a fact that cannot be too strongly insisted upon—namely, that the tissues are often successful in their struggle against the advance of tuberculous disease, and that frequently when the struggle is over they undergo a completely sound repair.

3. Malignant Disease.—Primary sarcoma of the spine is very rare; but let me briefly mention two examples of it. They are instructive, for in both an erroneous diagnosis was made and acted upon. They were, in fact, both mistaken for tuberculous caries attended with the formation of angular curvature and abscess, and in both the resulting swelling was cut into in the belief that a collection of matter was to be evacuated. The first case occurred some years ago at the Hospital for Sick Children, Great Ormond Street, when I was Surgeon there.

CASE 1.—A girl six years of age had, as it appeared, clear symptoms of tuberculous caries of the cervical spine. The head and cervical spine were kept in a fixed position; movement caused pain. The child supported her head with her hand as children do when they have spinal caries, and the spine had yielded so that the patient had wryneck. Soon a deep-seated and elastic swelling appeared in the right sub-occipital region which was regarded as an abscess. This gradually enlarged and approached the surface, and, when superficial enough for further examination, seemed to fluctuate distinctly. When an incision, however, was made, nothing but blood escaped. Subsequently what was obviously a sarcoma rapidly attained a large size, and the child died in about two months. At the post-mortem examination the left halves of the three upper cervical vertebrae were found to be almost entirely destroyed and replaced by new growth.

CASE 2.—A young woman aged twenty four was said to have originally complained of pain behind her left knee when she was sixteen years of age, and to have had curvature of the spine at about the same time. She had always been delicate, but had been able to walk until she was twenty-two. She then moved with difficulty, and complained of pain in her back and sides. Four months before I saw her she became unable to walk. When I saw her she had very marked deformity of the lower part of the lumbar spine, exactly similar to that which results from caries and excavation of two or three vertebrae. In the left iliac fossa there was a large, highly-elastic, tense swelling, which occupied the position of, and presented a perfect resemblance to, an iliac abscess depending on Pott's disease; when the swelling was incised, however, it proved to consist of a large sarcomatous growth. The great rarity of such a case as this, and the exact manner in which it assumed the features of a very common disease involving the same parts, made it, like the one first related, extremely deceptive. Let me hope that this brief reference to these two examples of a rare disease closely imitating a common one may some day save you from an error into which it is very easy indeed to fall.

The museum contains several specimens of sarcoma of the vertebral column. No. 2,384 shows a sarcoma in a boy aged eighteen, springing from the laminae of the sixth, seventh, and eighth dorsal vertebrae, which, as it grew, destroyed the cord. The patient lived only for six months. No. 517A the bodies of five vertebrae are extensively destroyed. No. 1,130 shows sarcoma of the sixth cervical vertebra on the right side, compressing the cord, from a woman who had primary sarcoma of the uterus, with secondary deposits in the spine, lungs, and pericardium. In No. 1,132A sarcoma involved the last cervical and four upper dorsal vertebrae in a man aged forty-six.

4. Carcinoma of the Spine.—This may be one of the secondary developments of carcinoma of the breast and of other parts also. I recently removed the breast of a patient who, having found a tumour which she was afraid might be cancer, had kept the matter to herself for nine months. During this time the growth steadily increased, and in the last two months she had suffered from very severe pains in her spine at the level of about the fourth dorsal vertebra and also round the sides of her chest. She had also found great difficulty in walking. When the spine was examined a well-marked angular curvature was found. I am glad of the opportunity of drawing your attention to this case, for it illustrates an important point. If you are to avoid serious mistakes and oversights in practice you must understand not only diseases but the subjects in whom they occur. Amongst other things you must remember that patients, either through fear or for some other motive, will sometimes, with remarkable skill and by recourse to many devices, keep their secret about some disease from which they are

suffering, so that their most confidential friends are entirely ignorant of their condition. Let me mention another case. A woman aged forty-three had severe girdle pains round the lower ribs and pain in the spine, with weakness of the legs. The pain was somewhat intense, and she moved with difficulty. Evidently serious mischief was in progress. At first sight the case might have been regarded as one of acute spinal caries, but the severity of the symptoms was out of all proportion to the local evidence, for all that could, at this period, be made out was that the spine was stiff; there was no angular deformity. As it was thought that possibly a new growth was in progress, the patient was asked about any swelling elsewhere, particularly in either breast, but she said that nothing of the kind was present. When further pressed, however, she allowed that she had known of a swelling in the left breast for eleven months. On examination a far-advanced scirrhus was found, together with extensive enlargement of the axillary glands. A few weeks later angular yielding of the spine became apparent, and pain was very severe; the right lower limb and, three weeks later, the left became paralyzed, and the patient lost control of urina and feces, had large bedsores, and died, eight months after the first symptoms were noted, from exhaustion.

In the museum of the Hospital No. 1,120 consists of the upper cervical vertebrae of a man aged thirty-five, who had suffered for eight or nine months from pain in the neck and shoulders, which was attributed to rheumatism. For the previous four or five months an alteration of his gait had been observed; the shoulders were elevated and the neck was shortened. For two months he had been unable to wear a collar. One month before death the limbs and trunk became paralyzed. Power in the left arm and leg first failed, and in the course of a few days the paralysis was complete. The urine and feces were passed involuntarily. The immediate cause of death was paralysis of the respiratory muscles. On examination the second and third cervical vertebrae were found to be almost entirely destroyed by carcinomatous growth. The seat of primary disease is not mentioned. No. 1,131 consists of seven cervical vertebrae from a man who died of scirrhus cancer of the breast, and secondary deposits in other organs. Five vertebrae are affected with scirrhus cancer. In the first and last two the cancellous tissue is loaded with the growth, whilst the two intervening vertebrae are almost entirely destroyed. The chief indications of the disease consisted of severe pains like those of rheumatism in the loins and lower limbs. It is not stated whether any paralysis occurred. No. 2,542 shows a soft brain-like carcinoma, projecting from the left side of the cervical spine from the fourth vertebra to the sixth vertebra. The growth is attached to the posterior surface of the dura mater. A portion of the fourth vertebra is infiltrated and softened. The disease was secondary to carcinoma of the pancreas. The patient was a man aged forty-six, who came under the care of Dr. Ormerod in July, 1879, complaining of constipation and abdominal pain. He had already had pains in the left shoulder, and in the previous week had lost power in his left arm. This pain and loss of power in the arm increased, and the muscles became atrophied. He had numbness in the fingers and he quickly lost flesh. Two months later he began to lose the use of his right hand, and complained of pain in the right biceps. In a few days both his legs became paralyzed, and the paralysis extended and became complete in all parts except the right arm. The respiration became embarrassed, and he died in about four months after his symptoms were first observed. The tumour remained deeply seated, and was not noticed till the post-mortem examination was made.

The symptoms of malignant disease of the spine bear, you will notice, at first sight a very close resemblance to those of acute Pott's disease. In the first place, the deformity which occurs is the same, and pain in the column and in the course of the intercostal nerves is also similar in the two affections; yet a closer study will usually disclose certain differences which are sufficient for a correct differential diagnosis. In the first place, pain is generally much more severe from the first—altogether a much more prominent symptom—in malignant disease than it is even in the most acute cases of Pott's disease. In some cases it amounts to agony. Secondly, the disease advances much more rapidly than caries, so that deformity makes its appearance very early—in the course of a few weeks—and then rapidly increases. Thirdly, paralysis, at first of a single limb, or even of a single group of muscles, but soon becoming extensive, is very commonly present within the first few weeks, and instead of tending to pass off—as is the case with paralysis due to Pott's disease when the spine is placed at rest—in malignant disease it tends steadily, and often rapidly, to become worse and worse. Fourthly, incontinence of urine and feces is soon developed, and bedsores quickly form. Fifthly, the patient, instead of improving and gaining flesh, as is the case when he is placed at rest for Pott's disease, rapidly loses flesh and becomes feeble and cachectic. Sixthly, the course of the case is a steady and usually a rapid progress from bad to worse, so that, speaking generally, the patient does not survive for more than six or eight months. Lastly, there is in many cases evidence of primary carcinoma in the breast or elsewhere, a circumstance which in any

doubtful case he who would avoid mistakes must obviously be determined not to overlook.

5. *Syphilitic Disease of the Spine.*—This, I believe, is a rare condition. You will find but very scanty allusion to it in the handbooks at present in use, and I have met with it, as far as I know, in only two or three instances. These have been in the tertiary stage of syphilis, and in the form, judging from the symptoms, of chronic osteitis and periostitis, similar to that which may attack any of the long bones. I will briefly relate the case which seemed to be the most clear illustration of the condition that I have seen. A man forty-five years of age came to the Hospital with tertiary syphilis, from which he had suffered severely at intervals for upwards of fifteen years. He now had several broken-down gummata on the skull with severe hemicrania and numerous syphilitic scars about his face, trunk, and limbs. He complained of severe nocturnal pains in his back, and said that his spine was becoming bent, and so stiff that he could not stand upright. On examination, the dorsal curve of the spine was found to be considerably increased, so that the shoulders were very round and the head was bent forwards, and to be stiff, so that the patient could not stand uprightly. Attempts at movement were unattended with any increase of pain, and so was exercise, except that it produced the aching of muscular fatigue. The patient was ordered five grains of iodide of potassium, increased in the course of a few days to twenty grains three times a day. He rapidly improved in general condition, the gummata were absorbed and his ulcers healed. His hemicrania and also his spinal pain were quickly relieved, and the stiffness of the column was much diminished. Six years have since elapsed, and he has been seen from time to time. After a course of iodide of potassium he remains for a time fairly well. Then new gummata or cutaneous ulcers make their appearance, and pain returns in his head, or, with the same feature of severe nocturnal exacerbations, in his spine. This always yields, as do the other lesions, to a fresh course of the iodide of potassium. Each attack, however, has left the spine more arched and more stiff, and when I last saw him he was unable to raise his head above the level of his lower dorsal vertebrae. The direct proof that the spinal affection is syphilitic is wanting, as the patient is still living, but that it is syphilitic can, I think, hardly be reasonably doubted, when it is remembered that the patient is subject to inveterate tertiary syphilis, that the affection is always combined with other syphilitic lesions, that it is attended with nocturnal pains closely resembling those which affect his head, and that its active symptoms have always readily yielded to a course of iodide of potassium.

Clinical Jottings.

By SAMUEL WEST, M.D.



HERE are many facts which come under observation in clinical work, which seem too small to be recorded and are therefore lost or forgotten; yet they constitute, it may be, the very points of interest in the cases in which they occur.

A few such clinical jottings I set forth here:—

Pulse respiration ratio in Pneumonia.—The alteration in the pulse-respiration ratio in acute pneumonia is rightly regarded as one of the most characteristic phenomena in the disease, and in doubtful cases becomes of great diagnostic value.

In health the ratio is about 4 to 1. And even in fevers, which do not specially involve the respiratory organs, the same ratio is still preserved. In acute pneumonia, however, the ratio falls to 3 or 2 to 1, and even lower than this.

Characteristic as this change is in pneumonia, still it is not constant. Two instances of exceptions to this general rule have recently come under my observation. In the first case, an adult, the ratio was P126, R24, *i.e.*, 5 to 1, and that with high fever and characteristic physical signs. It was not until the pneumonia had lasted

four days and was reaching its crisis that the respirations rose to 40. The second case occurred in a child of 11, with a temperature of 104, and consolidation of the whole left lower lobe; though the pulse varied from 140 to 156, the respiration rate did not exceed 32 and was often 28, giving a ratio again of about 5 to 1.

On the other hand, the reduced pulse respiration ratio is not absolutely peculiar to pneumonia, but is sometimes met with in other affections.

1.—In bronchitis and broncho-pneumonia in children. In the latter affection I have once seen the respiration 140, and nearly as rapid as the pulse, which numbered 160. The child recovered.

2.—With acute affections of the pleura. In this group the breathing is painful and the respirations are therefore shallow, and what they want in depth is made up by increase in number.

3.—In acute inflammation of the pericardium, or of the pericardium and adjacent pleura.

I have seen two instances of this lately, both in young women in the course of rheumatic fever, and associated with recent endocarditis.

In the first case, the respirations numbered 80 and the pulse 120—*i.e.*, a ratio of 2 to 1.

In the second case, the pericarditis was associated with pleurisy in the neighbourhood. The respiration was 70 and the pulse 120, yielding again a ratio of less than 2 to 1.

4.—In acute inflammatory cardiac affections. In a girl of 19 with acute rheumatism and old mitral disease, with a normal temperature and no joint pains, the respiration numbered 48 and the pulse 120—ratio 2½ to 1—and at the time some fresh and active mischief was developing in connection with the aortic valves.

5.—The last group to which reference may be made is that of the so-called hysterical asthma. No confusion with acute pneumonia is ever likely to arise in such cases, for the temperature is normal, and though the respirations are rapid there is no dyspnoea. The breathing, though frequent, is deep and noisy, the lips and cheeks are bright—red and flushed, and not dusky.

Hysterical asthma resembles most the noisy panting respiration met with in some forms of diabetic coma.

The most remarkable instance of hysterical asthma I have met with, occurred in a girl of nineteen, in whom the respirations were more rapid than the pulse, and numbered 110, while the pulse beats numbered only 90. In another case, that of a girl aged twenty, the respirations numbered sixty, while the pulse continued to beat quietly at about its normal rate, *viz.*, 84. In a man of 24, the respirations were 64, while the pulse was 120.

In spite of the various exceptions referred to, the reduced pulse respiration ratio when associated with fever proves in the great majority of cases to be due to pneumonia, and it is often sufficient to lead to the correct diagnosis where characteristic physical signs are absent.

Some remarks on Albuminuric Retinitis.—Albuminuric retinitis is a late symptom in granular kidney. In itself, though suggestive, it is not pathognomonic, for similar appearances are occasionally seen in the optic neuritis which follows cerebral tumours and meningitis. When it is added to other symptoms of interstitial nephritis, the diagnosis of granular kidney, which may have been only probable before, is rendered absolutely certain.

Being, however, a late symptom, the suspicion of granular kidney has usually been aroused long before the appearance of retinal changes. Even extensive albuminuric retinitis may exist without any obvious defect of vision, so that ophthalmoscopic examination may detect it when there has been no symptom to draw attention to the eye.

For a very long time even with extensive changes in the neighbourhood of the yellow spot, the papilla may remain unaffected. Marked optic neuritis is probably a still later symptom than retinitis, and many cases run their course to the end without the papilla becoming affected at all. With cerebral tumours the optic neuritis is the first lesion, and the changes near the yellow spot and elsewhere of later dates.

The most remarkable fact in albuminuric retinitis is its symmetry; that is to say, both eyes are involved and the same parts of both eyes. It does not follow, however, that though the affection is symmetrical, it is developed to the same extent in both eyes. Instances of unilateral albuminuric retinitis are, I am certain, very rare. I have never yet seen an instance of it. Presumably in an early stage it exists. Yet it is remarkable, that even in the earliest stages when the changes are but slight, they are almost invariably found in both eyes. Recently I have seen two cases in which there has been a remarkable difference in degree of development on the two sides. In the one eye the changes were advanced and most characteristic, while in the other they were so slight as to have been at first overlooked. In both instances the lesions subsequently found were not in the immediate neighbourhood of the yellow spot, but above it, and some little distance away, and consisted in the one case of a single small patch, and in another of the small group of minute ones.

Poisoning from Sardines.—A girl of 17 was admitted on Aug. 30th extremely ill—in a state of great asthenia, almost collapsed and with t° of 104. At the time of admission no history was obtainable which threw any light on the case. As the throat had been a little sore, diphtheria with profound asthenia was thought of. All the specific fevers could be excluded, except typhoid, which the asthenia seemed to render most probable. The temperature remained very high for four days, reaching once a maximum of 104.6. No throat symptoms developed, nor was any evidence of typhoid fever forthcoming; the motions were formed and natural. The profound asthenia caused great anxiety for the first two days, but with the fall of temperature, all the symptoms improved. After four days the patient was convalescent, though feeble, and she made a rapid recovery. It

was then ascertained that two days before her admission she had eaten of sardines, and that of the rest of the family her mother and sister, who were the only others who had eaten of them, had both been taken ill, though the symptoms were much less severe and rapidly passed off.

Constipation in Typhoid Fever.—Many cases of typhoid fever, especially in young people, have no diarrhoea. This is not the point I wish to deal with. It is rather with the symptoms, some of them very alarming, to which constipation in typhoid may lead. I remember a lad of about twelve years of age who, during convalescence from typhoid fever, was seized one day with violent abdominal pain, and became so much collapsed that his life seemed in danger. The bowels had not been freely open for some days, and as no other cause for his attack except intestinal colic was obvious, an enema was prescribed. It produced copious evacuation with immediate relief to the pain.

A woman of about thirty-five who had had a very severe attack of typhoid and a bad relapse, through which she had with great difficulty struggled, convalesced and was discharged from the Hospital. A week later she was brought back in a state of profound collapse, with drawn face, sunken eyes, an almost imperceptible pulse and low temperature. Her only complaint was intense abdominal pain—the idea of perforation—peritonitis at once suggested itself, but the abdomen was not distended. Examination of the rectum revealed faecal masses, which were removed with an enema. The relief was immediate, and in a few hours the patient was well. In the two cases described the temperature was below normal, but the condition of profound collapse rendered the absence of fever of little importance in diagnosis.

On the other hand, even without pain or other abdominal symptoms, constipation may send the temperature up—even it may be as high as 103°. Such a return of fever during convalescence would at once excite fears of a relapse—which are only allayed when the bowels are relieved and the temperature falls as suddenly as it rose.

Cases of this kind are not at all uncommon, but they are not peculiar altogether to typhoid. They are met with for example after parturition, and are then, though for different reasons, equally alarming, for it is difficult in both cases to refer the disturbance to its proper cause and to exclude complications. As a rule, however, though the temperature rises, the patients do not seem to be otherwise ill; whereas in serious complications the rise of temperature would be accompanied with signs of general illness.

In typhoid, to save such alarms it is my usual practice to have an enema administered every three days if the bowels have not been relieved during convalescence, and about once a week during the fever if there be constipation.

I refer to this group of cases because attention is not, I think, often enough drawn to it, and because in the dread of grave causes the true explanation, on account of its very simplicity, may not suggest itself. It

The Abernethian Society of St. Bartholomew's Hospital.

IN 1795 "The Medical and Philosophical Society" was formed at St. Bartholomew's Hospital. John Abernethy, assistant surgeon to the Hospital (elected in 1787), and lecturer on Anatomy, Physiology, and Surgery, was the founder, and was aided by Dr. Richard Powell, an Oxonian, who became physician to the Hospital in 1801, and by many of the students.

The objects of the Society were the reading of medical or scientific papers, their discussion, and the maintenance of a library. The meetings were held on Tuesday evenings from the first week of October to the last week of April, in a room of the Medical School, and sometimes in the Lecture Theatre, which had been built in 1791 to accommodate the large number of students attracted by Abernethy's lectures. Regular minutes, containing full abstracts of the papers and discussions, were kept. The first volume of these minutes is not in the possession of the Society; the second includes the period from April 30, 1799, to October 13, 1807; while the third extends from October 13, 1807, to April 25, 1815. The volumes from 1815 to 1848 have been lost, though some accounts remain. From 1848 the minutes are complete.

The earliest list of the officers of the Society contains those elected April 30, 1799, to serve in the fifth session, 1799-1800.

Presidents:

Mr. Jno. Abernethy.	Thomas Bradley, M.D.
Richard Powell, M.D.	Mr. James Macartney.
Mr. Joseph Hurlock.	Mr. William Blair.

Librarian and Treasurer: Mr. John Haslam.

Secretary: Mr. J. C. Hunt.

Members of the Council:

Mr. Vincent.	Mr. Brown.
" Beveridge.	" Rees.
" Thomas.	" Wood.

Of these Mr. John Abernethy is the most famous in the existing Society and in the outer world. He was born 3rd April, 1764, in London, and his father, John, was a merchant, son of John Abernethy, a Presbyterian minister in the north of Ireland. This preacher, some of whose sermons are still read, was nine years old at the time of the famous siege of Londonderry. He had been sent to Scotland that his education might not be interrupted by the troubles of the times; but his mother, whose house was in Londonderry, remained in that city, and all her other children died within the walls before the siege was raised. Her grandson entered at St. Bartholomew's in 1779. He was elected assistant-surgeon in 1787, became full surgeon in 1815, and resigned in 1827. There had been occasional teaching

at St. Bartholomew's from early times, but Abernethy turned the Hospital from a place of scattered, unsystematic instruction, into a teaching institution, academic in its proportions and in its methods, a college larger than the medical faculties of some universities. He made some contributions to professional knowledge, but the chief effect of his industrious life was the impetus which he gave to medical education at St. Bartholomew's. He died 28th April, 1831, and it was probably after his resignation that "The Medical Society of St. Bartholomew's," as it had come to be called, adopted the name of its founder, who was certainly president till 1815, and probably till his death. The first document in the possession of the Society in which it is called "The Abernethian Society" is a balance-sheet of the year 1836. A fine portrait of Abernethy, by Sir Thomas Lawrence, hangs in the Great Hall, and a silver cup given to him by his pupils is always used as a loving-cup at the annual dinner of the medical officers and teachers. A surgical ward bears his name. Thus in all parts of the medical commonwealth of St. Bartholomew's he is honourably commemorated, and his will always be *clarum et venerabile nomen*. Dr. Richard Powell, who was physician to the Hospital from 1801 to 1824, was educated at Winchester and at Merton College, Oxford, and died in 1834. He wrote some sound medical books and papers, and one interesting essay on the early history of the Hospital. He took an active part in the discussions of the Society. His portrait is in the Hospital committee-room. Mr. Joseph Hurlock was apothecary to the Hospital. Dr. Thomas Bradley was a graduate of Edinburgh, but a native of Worcestershire. He was editor of *The Medical and Physical Journal*, and while president of the Society was physician to the Westminster Hospital. He died in 1813. Mr. James Macartney was a celebrated anatomist, and his museum of bones and other specimens is preserved in the University of Cambridge. Mr. Vincent became surgeon to the Hospital in 1816, and his portrait is to be seen in the Great Hall.

The first paper recorded in the minutes is one read Oct. 1, 1799, by Dr. Bradley, on Gout. Cases in the wards were often discussed from the first. The meetings were well attended, and regularly held, except on one occasion, Tuesday, Feb. 24, 1807, when, as the minutes record, "in consequence of the gates of the Hospital being surrounded by the populace, members could not obtain admission."

The only serious difficulties seem to have been about the library, and these, no doubt, led to the ultimate transfer of the books to the school library, where several of them still remain, with the book-plate of the Society, and serve to show the interest felt by its members in good medical books of all periods. These are the chief facts of the early history of the Abernethian Society. The character and value of its present papers show that it has maintained for a hundred years the high standard of scientific merit with which it began.

N. M.

Sir William Savory, Bart.

IN June this year the colleagues and pupils of Sir William Savory presented a life-size oil painting, by W. Oules, Esq., R.A., to the Governors of the Hospital. On that occasion there was a large gathering of friends and admirers of the famous surgeon to witness the presentation. After a short introduction by Sir Trevor Lawrence, Sir James Paget (who after paying a high tribute to the surgical skill, culture, and oratorical eloquence of Sir William Savory as well as giving us his conclusions of him as a pupil and colleague, in most glowing and deserved terms of praise) formally presented the painting to the Governors. Sir William Savory, deeply moved, returned thanks for the great honour done to him that day, and expressed his sincere and deep gratitude to the donors of the gift in his usual most charming and eloquent style, which we all regret we are now deprived of hearing more often. The proceedings closed by Sir Trevor Lawrence, as treasurer of the Hospital, on behalf of the Governors, accepting the gift. It is placed in a prominent place next to Sir James Paget's portrait on the north wall of the Great Hall.

Sir William Savory entered St. Bartholomew's Hospital in 1844. Qualifying M.B., Lond., 1848, he took his F.R.C.S. by examination in 1852. He was first appointed to the museum, in which place he worked after Sir James Paget up to quite recent times. He wrote in 1862 a Catalogue of Addenda to Sir James Paget's Catalogue of 1846-51. He was elected surgeon in 1867. In 1859 he was appointed lecturer on general anatomy and physiology till 1869, when he was appointed joint lecturer in surgery with Mr. Coote and with Mr. Callender in 1873. In 1879, on the death of Mr. Callender, he was sole lecturer in surgery, which appointment he held till 1889, when he resigned. On his resignation as surgeon in 1891, he was appointed consulting surgeon. He was examiner at the Royal College of Surgeons for many years, and President for four years in succession. He was made F.R.S. in 1851, and was on the Commission for the London University, and is now on a Commission to enquire into vaccination. He was further a professor in comparative anatomy at the Royal College of Surgeons for many years. He is surgeon-extraordinary to Her Majesty the Queen; was surgeon to Christ's Hospital and consulting surgeon to the Great Northern Hospital, London Fever Hospital, Royal General Dispensary, Charterhouse, and to the Warhousemen and Clerks' School.

He wrote much. Among his best-known works are "Life and Death," "Essays on Pyæmia," "Hunterian Oration," and many papers on subjects surgical and philosophical. He was the great opponent to Listerism (not antiseptics) when it was introduced by that great surgeon.

The Stewards' Feast.

THIS feast, which is given every two years, took place in the Great Hall on July 23rd. About 170 were present, the treasurer, Sir Trevor Lawrence, in the chair. In addition to the Almoners, House Committee, and many of the Governors, the Medical and Surgical Staff, the School Staff and the Junior Staff were invited, and a number of visitors, including the Lord Mayor, Sir Joseph Fayer, Mr. Norman Lockyer, and others.

The "Buck Feast," as it is generally called, is a very old Hospital Institution. There are records of its being held annually as far back as 1675, with the names of the stewards who gave it on each occasion. From the first, venison was always one of the chief items in the bill of fare, and on several occasions one of the stewards is mentioned as sending up for it one or more bucks. For many years tobacco and long clay-pipes found a place in the "cooke's" bill.

After grace a capital dinner was served, for which the thanks of all are due to the stewards; then followed a number of toasts, interspersed with a most excellent musical programme, beginning with "God save the Queen." The first toast, proposed by Sir Trevor Lawrence, was "St. Bartholomew's Hospital," in which he dwelt on the past and present state of the finances, on the improvements which had lately been completed and others which were contemplated, and then added his congratulations to the recent addition to the staff and regrets at losing those who had gone. Sir Joseph Fayer proposed "The Medical and Surgical Staff," to which Dr. Church and Mr. Thomas Smith responded. The latter then gave "The Treasurer and Almoners," and the Chairman and Senior Almoner, Mr. Figgins, replied. Mr. Figgins proposed "The Visitors," coupled with the name of Mr. Norman Lockyer, who answered for them; and lastly "The Stewards" was given by Sir Trevor Lawrence, and for them Mr. Alderman Vaughan Morgan replied. After a final glee the company left.

Old Students' Dinner.

THE annual dinner of old students took place in the Great Hall of the Hospital on Oct. 2nd. There were present altogether 129 old students and guests. Amongst the old students we were pleased to note some who are residents abroad, and the guests included Sir Richard Quain, Bart., Sir Trevor Lawrence, Bart., Professor Charles Stewart, Dr. J. N. Dick, C.B., Director-General Naval Medical Department, Mr. Thourley, Warden of Wadham College, Oxford, Mr. Trimmer, Mr. Haller, and others.

Dr. Andrew, consulting physician to the Hospital, occupied the chair, and was supported by Sir James Paget, Bart.

Sir William Savory, Bart., Mr. Thomas Smith, Dr. Church, and most of the Hospital staff.

After an excellent dinner, Dr. Andrew proposed the loyal toasts of "The Queen" and "The Prince of Wales, Princess of Wales, and the rest of the Royal Family."—Sir Dyce Duckworth then proposed "The Army, Navy, and Reserve Forces," remarking that he had himself held for a short time a commission in the Naval Medical Service.—Director-General Dick, C.B., responded.—The Chairman then gave the toast of the evening, "Prosperity to St. Bartholomew's Hospital and School, and Health and Success to all Old Students."—Sir Trevor Lawrence, the treasurer of the Hospital, responded, remarking that the affairs of the Hospital were in a prosperous condition. He contrasted the state of education and the requirements in the School at present with those in his time as a student. The Hospital and School, he said, were so intimately associated that for practical purposes they must be regarded as one. The Governors were justly proud of their School in all departments as to make it second to none in the world.—Mr. Butlin next proposed "The Visitors," and Sir Richard Quain and Mr. Thorley responded.—Sir James Paget, with his usual eloquence and impressiveness, then proposed the health of "The Chairman." He spoke of Dr. Andrew's good work and service in the interests of the School, and paid a high tribute to the earnestness, clearness, and completeness of his teaching. The toast was received with musical honours, and Dr. Andrew replied.—The last toast, "The Health of Dr. Hensley, the secretary," was proposed by Dr. Norman Moore, in a humorous speech, and Dr. Hensley replied in suitable terms.

After dinner the party adjourned to the Library in the Medical School, where coffee was served; and here many old friends were enabled to meet and talk over old times and compare notes. A most enjoyable and pleasant evening was spent by all.

The Annual Summer Concert,

GIVEN BY THE JUNIOR STAFF AND MUSICAL SOCIETY.



HIS concert took place this year on the 18th of July in the Great Hall, lent for the occasion by the kind permission of the Treasurer. The entrance-hall and fine old oak staircase were lined with plants, which the Sisters of the wards were good enough to lend for the evening. The room, and especially the stage, was very pleasingly decorated in the same way.

The concert began a few minutes after eight, and the room was crowded—almost too crowded. Many of the staff were unfortunately absent on account of the final examination at the College which was then going on. Most of the nurses were accompanied by friends, and to see the uniforms dotted all over the hall amongst the visitors had a very charming effect, and amongst them we were glad to see a good many nurses from other hospitals.

The first piece by the orchestra, "The pilgrim's march," from Mendelssohn, was well executed; then the Choral Society, composed of members of the nursing staff and students at the Hospital, sang a chorus, "Forth to the meadows," by Schubert, and also later two other glees, "The chough and crow," by Bishop, and "Good-night, farewell," from Garrett, all of which were thoroughly appreciated. Two songs by Nurse Machonochie, "Chanson de Solveig," by Grieg, and "Unless," by Carracciolo, were both loudly encored. Mr. Haydon gave two charming pieces on his violin, "Romance," and "Bolero," from Dancla. The orchestra also played a minuet, "Berinici," by Handel, "The graceful dance," by Sullivan, and "The Hungarian Czardas," by Michiels; but their most ambitious piece, "Peer Gynt," from Grieg, at the end of the first part, which is a most difficult undertaking, was thoroughly well done and warmly applauded. Dr. West requires no praise, and in his usual form sang two songs, the first, a very pretty French song, called "Oh! ma charmante," by Sullivan, followed by "Twickenham ferry." Nurse Mitchell sang most sweetly "My ladie's bower," and received the encore she deserved. Mr. Nugent Baker sang "The devout lover," and "Off to Philadelphia." The latter favourite especially took well. Herr Gallrein kindly played a piece as a solo on the 'cello, which was perfect, and as an encore he gave a mazurka by Moszkowsky. The Resident Medical Staff sang two choruses, "The Canadian boat-song," and "Three doughtie men." The latter received the encore of the evening. Great thanks are due to Dr. Dundas Grant, who took such pains to arrange and to conduct all the orchestral and choral pieces, and to Mr. Hobart, who accompanied every item in the programme.

In the interval, besides the refreshments provided in the committee-room, the Junior Staff invited their friends to their rooms, which, both inside and out, had been tastefully decorated with fairy-lights, lanterns, flags, &c.; and it was surprising to see what an alteration in such a piece of—to say the least—plain building could be made for the occasion. After "God save the Queen" the company broke up, having spent a most enjoyable evening, and with expressions on all sides that the concert had been a great success.

Changes in the Staff of the Hospital and Medical School during the Year.

DURING the past year Dr. Andrew has retired from active service as physician, and has been elected consulting physician. Dr. Hensley has become a full physician, and Dr. Ormerod has been elected assistant-physician. Mr. James Berry has become surgical registrar, in place of Mr. Lockwood,

Junior Staff Appointments.

House Physicians to—

Dr. Church—	J. Miller, M.R.C.S. (Lond.), W. G. Horne, B.A., M.B. (Cantab.)
"	Gee—B. B. Thorne-Thorne, M.R.C.S. (Lond.), P. Horton Smith, M.A., M.R. (Cantab.), M.R.C.P.
Sir Dyce Duckworth—	H. Troutbeck, B.A., M.B. (Cantab.), C. S. de Sequendo, M.R.C.S. (Lond.)
Dr. Hensley—	E. C. Bridges, M.R.C.S. (Lond.), H. L. Brooksbank, B.A., M.B. (Cantab.)
Mr. Smith—	C. Buttar, B.A., M.B. (Cantab.), M. Llewellyn-Jones, F.R.C.S.
"	Willett—H. J. Paterson, B.A., M.B. (Cantab.), W. H. Maidlow, F.R.C.S.
"	Langton—M. L. Hepburn, F.R.C.S., N. O. Wilson, M.R.C.S. (Lond.)
"	Marsh—A. H. Buck, M.R.C.S. (Lond.), R. Smith, B.A., M.B. (Cantab.)
"	Butlin—W. R. Jones, M.B. (Lond.), P. Furnivall, M.R.C.S. (Lond.)
Ophthalmic House Surgeon—	J. Attlee, B.A., M.B. (Cantab.)
Resident Midwifery Assistant—	E. H. E. Stack, B.A., M.B. (Cantab.)
Extern	" " —J. D. Stubbs, M.A., M.B. (Cantab.)

Notes.

SIR JAMES PAGET, who has lately been severely indisposed, is, we are glad to say, very much better.

WE are very glad to hear such good reports as to the health of Mr. Morratt Baker. We wish him a speedy and good recovery.

We congratulate—

MR. C. R. STEVENS, M.D., Lond., F.R.C.S., Eng., late H.S. to Mr. Willett, on passing First out of Netley into the Indian Medical Staff Corps. He goes to Bengal Presidency. Also on the addition to the family.

MR. J. FOUTKES, M.R.C.S., L.R.C.P., on his success in the same examination. He goes to Madras Presidency.

MR. D. PRYCE JENKINS, on his selection by the Local Government Board for special work in connection with the cholera epidemic at Crimsby.

H. MARSHALL, on his election to the captaincy of the Blackheath Rugby Union Football Club.

MR. GRANT, late senior assistant anaesthetist to the Hospital, on his appointment as surgeon to the *Trojan*, in the Union Steamship Co., Ltd., Line to the Cape.

MR. E. J. P. OLIVE, M.A., M.B., B.C. Cantab., F.R.C.S., Eng., &c., late H.S. to Mr. Willett, on his appointment as H.P. to the Leamington Warneford Hospital.

MR. A. B. BOYD, M.B., B.S., Oxon., on his appointment as house surgeon to the Radcliffe Infirmary, Oxford.

and Dr. Herringham has succeeded to the medical registrarship, in connection with which arrangements have been made to meet the long-felt want of the students, by giving assistance to the clerical clerks on the same lines as carried on by the surgical registrars for some time past. Dr. Gee, having resigned the joint lectureship on medicine, has been succeeded by Dr. Norman Moore. The lectureship on pathology, recently vacated by Dr. Moore, has been given to Dr. Kanthack, whose appointment is much appreciated, and who is welcomed back to his *alma mater*. During the past few years Dr. Kanthack has done good work, not only as a teacher of bacteriology at Cambridge and as medical tutor at Liverpool, but also as an investigator, having published the following papers: "On the Nature of the Cobra Poison," "On the Action of the Epiglottis during Deglutition" (with Dr. Anderson), "On Eosinophile Cells and Leucocytes" (with Mr. W. B. Hardy), and an address to the Abernethian Society, "On Contagion and Infection." He was also on the Leprosy Commission to India. Dr. H. Tooth has succeeded Dr. Ormerod as demonstrator of morbid anatomy. Mr. R. Gill has succeeded Mr. Mills as chief administrator of anaesthetics. The department of practical physiology is now in the hands of Dr. Edkins, who has replaced Dr. Harris as demonstrator. Dr. Edkins was scholar of Caius College, Cambridge, in 1882, graduated B.A. with first-class honours in Part II. of the Natural Science Tripos in 1886, then was elected to the Shuttleworth Scholarship, and studied medicine at St. George's Hospital. In January, 1890, he became demonstrator of physiology at Owen's College, Manchester, and in January, 1893, was elected to the George Henry Lewis Studentship, working at the Brown Institution. He has written papers on "Pepsin and Pepsinogen," on "Fat Absorption Apparatus," on "The Action Pancreatic and Rennet Ferments on Milk," with others on digestion and absorption.

In anatomy Dr. Herringham and Mr. Berry have been followed by Mr. H. J. Waring as demonstrator, whilst Messrs. Hayward and Paton have been elected assistant demonstrators. During the year a demonstratorship and an assistant-demonstratorship of chemistry have been constituted, and these offices have been filled by the election of Dr. F. D. Chattaway and of Mr. Alfred Howard. Dr. Chattaway studied at Mason College, Birmingham, and at Christ Church, Oxford, taking the B.A. degree with first-class honours in the Natural Science School, and the B.Sc., London, with first-class honours in chemistry. He has studied under Beyer and Bamberger in the Research Laboratory at Munich, where he graduated Ph.D. (*summa cum laude*). He is a D.Sc. of London, his original thesis being on the "Constitution of the Higher Members of the Phenanthrene Series."

The Advanced Classes which Dr. Edkins and Dr. Chattaway have just begun are, we understand, much valued by the students.

MR. H. A. ECCLES, late H.P. to Dr. Gee, on his appointment as resident medical officer to the London Fever Hospital.

MISS BASTOW, on her appointment as Sister John. We wish the late Sister John every happiness in the new circumstances of life she is about so soon to enter.

AMONGST the successful candidates in the competition for entrance into the Army and Indian Medical Services, held in August last, we are pleased to note the following Bart.'s men: Mr. Leumann gained the third place in the Indian Service; Mr. Evans was seventh; and Mr. Peck took the tenth place. In the Army Service Mr. S. F. St. D. Green obtained the wooden spoon.

A NEW entrance for ambulance cases has been made by the Chapel to the entrance to the surgery on that side, to avoid the motley crowd assembling in front, and to stop the blockage to traffic which it causes. It is found a great convenience in the now overcrowded surgery in the morning.

WE note that the sanitary inspector to the Hospital has thoroughly investigated Mackenzie's, and reports that, considering the age of the building, it is in a most satisfactory state hygienically, and that no further improvement can be added short of demolition.

Obituary.

CHARLES WILLIAM HEATON, F.I.C., F.C.S., whose death we regret, which took place at his residence at Bedford Park, on September 11th last, from chronic pulmonary disease. He commenced his studies in chemistry at St. Bartholomew's Hospital with Dr. Stevenson, Professor Kekulé, Dr. Attfield, and Professor Tuson. He was associated with Professor Kekulé in his original work on the structure of the Aromatic Series. He first went as teacher in chemistry to the Royal Benevolent College, Epsom. In 1862, on the appointment of Professor Tuson to the Royal Veterinary College, he succeeded him as lecturer in chemistry at Charing Cross Hospital, where he continued till his death. He was also lecturer in chemistry to the London School of Medicine for Women. He was a contributor to various chemical and other journals. He was associated with Drs. Tidy, Dupré, and Frankland in the Royal Commission on the Condition of the River Thames in 1882-3. He also was examiner in chemistry for some years at the Royal College of Physicians and Royal College of Veterinary Surgeons, treasurer to the Society of Public Analysts, was himself public analyst to S. Martin-in-the-Fields. He was the author of "Experimental Chemistry."

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY.

- Oct. 19th—W. H. Maidlow, F.R.C.S., "Electrical Department Cases."
 ,, 26th—W. J. Collins, M.D., F.R.C.S., "Some Medical Work on the L.C.C."
 Nov. 2nd—Oswald Brown, M.D., "Pleuritic Effusion."
 ,, 9th—F. P. Weber, M.R.C.P., "Arterial Atheroma and Arterial Sclerosis."

ATHLETICS.

RUGBY FOOTBALL, 1ST XV.

- Oct. 14th—Sandhurst, at Sandhurst.
 ,, 21st—Bedford, at Bedford.
 ,, 28th—Croydon, at Croydon.
 Nov. 4th—Wickham Park, at Lee.
 ,, 8th—East Sheen, at Richmond.
 ,, 11th—Cooper's Hill, at Cooper's Hill.

ASSOCIATION FOOTBALL, 1ST XI.

- Oct. 14th—Minerva, at Lee.
 ,, 18th—Civil Service, at Wormwood Scrubbs.
 ,, 21st—Reigate Priory, at Reigate.
 ,, 25th—
 ,, 28th—Ealing, at Ealing.
 Nov. 1st—Sittingbourne, at Sittingbourne.
 ,, 4th—Gravesend, at Gravesend.
 ,, 8th—Hastings, at Hastings.
 ,, 11th—London Welsh, at
 ,, 15th—Casuals, at Wormwood Scrubbs.
 ,, 18th—Vampires, at Balham.

S.B.H. STUDENTS' CHRISTIAN ASSOCIATION.

Meetings on Thursdays, in the Inquest Room at the Hospital. Tea and coffee, 4.45 p.m. Address 5.0 p.m.

- Oct. 19th—Frank Jones, Esq., Corpus Christi College (Cantab).
 ,, 26th—S.B.H. Missionary Society Meeting.
 Nov. 2nd—Prayer Meeting at Guy's, 5.30 p.m.
 ,, 9th—Prayer Meeting at Bart.'s, 5.30 p.m.
 ,, 13th-17th (inclusive) M.P.U. Mission in the church of S.B.H.

A Prayer Meeting is held in the vestry of the Hospital church during the Session, daily (except Saturday), from 12.45 to 12.55.

REQUEST.

THE Finance Committee of the Amalgamated Clubs would be greatly obliged if any Old Bart.'s men, who may have copies of photographs of winning teams prior to 1890, would be kind enough to let them have such for the purpose of hanging them in the smoking-room.

Scholars and Prizemen, 1892-93.



THE Entrance Scholarships and Exhibitions were awarded on Tuesday last to the following gentlemen: The Scholarship of £75, in Biology and Physiology, was gained by Mr. E. C. Morland, of Owen's College, Manchester. The other Scholarship of £75, in Chemistry and Physics, was awarded to Mr. R. H. Bremridge, B.Sc. (Lond.), B.A. Magdalen College, Oxon. The Junior Open Scholarship of £150, in Biology, Chemistry, and Physics, was given to Mr. H. A. Colwell (honours in Prel. Sc. (M.B., Lond.)). The Preliminary Scientific Exhibition of £50 was gained by Mr. J. E. Robinson (Prel. Sc., Lond.). The Jeaffreson Exhibition of £20, in Classics and Mathematics, was awarded to Mr. G. V. Bull, B.A., Caius College, Cambridge.

Lawrence Scholarship and Gold Medal—A. S. Blackwell.
 prox. acc. P. Horton-Smith.

Brakenbury Medical Scholarship—H. L. Brooksbank.

prox. acc. } F. E. A. Colby.
 } J. S. Sloane.

Brakenbury Surgical Scholarship—J. S. Sloane.

Senior Scholarship in Anatomy, Physiology, and Chemistry—
 J. Hussey,

prox. acc. M. G. Pearson.

Open Scholarships in Science, Chemistry, and Physics—C. Todd.
 Biology and Physiology—W. d'E. Emery.

Junior—S. B. Atkinson.

Preliminary Scientific Exhibition—J. H. Churchill.

Jeaffreson Exhibition—J. H. Thursfield.

Kirke's Scholarship and Gold Medal—G. C. Garratt.

Bentley Prize (Medical)—H. T. Maw.

Hichens Prize—T. J. Horder.

Wix Prize—(no award).

Harvey Prize } T. J. Horder } Eq.
 } J. Hussey } Eq.

3. J. P. Maxwell. 6. M. W. Coleman.
 4. { J. A. O. Briggs } Eq. 7. A. R. J. Douglas.
 { A. Heath } Eq. 8. W. M. Macdonald.

Sir George Burrow's Prize—C. P. White.

Slynnor Prize—C. P. White.

Practical Anatomy, Junior. Practical Anatomy, Senior.

Treasurer's Prize—J. H. Churchill. Fester Prize—

1. J. Brock. { G. E. Dodson } Eq.
 2. { W. R. Gibson } Eq. { S. P. Huggins } Eq.
 { H. Mandy } Eq. 3. G. D. Reynolds.
 5. D. L. Heath. 4. S. P. W. Brigstocke.
 6. R. P. Brown. 5. A. B. Tucker.
 7. A. W. Dickson. 6. P. A. Palmer.
 7. T. C. L. Jones. 7. W. Gillin.
 8. { A. R. J. Douglas } Eq.
 { W. R. Stowe } Eq.
 10. J. P. Maxwell.

Shuter Scholarship—A. R. Cook, B.A.

Junior Scholarships—S. B. Atkinson. a. T. D. Jago.

Junior Scholarship in Chemistry—W. J. Harding.
 2. R. P. Brown.

Pass Lists at Examinations.

I.—INTERMEDIATE M.B., LONDON. JULY, 1893.

M. G. Pearson (1st Class Honours in Organic Chemistry, 2nd Class Honours in Anatomy, and 3rd Class Honours in Physiology).

First Division.

J. A. O. Briggs.

Second Division.

C. A. Grace Calvert. J. Hussey.
 E. W. Groves, B.Sc. J. P. O'Hen.
 A. Heath. F. A. Smith.

H. E. Thompson.

Excluding Physiology.

J. F. Bill. M. W. Coleman. J. H. Hugo.
 T. Chave. E. Pratt. A. R. H. Skey.

Physiology only.

A. D. Ducat. G. F. Murrell.

II.—PRELIMINARY SCIENTIFIC M.B. JULY, 1893.

Honours.

H. A. Colwell (2nd Class, third in order in Zoology).
 S. A. Millen (3rd Class, fifth in order in Zoology).
 G. P. Tayler (3rd Class, sixth in order in Zoology).

Pass all subjects.

H. D. Everington. P. W. Rowland.
 W. T. Rowe. H. H. Scott.

Chemistry and Physics.

R. Hatfield. G. C. Marrack. H. Bond.
 F. E. Robinson. F. Brickwell. J. G. F. Hosken.

Biology.

N. Joy. W. H. Cazaly, B.A.
 H. H. Thomas. J. H. Rhodes.

III.—FINAL M.R.C.S. AND L.R.C.P. JULY, 1893.

Medicine, Surgery, and Midwifery.

J. J. G. Blandford. G. A. Harrison. T. H. Woodfield.

Medicine and Midwifery.

S. E. Gill. T. W. W. Burgess. C. Corben. W. Wyllys.
 W. Royden. C. G. Cory. O. L. Reid. A. F. Stevens.

Surgery and Midwifery.

P. E. Turner. W. Shears.
 L. Feaver. N. F. Rowstron.
 T. G. Waking.

Medicine.

H. Noyes. G. E. Bensley. R. W. Fisher.
 C. H. Langford. H. S. Elworthy. H. T. Du Heaume.
 K. Rogers. B. Collyer. J. B. Collins.
 J. Griffith. G. N. O. Slater. H. Spier.
 F. J. P. Jenkins. A. C. Gurney. A. L. Saunders.
 W. D. Betinson. J. K. K. Benjamin.

Surgery.

J. E. Gordon. A. G. Ewbank. A. Murdock.
 C. D. Cardinall. G. R. Adeock. J. A. Crump.
 F. C. Robinson. R. N. Weekes. C. H. Willis.
 B. Ley. R. H. Wilkin. R. Ballard.
 E. S. Humphrey. J. S. E. Selby. E. W. Cross.
 J. Storry. J. O. March.

Midwifery.

W. E. Collier. B. L. G. Skipworth. G. Cawley.
M. N. J. Rigby. F. E. A. Webb. H. N. G. Bloomfield.
E. L. Pawley. W. C. Hatley. E. E. Elliot.
F. H. de G. Best. J. G. Faber. G. B. Woodrooffe.

IV.—SECOND M.R.C.S. AND L.R.C.P. JULY, 1893.

Anatomy.

J. A. P. Barnes. H. J. Godwin. P. A. Palmer.
T. A. Barron. N. E. Grosvenor. B. Rowlands.
S. L. Box. A. E. Hodgkins. M. J. Ryan.
P. M. Brittain. P. W. James. E. G. Simmonds.
M. W. Coleman. E. Lloyd. J. H. Tomlinson.
D. H. F. Cowin. W. M. McDonald. E. A. Welser.
D. J. Diakie. F. E. Meade. H. Weeks.
R. H. Edleston. W. R. S. Miller. A. Woolcombe.
J. R. Evans. J. H. F. Nunn. W. Wrangham.

Physiology.

J. A. P. Barnes. J. F. Fernie. F. H. Nimmo.
S. L. Box. G. E. Gardiner. P. A. Palmer.
D. H. F. Cowin. A. Granville. J. C. Powell.
E. J. Deck. N. E. Grosvenor. E. G. Simmonds.
D. J. Drake. E. Lloyd. I. H. Tomlinson.
R. H. Edleston. W. R. S. Miller. H. Weeks.
J. R. Evans.

V.—FIRST M.R.C.S. AND L.R.C.P. JULY, 1893.

(a) Chemistry and Physics.

B. E. G. Bailey. T. G. Jago. P. Wood.
C. P. Burd. L. Jones. A. D. B. Wrough-
ton.
J. B. Cautley. T. C. L. Jones. C. P. Baber.
A. J. McN. Cuddon. R. H. Lloyd. J. Broch.
J. Dalebrook. W. C. Long. W. R. Gibson.
T. D. Dawson. A. F. Page. G. S. Haynes.
M. H. G. Fell. R. Raines. F. E. Price.
C. L. Francis. R. Storrs. S. Roach.
G. E. Gask. W. T. Storrs. A. W. Wilkinson.
H. G. Harris. H. E. Waller. W. E. A. Worley.
E. S. E. Hewer. C. F. Winkfield.

(b) Pharmacy and Materia Medica.

H. S. Beadles. R. P. Brown. J. L. Maxwell.
J. B. Cautley. M. A. Cholmeley. H. Mundy.
A. W. Dickson. J. H. Churchill. J. C. Powell.
M. G. Dyson. A. M. Crabtree. F. E. Price.
J. Oldfield. G. E. Dodson. W. H. Roach.
C. Riviere. J. A. Dreilge. F. W. G. Shelley.
H. A. Scholberg. E. H. B. Fox. W. R. Stowe.
R. G. Whiting. W. R. Gibson. R. K. Thomas.
C. F. Winkfield. N. H. Harris. H. J. Weston.
F. V. O. Beit. S. Hunt. F. Whitcup.
H. C. P. Bennett. C. V. Knight. E. W. Wood-
bridge.

(c) Biology.

B. E. G. Bailey. C. E. Hogan. C. G. Meade.
P. C. Bacham. E. G. Kont. H. J. Palsaring.
M. H. G. Fell. A. G. Leverton. E. B. Stevenson.
R. L. F. Hearn.

(d) Elementary Anatomy.

J. G. B. Gowland. H. A. Scholberg. B. E. Laurence.
C. C. Morgan. W. Amsden. R. K. Thomas.
J. Oldfield.

(e) Elementary Physiology.

W. Amsden. R. R. Thomas.
B. E. Laurence. W. L. Burn.

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TIMES OF ATTENDANCE IN THE WARDS OF THE PHYSICIANS AND SURGEONS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Dr. CHURCH	1.30	1.30	...	1.30	1.30	1.30
Dr. GEE	...	1.30	...	1.30	...	1.30
Sir DYCE DUCKWORTH	1.30	1.30	...	1.30	1.30	1.30
Dr. HENSLEY	1.30	1.30	...	1.30	1.30	10
Mr. THOMAS SMITH	1.30	...	1.30	1.30	1.30	...
Mr. WILLETT	1.30	1.30	1.30	1.30	2.30	...
Mr. LANGTON	1.30	1.30	1.30	1.30	1.30	1.30
Mr. MARSH	1.30	1.30	1.30	1.30	1.30	...
Mr. BUTLIN	1.30	1.30	...	1.30	1.30	...
Dr. CHAMPNEYS	2	...	2	...	2	...
Mr. POWER	...	2	...	2	...	...
Mr. VERNON	...	...	2	...	...	2

TIMES OF ATTENDANCE OF THE ASSISTANT-PHYSICIANS AND ASSISTANT-SURGEONS AT THE OUT-PATIENTS' ROOMS AND IN THE CASUALTY DEPARTMENT.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Dr. BRUNTON	...	1.30	...	...	1.30	...
Dr. NORMAN MOORE	...	...	1.30	...	...	1.30
Dr. SAMUEL WEST	1.30	...	...	1.30	...	...
Dr. ORMEROD	...	9	9	...	9	9
Mr. WALSHAM	...	1.30	...	...	1.30	...
Mr. HARRISON CRIPPS	...	...	1.30	...	...	1.30
Mr. BRUCE CLARKE	1.30	1.30
Mr. BOWLBY	...	9	9	9	9	9
Mr. LOCKWOOD	9	9	9	9	9	9

St. Bartholomew's Hospital



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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, MESSRS. RICHARDS, GLANVILLE & CO., 114, Fenchurch Street, E.C.

St. Bartholomew's Hospital Journal,

NOVEMBER 14th, 1893.

"Æquum memento rebus in arduis
Servare mentem."—Horace, Book ii., Ode iii.

WE understand that several first-rate football players, who have distinguished themselves at the Universities and elsewhere, have entered the Hospital recently. We heartily welcome them, and look to them to help in working up first-rate representative football teams for the Inter-Hospital cup ties. It is, however, said that some of these men are playing for outside clubs, and do not intend to be active members of our own clubs until later on, when they will join in the cup ties. We greatly deprecate this, for we feel very strongly that a man should always give his own hospital clubs a preference to any outside ones. All the athletics at St. Bartholomew's are now worked on the amalgamated principle, and those students who take any interest in athletics at all, are, at least, members, and, at least, support the clubs financially, but we expect more of those who are active and tried players. Amongst the students there are, of course, those who are especially interested in one particular club, e.g., the football, and who do their best to make the constituent clubs respectively as strong as possible. Owing to the fact that students are leaving and others beginning, there must be, each year, changes in the teams, sometimes extensive

changes. Teams, therefore, are not ready made, but have to be worked up; and we consider it to be the bounden duty of those who are the most competent, to undertake the task of making the clubs, of which they are members and to which they give their support financially, as strong as they can possibly be. Instead of this, it seems that some of the most competent men in the School are playing for outside clubs, and leaving it to others, less competent than themselves, to work up a team. Then later on, in the cup ties, they, who have worked least for the general good, appear to intend to step in and partake of the victorious honours which others have worked for. There can be nothing more disheartening to those who continuously give their support than to find at the last moment, in the cup ties, that they are displaced by others who have evinced no interest in the clubs except the honour to play in such matches as they deem good enough for them. It is also a well-known fact that a team which has worked together throughout the season is better on the whole, though individually inferior, to another team composed of men taken at the last moment to make a good show on paper. A very usual result of this sort of practice is that the men who are most keen do not see the use of playing regularly only to be ousted by others when the better matches are played. We therefore urge all those strongest players who contemplate taking part in any of the cup-tie matches to begin to play for the Hospital now, and to help in the working up of a team strong enough to win the cup for us, and not to leave it till too late, when the chances of victory may be greatly diminished. By so doing they would also prevent any discord, which cannot be otherwise than detrimental, but which is almost certain to occur if they step in later on to play in the cup-tie matches.

DR. NORMAN MOORE has introduced as an accessory to his lectures in Medicine a new and distinctly original feature, by giving out on printed slips of paper the number of the beds of the patients in the wards of the Hospital who are the subjects of the disease he is lecturing on at the time. These are supplied to him by the Medical Registrar. On the same slips are the numbers of the specimens in the

museum which illustrate the various stages in the morbid anatomy of the disease.

This innovation we most cordially welcome, as it gives the students an increased interest in the lectures, and stimulates their interest in the art of Medicine by imparting a great reality to it. The knowledge, that there are many of their fellow-men suffering from a disease which it is of the greatest importance to know thoroughly, goes a long way towards dispelling the idea of lecture attendance being a drudgery which the students must go through merely for the sake of being signed up for examination. It rather inclines them to look forward to the lectures with anticipation and pleasure.

We would gladly see the same method adopted in Surgery and Midwifery, &c., as it greatly adds to the ease with which students can acquire the most knowledge with the least unnecessary loss of time.

Students are now able to verify, by merely going into the wards with the physicians, the statements made by the lecturer, whereas formerly, their attention not having been directed to any particular cases, they either did not see them, or were obliged to spend a good deal of time in searching for them—time which they could ill afford, considering how much is expected from them now at the examinations. They are able, further, to study the various phases of the same disease in the living subject at the same sitting, as it were, and so acquire a method of observation hitherto supposed to be born in the man, or only with the greatest diligence acquired.

They can then go to the P.M. room or the museum and see the different stages of the morbid anatomy of the disease, and so can acquire a thorough mastery of the subject with the least expenditure of time. The advantage of having the numbers of specimens in the museum ready at hand is incalculable, for it saves a great deal of time, which can now be devoted to studying the specimens, and that in former times was wasted in looking for them. No one can realise this tantalising "looking for specimens" unless he has tried it.

We congratulate Dr. Moore on his innovation, about which there is not the slightest doubt but that it is a step in the right direction towards removing a great obstacle in the acquirement of medical and surgical knowledge, and we sincerely trust that his very excellent example in relieving the difficulties of the students will be adopted by other lecturers.

The five years' curriculum, about which much has been said and written, is, we think, a most salutary improvement in the course of medical education. The extent of the knowledge which, owing to the advance and spread of science, public opinion now demands of the practitioner has in the last two decades vastly increased. It was only lately said that the days of the generally informed man are numbered, and that we shall soon develop into a profession of specialists,

so great is now the scope of the several branches of medical science, that no one man could be good at them all. Notwithstanding this, we strongly deprecate specialism, and we warmly approve of the extended curriculum, which, it seems to us, ought to check the tendency towards specialism. The extended curriculum and the rearrangement of the course of study, should now enable a student by diligence to gain a good knowledge of the general principles of all branches, and should in the future produce better practitioners. It is only those who have a good general knowledge of all branches of medical science who can make the greatest advances in medicine.

The entry into the medical schools this year concerns us most, as indicating what effect the extended time of medical study is likely to have on the number of qualified men in the future. As far as we are able to judge from published statistics, there is no marked diminution in the total number of students entering all over England, though there is some diminution in London, and a slight increase in the Provinces.


On referring to the figures as to our entry, to be found on another page, we find that in spite of the increase of fees, the number beginning the study of medicine, either as full students or in the Preliminary Scientific Class, is up to the average. With some of the other schools this appears also to be the case, although at some of the smaller ones there is a considerable falling off.

The extension of the curriculum has added a fifth year, to be devoted entirely to clinical study. Attendance at a fever hospital, as well as clinical instruction at a lunatic asylum and clinical study in ophthalmic surgery, are now compulsory. At the beginning of the course there has been added instruction in biological science. All these changes are of the greatest importance in the training of general practitioners, the introduction of biology because it leads to the better understanding of not only the normal, but also the pathological, processes which take place in the human body. Instruction at a fever hospital will make future practitioners efficient in the treatment of acute infectious disease, and carry with it some knowledge of preventive medicine, which cannot fail to be of the greatest service. Clinical instruction in insanity seems to be most necessary so as to prevent those egregious errors which at present those not proficient in the subject so often fall into, much to the discredit of the profession, and the discomfort of their patients.

WE are informed that the percentage of passes amongst Bart's men in the different parts of the final examination of the Conjoint Board, in October, is exceedingly good. In medicine, 61 per cent. passed, in surgery 80 per cent., and in midwifery 74 per cent. The total rejections from all schools in medicine were very numerous, only about 40 per cent. passing, so that the numbers from Bart's are exceedingly satisfactory. Although our percentage of passes in medicine

is, we are told, larger than from any other medical school, yet we should like to see a still better result. There is no lack of most valuable clinical material, but a very valuable part of it is at present quite useless from the student's point of view. We refer especially to the large casualty out-patient department, where there is an enormous number of just that class of cases which are most met with in general practice, and which the ordinary student at present is unable to learn from. The only men in the Hospital who now benefit by these cases are the junior house physicians. Could not something be arranged by which a certain number of senior students might have the benefit of working in this department under the casualty physicians and house physicians as medical casualty clerks?

The Amalgamated Clubs.

 SUPPOSE that the title, "The Amalgamated Clubs," is one that to many old students requires an explanation, for I am often asked what it means, and what are the clubs which have been amalgamated. The answer to such questions is a brief one. The clubs amalgamated are the various students' clubs, such as the football, cricket, and athletic clubs, but in order to appreciate the present position of affairs I think it will prove of some interest to old students if I give a brief explanation of the course of club events which have led to this result.

I think that the first suggestion of an amalgamation of the clubs came from one of our best performers on the running path, Mr. Kent Hughes, some four or five years ago, but no definite scheme was forthcoming, and the subject lapsed, after a somewhat desultory discussion at a general meeting called for the purpose. From that time onwards, however, the subject never quite dropped out of sight, and it was again brought to the fore by the present Editor of our Journal, Mr. Borchers, in the latter part of 1891. Meantime, opinions had ripened on the subject, many of the colleges at the older Universities had adopted the system of club amalgamation, and, in London, Guy's and St. Thomas's Hospitals had followed suit.

The advantages urged were sufficiently obvious. The method of collecting subscriptions for each separate club by different secretaries involved a great deal of trouble and much expenditure of time, and the process was not appreciated either by the secretaries or by those to whom they applied for subscriptions. Next, it was felt that a considerable saving might well be effected if the football and athletic clubs could combine in the matter of a ground, and finally, it was evident that, if the students were ever to obtain a ground of their own, it must be a ground common to all the clubs who might wish to use it, and that until they combined a ground could not be obtained. Further, it was urged that if most of the students joined all the clubs at the begin-

ning of their hospital career they were more likely, as members of them, to take an active interest in their welfare. Such arguments as these prevailed, and after each club had passed formal resolutions advocating union, the proposals for amalgamation were carried with absolute unanimity at a general meeting of the students held in the Anatomical Theatre on July 17th, 1892.

But whilst amalgamation was evidently most useful, it was felt that nothing should be done to destroy the separate life and management of the several clubs effected, and it was therefore arranged that each should continue, as heretofore, to elect its own officers and to manage its own internal affairs, whilst the amalgamation should be for financial purposes alone.

The scheme, which was finally approved by the Medical Committee as well as by the students, therefore involved the formation of a "Finance Committee," composed of representatives of the different clubs, with two members of the Medical Committee, whose business it should be to examine into the requirements of each club, to consider estimates for their yearly expenditure, and to grant such sums of money from a common fund as appeared from time to time to be necessary. The income of the committee is derived from two sources. First, students on entry are invited to join the "Amalgamated Clubs," and pay the single subscription required for permanent membership, and parents and guardians readily acquiesce in an arrangement whereby a single payment prevents any further call for annual subscriptions on the parental purse, and places the new student at once in direct communication with those more senior to him, and in many cases finds him useful friends. Second, the Medical Committee pay annually a fixed sum towards the expenses of the clubs.

The system thus roughly sketched has now been in work for rather more than a year, and has succeeded beyond all expectations. The number of members has increased daily, and now comprises more than 300 students; the finance has worked smoothly and well, and no difficulties have arisen which could not be easily overcome. And now that the enterprise has been fairly floated, it is natural to take the next step towards one of the original objects in view, and to obtain a suitable ground. Here again matters have progressed satisfactorily. A sufficient sum of money has been placed at the disposal of a special committee to enable them to purchase a suitable ground and to fence and prepare it for cricket, football, and lawn tennis. It is of course difficult to find at once a ground which is at the same time conveniently situated and adapted to the purpose, but at present it may be said that several grounds have been inspected, and that the purchase of one or other of them is now merely a matter of time. It is, indeed, probable that some definite announcement on this point will be found in an early number of this Journal.

This short sketch, however, would be very incomplete if I failed to allude to the origin of this Journal itself. The

desire for such a publication was widespread in the school, and the Finance Committee concurred in the general belief that it would be successful and would prove of interest to past and present students alike. The result of this decision has already been made known to all Bart's men, and the first number of this Journal, which is the official journal of this "Amalgamated Clubs," has been in the possession of all old students for some little time past.

I should, however, like to take the present opportunity of explaining how much the past students have now in their power for the benefit of their successors in their old school. The one thing necessary for the permanent success of this Journal is a sufficient number of regular subscribers, so that the promoters of the enterprise may not only be spared expense, but may derive some benefit from the publication. I have already said that the income of the "Amalgamated Clubs" is derived from two sources, the students and the Medical Committee. I hope that to these we may now add a third source of income. I am sure that most old students would wish to see their successors in possession of a Hospital ground, and would be willing to assist as much as possible to bring it within easy reach. There are more than 2,000 Bart's men in Great Britain, and if they will each subscribe to the Journal the five shillings required for a year's publication, they will at once place the existing students in possession of sufficient means to pay all interest on the money borrowed for purchase, and to ensure the proper development of the ground.

I think an appeal may be especially made with confidence to those who in former years took an active part in the work of the football, cricket, and other clubs. They will, more than others, be able to appreciate the advantages of a ground, and while they subscribe to the Journal to the benefit of present students, I trust they will also find that it is of interest for its own sake. I am sure it is not too much to hope that the past students who read it will help those who have deserved well by helping themselves, and will assist the enterprise of the present students by becoming subscribers to their Journal. That they may read therein of the continued success and prosperity of the "Amalgamated Clubs," must be the sincere hope of all well-wishers of our Medical School.

ANTHONY BOWLBY.

GENERAL MEETING, OCT. 11, 1893.

A general meeting of the members of the Amalgamation was held in the Anatomical Theatre on Oct. 11th, 1893, at 12.30. Dr. Shore (the President) took the chair. Twenty members only were present.—After the minutes had been read and confirmed, Mr. Borchers (the retiring Assistant Secretary) proposed the election of Mr. H. B. Meakin as Secretary for the current year.—Mr. Hay having seconded it, the proposal was put and carried *nem. con.*

The President pointed out how useful it had been during

the past year to have the services of an Assistant Secretary, and suggested that the office be continued for this year.—Mr. Borchers then proposed, and Mr. R. C. J. Stevens seconded, "That Mr. H. Bond be appointed Assistant Secretary for a year."—This was unanimously carried.

The President spoke of the great services which the outgoing Secretary (Mr. W. G. Richards) and the Assistant Secretary (Mr. W. M. Borchers) had rendered in connection with the general business of the Amalgamation during the first year of its existence, and proposed a hearty vote of thanks to them for their services.—This was carried with acclamation.

The rest of the business was postponed owing to the want of a sufficient quorum.

GENERAL MEETING, OCT. 20, 1893.

A general meeting of the Amalgamation took place in the Anatomical Theatre on October 20th, 1893, at 12.30. Dr. Shore (President) took the chair. There was a good attendance.—The minutes were read and confirmed.

The business of the meeting was to make alterations in the rules so as to supply sufficient funds to enable the Finance Committee to enter into negotiations with the Medical School in reference to a ground for the permanent use of the Clubs.

The President explained that the Medical School was prepared to purchase land, to level it, prepare it for play, and to erect a pavilion on it at a cost of several thousand pounds, and that in order to maintain it it would be necessary to raise the subscription for life membership.—Mr. Meakin proposed, and Mr. Borchers seconded, "That in Rule 6 the word 'five' be substituted for the word 'three,'" so as to raise the subscription to five guineas for life membership in future.—This was put and carried unanimously.

Mr. Meakin proposed, and Mr. Granville seconded, "That in Rule 7 the word 'four' be substituted for the word 'two,'" so that the subscription for life membership of the Club, but not of the Abernethian Society, be in future four guineas and a-half.—This was put and carried.

The meeting was then adjourned.

FINANCE COMMITTEE MEETING, OCT. 16, 1893.

The first meeting of the Finance Committee of the Amalgamated Clubs for the year 1893-4 was held at Dr. Shore's house on Monday, October 16, at 5.15 p.m. There were present—Dr. Shore (in the chair), Mr. Bowlby, Mr. Nimmo (Cricket), Mr. C. H. Hopkins (Association), Mr. Bond (Rugby), Mr. Hugo (Boxing), Mr. Waterhouse (Tennis), Mr. Borchers (Journal), and Mr. H. B. Meakin (Secretary).

The minutes having been read and confirmed, the Treasurer (Mr. Bowlby) made a statement of the present

state of finances, and presented the accounts for the year 1892-93 drawn up for audit.—These showed that the total receipts for the year had been £497 2s. 6d., that the total expenditure had been £332 5s. 5d., leaving a balance to the credit of the maintenance and reserve fund of £164 17s. 1d.

It was agreed to ask Mr. Waring and Mr. Hopkins to act as Auditors.

Estimates of the expenses for the current year were presented by the representatives of the Rugby and Association Football and the Boxing Clubs, as follows:—Rugby, £45; Association, £45; Boxing, £28 8s. 3d. These were accepted and grants were made.

The Treasurer called attention to the great diminution in the work which would be required of the Clerk now the Amalgamation was fairly started, and proposed that the salary for the current year be £3.—This was seconded by Mr. Borchers, and carried unanimously.

Mr. Borchers drew attention to the inadequate supply of newspapers and periodicals in the smoking-room, and, after some discussion, it was proposed, seconded, and unanimously carried, "That the Secretary be requested to write a letter to the committee of the Abernethian Society calling their attention to the inadequate supply of daily and weekly papers and magazines in the smoking-room."

Several cheques were drawn and the meeting adjourned.

AMALGAMATED CLUBS.

BALANCE SHEET FOR THE YEAR 1892-1893.

Cr.	£	s.	d.	Dr.	£	s.	d.
By Members' Subscriptions as per subscription book	452	14	0	To grants to Clubs.			
Subscription from Hospital staff	44	8	6	Rugby Football Club...	40	0	2
				Association Football Club...	37	0	5
				Boxing...	25	16	0
				Athletic...	32	19	3
				Cricket...	11	15	0
				Swimming...	7	5	8
				Lawn Tennis...	4	4	11
					159	1	11
				To Abernethian Society, 125 members at			
				£1 10	131	5	0
				To excess subscription returned	1	11	6
				To Reserve and Maintenance Fund	205	4	1
					£497	2	6

Audited and found correct,
October 20th, 1893.

H. J. WARING,
CHAS. H. HOPKINS.

MAINTENANCE AND RESERVE FUND.

Cr.	£	s.	d.	Dr.	£	s.	d.
Funds as per General Account	205	4	1	Stamps for cheques	0	8	4
				Subscription to Hare and Hounds	3	3	0
				Elliott and Fry (pictures)	1	18	0
				Adlard (printing)	5	12	0
				Wages of clerk	15	0	0
				Ilman (lockers)	7	9	0
				Secretary's petty cash account	6	16	8
				Balance to next account	164	17	1
					£205	4	1

Audited and found correct as per bank pass book,
October 20th, 1893.

H. J. WARING,
CHAS. H. HOPKINS.

On the Action of Chloroform and Ether on the Heart.

By JOHN W. PICKERING, D.Sc. (LOND.)



ALTHOUGH many brilliant scientific investigators have devoted much time and energy to the study of the action of anaesthetics on the heart, there are still many questions undecided, and the controversy between the rival schools of opinion shows no sign of abatement.

The following is a brief summary of the leading views on the action of chloroform on the heart:—

1. That chloroform may cause marked dilatation of either the auricles or ventricles, or of the whole heart, in a degree of anaesthesia in which the conjunctival reflex is not abolished.—(McWilliam, 1).

2. That cardiac dilatation when present is due to pulmonary obstruction.—(Lawrie, 2).

3. That chloroform paralyses the respiratory centre in the medulla oblongata, and that the consequent asphyxial condition of the blood acting in conjunction with the chloroform secondarily paralyses the heart.—(Brunton, 3).

4. That chloroform syncope is due to a reflex cardiac inhibition caused by an irritation of the nerve endings of the vagi in the lungs.—(Kirk, 4).

5. That the fall of blood pressure caused by the administration of chloroform is due primarily to a weakening of the heart's action and not to a paralysis of the vasomotor centre.—(Gaskell and Shore, 5).

Many of the difficulties of the problem are due to the presence of the nervous system of the animal undergoing experimentation.

Gaskell and Shore (op. cit.) have, by the establishment of a cross circulation between two animals, allowed the blood of an animal inhaling chloroform to circulate through the brain only and not through the heart of another animal, and by this method have studied the action of chloroform on the heart *via* the nervous system. Conversely, they have allowed the blood from an animal inhaling chloroform to circulate through the heart of the second animal without passing through its brain. They have concluded that chloroform has a powerful action on the heart itself.

But even in these experiments the intrinsic cardiac nervous mechanism remains intact, so that we have a possibility of the chloroform acting on the cardiac terminations of the vagi. I have attempted to eliminate this difficulty by experimenting on the hearts of embryos previous to the development of a functional nervous mechanism.

The chick-embryo between the 50th and 80th hour of incubation presents an accessible form of heart minus a nervous system.

Although at this period of development the embryonic circulation is very active, there can be no complications due to a change of blood pressure.

Also the factor of asphyxia is eliminated.

But it will be asked what evidence is there that the heart at so early a stage of its development is influenced by drugs in like manner to the adult heart?

I have tested this question with a comparatively large number of drugs, and the details of my experiments are recorded in my recent papers (6).

The embryonic heart under the influence of caffeine, digitalin, strophanthin, and veratrine behaves in a manner indistinguishable from the adult heart. The typical action of each of these drugs on the embryonic heart is so well marked that in dilute solutions they can be recognised by their physiological action alone.

There is, therefore, evidence that in the embryonic heart we possess a convenient means of determining whether a given drug acts directly on the heart or through the agency of a nervous mechanism.

With chloroform and ether I have obtained widely divergent results.

Thus in a 75 hour embryo kept under conditions which would allow its heart to keep an unchanged rhythm for 10 or 12 hours, one half a c.c. of a chloroform solution containing '00003 c.c. of pure chloroform will if injected under the blastoderm of the embryo rapidly reduce the cardiac and produce an exaggerated diastole. After the injection of '0004 of a c.c. of chloroform, the heart stopped in an extremely dilated condition, but the auricle gave a few twitches in response to mechanical or electrical stimulation.

Raising of the temperature of the embryo still in an atmosphere containing chloroform vapour will usually restore the cardiac rhythm.

Ether on the other hand acts as a powerful stimulant to the embryonic heart. Thus a heart whose action had been stopped by exposure to cold was restored by the injection of '0033 of a c.c. of ether dissolved in 1 c.c. of normal saline.

It is only after comparatively enormous doses that ether can depress the cardiac rhythm of chick-embryos. It was pointed out by Dr. Ringer (7) that if a frog's heart had been stopped by chloroform the application of a 1% solution of ammonium hydrate will restore the beats almost to their original power.

I have tested this antagonistic action on the embryonic heart and have found that in hearts stopped by extreme dilatation by chloroform, the application of ammonia will partially restore the rhythm.

Dr. Wood (8) of Philadelphia has attempted to antagonise the toxic action of chloroform on dogs' hearts. He failed to get any restoration of rhythm by the hypodermic injection of either atropine, amyl nitrite or caffeine, while alcohol only increased the cardiac depression.

Ammonia had slightly beneficial effects, and digitalis by the raising of the blood pressure often averted death.

Caffeine and atropine failed to restore the cardiac rhythm of the embryonic heart after a chloroform stoppage.

I have also not obtained marked results with digitalin, but on this point and on the action of strophanthin on chloroformed hearts I hope to make further experiments.

Possibly Wood's results with digitalin may be explained by the vaso-constrictor action of that substance.

Strychnine in doses of '00002 grain increases both the force and frequency of the embryonic heart-rhythm. Larger doses prove very depressing.

Bearing in mind the stimulant action of strychnine on the respiratory centre, this primary cardiac augmentation renders this substance extremely valuable. It is, however, unable to restore embryonic hearts when the chloroform stoppage has lasted longer than three minutes.

In connection with chloroform stoppages it is important to note, that a mixture of carbonic dioxide and chloroform is far more toxic to the embryonic heart than pure chloroform.

In conclusion, I wish to emphasise two points:—

1. That chloroform and ether act in an essentially different manner on the embryonic heart; that chloroform has a depressor and ether an augmentor action on the contractile substance of the embryonic heart. Consequently the statement of Claude Bernard (9), recently reiterated, that chloroform and ether have an essentially similar physiological action, is open to doubt.

2. That it is desirable to continue the researches for a substance that shall antagonise the toxic action of chloroform.

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- (8) WOOD.—"International Medical Congress, Berlin, 1890." Bd. I., s. 133.
- (9) BERNARD.—"Leçons sur les Anesthésiques et sur l'Asphyxia," Paris, 1875. P. 101.

Cases of Suspected Asiatic Cholera, with Tests.

THE similarity of the symptoms and signs in the following cases to the book descriptions of Asiatic cholera is very close, and it was only in those cases where the tests 1, 2, 3 were applied and failed that Asiatic cholera was definitely negatived.

The treatment in each case is given as being of interest, especially the use of very hot tea infusion, to stop vomiting, and the injection of warm water per rectum to alleviate thirst, the latter of which is capable of extended use, e.g., after chloroform in surgical cases with severe hæmorrhage.

CASE I. (Kindly furnished by Mr. H. A. ECCLES, H.P.)

Henry Topp, *et. 24*, printer, admitted on Sept. 8th, 1893, under the care of Dr. Gee.

History of Present Condition.

Sept. 7.—Went to work. In the evening drank six pints of beer, and ate some fried plaice, both of doubtful quality.

Sept. 8.—8 a.m.—Diarrhoea commenced. Bowels open 12 times previous to admission.

9.45 a.m.—Vomiting commenced.

10 a.m.—Cramps in legs commenced.

11.30 a.m.—Cramps in arms commenced.

12 noon.—Admitted.

Urine last passed on evening of Sept. 7th.

Previous History.—Subject to rheumatism. Rather heavy drinker. Never similar attack. No evidence of contact with cholera-infected persons.

Condition on Admission.—Extreme collapse, cheeks sunken, face livid, conjunctive not injected. Tongue dry, covered with brown fur. Speech husky. Mental condition unimpaired; much cyanosis of whole body. Heart and lungs natural. Pulse 130, almost imperceptible, but apparently regular. Temperature 96.2° in the axilla and 100.4° in the rectum. Respirations 18. The abdomen was retracted, but there was no tenderness, and no dullness in the hypogastric region. Extremities cold and cyanosed. Frequent cramps, causing severe pain in upper and lower extremities. No abdominal cramp. Stools watery, very light yellow in colour, containing no fecal matter. Very offensive. Microscopical examination of stools showed numbers of bacteria, amongst which were a few comma bacilli. Suppression of urine, 3 iii, only being passed in 24 hours.

Progress. Sept. 8. Cramps less after hypodermic injection of morphia (gr. ½). Vomited at 5.35 p.m. Vomited rice-water in character. Bowels open at 10.45 p.m. Rice-water stool. Urine contained albumen.

Sept. 9.—Restless at night. General condition much improved. Less cyanosis. Pulse 92, better volume and tension. B. O. 3. Rice-water stools. Urine 3 iiiii. Contained trace of albumen. No vomiting.

Sept. 10.—Bowels open twice, rice-water in character, but containing slight amount of fecal matter. No cyanosis. Pulse 80. Resp. 20. Urine 3 xxxiii.

Sept. 11.—Rheumatic pains in shoulders. Semi-solid stool, light in colour. Urine contained trace of albumen.

Sept. 13.—Solid stool, light brown. Urine not albuminous.

" 19.—Temperature normal. Convalescent.

" 26.—Discharged cured.

TREATMENT.—I. DIETETIC.

Sept. 8.—Whey 3 ii every hour. Tea without milk or sugar.

" 9.—Mutton essence, 3 iis every 4 hours.

" 10.—Calves-foot jelly. Whey 3 iii every 1½ hours.

" 12.—Milk 3 i and whey 3 ii every 2 hours.

" 13.—Arrowroot.

" 14.—Milk 3 ii and whey 3 ii every 2 hours.

" 15.—DL milk. Bread-and-milk. Custard pudding.

" 16.—DL milk. Bread-and-butter, without crust.

" 17.—Fish and mashed potatoes.

" 18.—Minced chop or fish.

" 19.—DD. Milk oil extra.

II.—MEDICINAL.

Sept. 8.—Injection morph. hypod. iiil.

" 11.—Hot. sodii salicylatis (gr. xv. ad. ʒi.) 6tis. horis.

" 19.—Enema saponis.

CASE II.

Under the care of Dr. WEST, in the absence of Sir DYCE DUCKWORTH. (Kindly furnished by Mr. DUNN, H.P.)

E—E—, *et. 5*, schoolboy.
(Child well up to 10 p.m. on September 14th; then suddenly seized with severe vomiting and diarrhoea. In 1½ hours B. O. 6-7 times. Motions loose and light coloured. Complained of abdominal pain. No cramps.)

The only history of improper food was that the child had part of an apple about 6 p.m.

Sept. 15th.—On admission, 11.45 a.m., pale, dusky—complexion "earthy." Eyes sunken; lies with them half-closed. Conjunctivæ injected. Tongue clean and dry. Sordes on lips and teeth. Breath warm. Voice weak. Pulse small; only just felt at wrist. Respirations shallow and hurried. T. 97. abdomen rigid; no tenderness. Hands and feet dusky and cold. Skin dry. Extreme restlessness. No cramps. Little abdominal pain. Much thirst.

For the first four or five hours patient was very collapsed. His restlessness was extreme. Vomiting ceased about the end of an hour. Bowels acted about six times in the first 24 hours. Motions loose, light in colour, with white flakes, and extremely offensive. They acted again once on the fourth day, the motion then being natural. There were no cramps. Temp. subnormal after the first 24 hours; highest 99.6 at 3 a.m. on morning of ad-

mission. After 12 he began to steadily improve. Had suppression of urine for about 24 hours. Bacteriological examination negative result.

Treatment.—Patient was kept warm with hot bottles. As he was restless and would not keep his arms in bed, they were done up in wool. He was given hypodermic of morphia $\frac{1}{16}$ s. and brandy $\frac{1}{16}$ ss. half-an-hour after admission, owing to his great collapse and restlessness, and morphia $\frac{1}{8}$ s. was given again about 2½ hours later; this quieted him, and he got several snatches of sleep. Thirst was relieved by tea $\frac{1}{2}$ ij. every 15 minutes whilst awake. During afternoon and evening of 15th whey $\frac{1}{2}$ ij. with some absolute alcohol was given every 15 minutes. Sept. 16th allowed bread-and-milk. Sept. 17th, ordinary diet. Stimulants discontinued.

Went home quite well on Sept. 20th.

CASE III.

W—N—, at. 20, lighterman.

Sept. 13th.—Patient was admitted at 3.45 p.m. in a state of collapse from severe diarrhoea and vomiting.

History of Present Illness.—Quite well up to 12.30 p.m. to-day, then seized with griping pains in abdomen; these got rapidly worse, and diarrhoea and vomiting commenced. Patient then became so ill that he had to be taken off his barge at Blackfriars Bridge and brought to the Hospital. Mictions are described as having been very loose, light yellow in colour, with white flakes suspended.

No history of having had any fruit, fish, or tinned meat.

On Admission.—Much collapsed, evidently in pain. Extremities bluish and cold. Face drawn, dusky and "earthy." Eyes sunken and half-closed; pupils dilated; conjunctivae slightly injected. Tongue brown, dry, and furred; not cold. Sordes on lips. Pulse 108, scarcely felt at wrist. T. 97° in axilla. Breath warm. Abdomen retracted, muscles rigid. Fingers and toes cold, but not chilivelled. Severe cramps in soles of feet. Complains much of thirst. Has not passed any urine since 9 a.m.

Patient continued to have severe cramps for about 24 hours. At first had troublesome vomiting, but after about five hours this ceased. Had no diarrhoea. Bowels acted for first time on sixth day after admission. Suppression of urine for 48 hours. The first specimen contained about 1-6 alb.; no blood or bile.

There was extreme restlessness until the morphia began to act. Soon after admission patient showed signs of improvement, and at the end of the first day began to rapidly gain ground. He had no relapse, and was discharged cured on the tenth day.

Treatment consisted mainly in keeping the patient warm. The extreme restlessness was combated by morphia gr. 4 on admission, and repeated again about ten hours later; this, also, no doubt stopped the diarrhoea. Friction was applied to relieve the cramps.

Hot strong tea (without milk or sugar) in small quantities, and given frequently, was tried in hopes of checking the vomiting, but, as this failed, patient was not allowed anything at all by the mouth for 24 hours, and the thirst was relieved by small rectal injections of warm water every two hours. When it was found that these were borne well, nutrient enemata were also given four-hourly. Subsequently whey ($\frac{1}{2}$ ij. every half-hour) was allowed, and this gradually increased. On the fourth day solid food was commenced (bread-and-milk), on the fifth minced chop, mashed potatoes, and pudding, and on the eighth full diet.

(Kindly presented by Mr. STUBBS, H.P.)

Dr. Ormerod had under his care, in Dr. Henley's absence, the following cases during September, which, except as regards the recovery of both patients, were suspiciously like genuine Asiatic cholera, judging from book descriptions, and in the case of the boy J. E. F. from Dr. Klein's bacteriological investigation. In the case of T. S. the evacuations which were to have been brought to the Hospital were lost, so that microscopic evidence is wanting. The cases resembled each other in several points,—e.g.,

1. History of having eaten fish the day before onset.
2. Suddenness of onset.
3. The great collapse occurring with the vomiting and diarrhoea.
4. The temporary suppression of urine.
5. The occurrence of albuminuria after re-establishment of secretion.

CASE IV.

J—E—F—, 11, admitted September 17, complaining of diarrhoea and vomiting. Was quite well till just after leaving church in afternoon, between 4 and 5 p.m., when he was seized quite suddenly in the street with pain in abdomen, vomiting, and diarrhoea. B. O. twice. On admission was very collapsed, face pinched and sallow, pulse not felt at wrist, eyes sunken, voice a mere whisper, was very thirsty, but vomited everything. B. O. immediately after admission. Motion watery, opalescent, with some light-coloured feculent sediment. Given hypodermic injection of morphia, $\frac{1}{16}$ s. with ether $\frac{1}{16}$ ss., pulse

soon became perceptible and vomiting ceased, and he went to sleep. He passed no urine for 30 hours after admission. He was ordered whey $\frac{1}{2}$ ss. and brandy $\frac{1}{16}$ ss. every 15 minutes, if awake; but he vomited, so was given half the quantity for eight hours, and then resumed the former quantity.

19th.—Given milk and whey, equal parts.

21st.—Bread-and-milk. Bowels open to-day.

23rd.—Fish or minced chop.

On the evening before admission he had eaten some fish, some of which made his brother sick at once. His temp. was 99.6 on admission; subnormal all the rest of the time. Recovery was slow.

CASE V.

T—S—, 26, admitted Sept. 18th, 1893. On admission complained of vomiting, diarrhoea, and cramps. Was quite well till 1 a.m., when he woke up with pains in abdomen, vomiting, and diarrhoea. Cramps in feet and legs began after about ten minutes. Diarrhoea lasted thirteen hours. Motions, "rice-water."

On admission looked pinched; eyes sunken. Was very restless.

Was given morphia $\frac{1}{16}$ s. and ether $\frac{1}{16}$ ss. at once, but remained restless and retched frequently. Mustard poultice to epigastrium relieved the retching, and a further hypodermic injection of morphia gave him some sleep. Was given whey $\frac{1}{2}$ ss., brandy $\frac{1}{16}$ ss. every half-hour. After ten hours same quantity given every quarter-hour.

19th, in evening, ordered milk and whey, *ad lib.*

20th, bread-and-butter and pudding.

21st, bowels open to-day; motion natural in appearance.

For the two previous days his meals were as follow:

	16th.	17th.
Breakfast ...	Bloater ...	Eggs and bacon.
Midday ...	Whelks ...	Hot roast pickled pork.
Tea ...	Eggs and bacon ...	Winkles.
Supper ...	... ..	Cold pork and greens.

Temp. on admission 99.2; afterwards subnormal. Convalescence was rapid.

He passed no urine for more than 24 hours after admission.

CHOLERA TESTS AS USED BY DR. KLEIN, AND WHICH DO NOT FAIL IF THE COMMA BACILLUS IS PRESENT.

1. **Examination of Fresh Stools or Contents of Itium.**—If flakes in the stool, ascertain whether they are composed of shed epithelium or of lymph corpuscles; the former is the rule in Asiatic cholera. Notice whether there are any motile bacilli, which in shape are commas or spirals; their movements are not straight, but like a screw moving.

2. **Examination of Stained Specimens.**—Make film specimens on cover glasses; dry and stain in alcoholic gentian-violet; search for comma-shaped or spiral bacilli. In typical rapidly-fatal cases of true Asiatic cholera they occur in flakes in great crowds, and generally in linear arrangement; in some places almost to the exclusion of other bacteria.

3. **Inoculate, with a trace of the flakes, tubes containing peptone (1 p.c., salt 0.5 p.c.) in water, all previously sterilized.** After six hours, better after 10 or 12 hours, incubation at 37°C., there is distinct, though slight, turbidity, due to the multiplication of choleraic comma bacilli. Take off from the top layers a loop-full, and make with this inoculations of a peptone tube, and from this dilution make cultivations in other peptone tubes, and on the surface of agar. After 24 hours pure cultivations of the choleraic comma bacilli are thus easily obtained.

The peptone cultivations if pure, or nearly so, give, on the addition of one or two drops of pure sulphuric acid, a characteristic rose-pink coloration, due to nitrates and indol.

This reaction is shown after 10-16 hours' incubation of the peptone cultures at 37°C.

4. **Gelatine plate cultivations** are made with a particle of the flakes; after two or three days the characteristic colonies of the choleraic comma bacilli will be found, if the case is Cholera Asiatica. But this latter method, besides taking more time, is only successful if the flakes or stool originally contain a fair number of comma bacilli.

The Ibernetian Society.

ON October 12th Mr. Henry Power, F.R.C.S., delivered the Introductory Address to the Society. It had been hoped that a verbatim report of the address would appear elsewhere in these columns, but unfortunately the manuscript has been mislaid, and, at present, does not seem likely to be forthcom-

ing. The subject of the address was "Observation." It was highly appreciated by all present, and was received with great enthusiasm. A vote of thanks, proposed by Dr. Shore, and seconded by Mr. Reginald Brown, President, was carried with acclamation. There were present 112 members, the Matron, several Sisters, and rather more than 100 of the nursing staff. After the lecture, the company adjourned to the Library, where tea and coffee were served. The Museum, with the specimens added during the year, was then visited, as well as the Practical Class Room, where microscopic specimens were on view.

On October 19th, Mr. Maidlow read a paper before the Society on "Electrical Department cases." These he divided into (1) Paralyzes, (2) Painful Affections, e.g., Sciatica and Neuralgia, (3) Tinnitus aurium, (4) Tumour, (5) Bladder cases, including Stricture of Urethra, Nocturnal Incontinence and Cytoscopic, (6) Suspended Animation due to chloroform, and (7) Medico-legal points of interest. He defined the terms "central" and "peripheral" as applied to paralysis, and discussed the value, from a diagnostic point of view, of the presence or absence of R.D. He was convinced of the frequent presence of ankle clonus, increased knee-jerks and great rigidity in cases of functional paralysis; much wasting, he considered, was rare, and incontinence of urine and feces almost unknown. A certain number of cases of Sciatica, when not immediately referable to constitutional defects, were, he thought, associated with osteoarthritis of the hip joint, and were due to pressure of the osteophytes around the acetabulum or tuber ischii. He then enumerated the causes of Tinnitus Aurium, and, under the head of Tumours, discussed the treatment by electricity, of Nævi, Fibroids and some cases of fungating Scirrhus of the breast. He had found Galvanism exceedingly useful in cases of nocturnal incontinence of urine in children, when all reflex causes were excluded and Belladonna had had a good trial. In dealing with cases of suspended animation stress was laid on the necessity for avoiding the cardiac region. In medico-legal questions, he thought, R.D. might be useful; its absence would prove nothing, whilst its presence would show undoubted paralysis. Muscles retain their irritability for four or five hours after death, and hence the diagnosis between Trance, Letargy and Death might be made. He took this opportunity of thanking Dr. Lewis Jones for his many suggestions, of which he (Mr. Maidlow) had availed himself.

On October 26th, Mr. Hoyle brought before the Society the notes of a case, the diagnosis of which lay between Röheln, Scarlet Fever and an early rash in Secondary Syphilis, after which, the President called upon Dr. Collins to read his paper on "Some Medical Work on the L.C.C."

Dr. Collins stated that this was the ninth occasion on

which he had had the pleasure of addressing the Society, and that this evening he was about to limit himself entirely to the medical aspect of the L.C.C., altogether avoiding the political. He considered that this spot of all others was essentially suitable to a paper on such a subject, for had not Fry Corner, in its association with the Great Fire of London, produced the most drastic reform in Sanitary Science?

He discussed the work done by the Public Control Committee, for it was in this department that he had chiefly been engaged as yet. This Committee, he pointed out, dealt with the insurance of infant life, with the gas and lighting of London, with the regulations dealing with weights and measures, with the regulation of shop hours, and with the calling of, and conducting inquests, &c. He next briefly narrated the history of the Coroner's Court, and traced the law of fees of Medical Officers at public institutions to the days and deeds of Burke and Hare. He dealt in a few words with the building of Mortuaries, their style of architecture, which, he recommended, should be of a semi-ecclesiastical nature, and the need for a greater number.

By far the greater number of deaths due to fire in London was referable to lamp accidents, and of these comparatively few were due to the explosion of lamps, whilst the great majority were owing to the breaking of a lamp when upset; he handed round a printed form issued by the L.C.C., with suggestions to reduce this cause to a minimum. In his opinion the Infant Life Protection Act was very limited.

He next discussed at some length "The Contagious Diseases of Animals Act," and enumerated the diseases dealt with by this Act, the commonest of which in London was glanders; he detailed the suggestions made to the Board of Agriculture to diminish the spread of glanders, and entered on the diagnosis and pathology of the disease.

The plan of the main drainage of London was described, and the method of dealing with sewerage was briefly referred to; reference was also made to the sanitary condition of the Regent's Grand Canal. In dealing with the Public Health Council, Dr. Collins stated that the epidemic of enteric fever in the south of London in 1891, was traced to the selling of ice-creams by Italians; that the scarlet fever epidemic was probably due to the supply of milk, though the Council had no power, legally, to deal with the question, unless it could be absolutely proved which of the cows it was that had been the source of infection.

In the five Metropolitan lunatic asylums there were at the present moment 10,000 lunatics; he referred to the necessity of investigating the causes of lunacy, and stated that a pathologist would be appointed to the new asylum, the plans of the laboratories of which he handed round.

There were present 46 members and three visitors, amongst the latter being Mr. Cross, the Clerk to the Hospital, whose eulogies on his political opponent were greatly applauded.

St. Bartholomew's Hospital Musical Society.

ON Wednesday, November 1st, 1893, the Annual General Meeting of the Musical Society was held in the Inquest Room at 4 p.m. Dr. Champneys in the Chair. Amongst those present were Dr. West, Dr. Dundas Grant, Dr. Andrewes, Dr. H. Morley Fletcher, Mr. E. H. E. Stack, Mr. E. P. White, and others.

Mr. Thomas Smith, F.R.C.S., was elected President, Dr. Dundas Grant was appointed Conductor, both for vocal and orchestral practice and concerts; Dr. Fletcher, Treasurer, and Mr. A. G. Haydon was elected General Secretary. Mr. Bumsted was made Orchestral Librarian, and Mr. Crossman, Choral Librarian. A representative Committee was appointed. It was resolved that the Secretary send a report of all the entertainments given by the Society both in the Hospital and elsewhere to the Editor of the Journal.

The accounts for the past year were read and passed.

The following probable fixtures have been made:—

1. An entertainment in connection with the Conversations of the British Nurses Association at St. George's Hall, in the first week in December.
2. A Concert to be given in the Library (subject to permission from the School), to which the Matron and Nursing Staff will be invited, sometime during the Winter Session.
3. The Musical part of the usual Christmas entertainment, early in January.

St. Bartholomew's Hospital Smoking Concert Club.

THIS Club gave its first winter concert at St. James's Restaurant on Saturday, October 28th. Owing, no doubt, to the many counter attractions, the attendance was not so large as might have been desired.

Proceedings commenced at 8.30 p.m.; the first item, of a very interesting programme, being a well-executed pianoforte solo by Mr. F. S. Newcombe; followed by Mr. N. B. Baker, who gave "To-morrow will be Friday" in his well-known style. The comic element, as represented by the Hospital, was admirably sustained by Mr. F. W. Gale with "The accent on." There was no denying the encore, "A rapid diagnosis." Mr. C. H. Clark next gave a recitation, "The Revenge," proving himself to be a no mean master of the art. Too much praise cannot be awarded to Mr. R. G. Wallett, who as a banjoist and comic singer is practically unassailable; this was well proved by the enthusiastic reception he received. Some clever banjo songs were rendered by Mr. W. Wylls, and were deservedly encored. The "River of years," by Mr. Wade, and "Polly," by Mr.

Coulter met with applause. Mention must also be made of pianoforte selections by Mr. D. St. Cyr. The concert terminated at 11.30 p.m. with "Auld lang syne" and "God save the Queen."

In the regrettable absence of Mr. Reginald Brown the duties of the chair were admirably carried out by Mr. P. J. Furnival. Amongst gentlemen present were noticed Mr. Marsh and Mr. Jessop, who by their presence and geniality added materially to the success of the evening.

The next concert takes place at St. James's Restaurant on December 2nd, when it is hoped that the attendance will be larger. Gentlemen who have not already joined this excellent club are invited to do so, and give in their names to the secretaries.

BOHEMIAN.

Club News.

BEFORE going into the details of the doings of the clubs, we would offer a welcome to the fresh men who have joined us this year, and— if they will pardon us— will add a word of advice to them.

Every year there are a number of men who come to us from schools where they have taken an active share in athletics, but who on joining the Hospital cease to identify themselves with games of any sort. The ease and rapidity with which they have been able to exchange the class-room for the football field at school, contrasts with the necessary intervention in London of a railway journey; or perhaps, they think that during their five years at the Hospital they will have a great deal of work to do, and on this account hardly like to "waste" much time on games.

Whichever of these causes operates in individual cases, we would point out to them that it is only at first that one notices the irksomeness of the railway journey, and we would further point out to them that short as the five years' course seems for the work to be done in it, it is yet a long course as regards their health; they will learn too late that the Hygiene of London "diggings" and the dissecting-room is not the Hygiene of a public school; and if to the already great disadvantages of London life they add the disadvantage of diminished exercise, in a word, if they do not make a point of determinately maintaining the regularity of their exercise, they will inevitably find that their general health, and, as a necessary result, the quality of their work, is undergoing a serious change for the worse. To a still greater extent will they find this to be the case when they begin in two years' time to do their appointments, when the advantages of being able, at least once a week, to exchange the atmosphere of the Wards or the Surgery for that of the football or cricket-field are well-nigh incalculable.

Lastly, we have it on the authority of many an old student, how great is the pleasure, in after-life, of looking at the photo of a Cup-team on the walls of one's study, and letting

it recall to one's mind the countless incidents in connection with its matches, its journeys to the provincial towns, and indeed in connection with every face which it includes.

THE ASSOCIATION FOOTBALL CLUB.

OFFICERS FOR SEASON 1893-94.

President.—W. H. Jessop, Esq., F.R.C.S.

Captain 1st XI. Captain 2nd XI.

G. R. Fox. E. Folliott.

Vice-Captain.—T. F. Fernie.

Honorary Secretaries.

C. H. Hopkins. R. P. Brown.

Hon. Treasurer. W. Wylls.

Committee.

J. S. Mackintosh.	R. Waterhouse.
E. H. Fryer.	H. Pickering.
W. K. Hopkins.	E. W. Woodbridge.
C. H. G. Prance.	N. H. Joy.

So far the team has played four matches, of which number they have won two and lost one; the fourth match, *i.e.*, the Cup-tie v. the City Ramblers, was stopped by the referee on account of darkness, four minutes before "time," despite the fact that Bart's were leading by two goals to none. Appended are the details of the matches:—

- Oct. 7th, v. Barnes, won by 1 goal to nil.
- Oct. 14th, v. Minerva, lost by 3 goals to nil.
- Oct. 20th, v. City Ramblers (Cup Tie), unfinished, Bart's leading by 2 goals to nil.
- Nov. 1st, v. Sittingbourne, won by 1 goal to nil.

The 2nd XI. has won three out of its four matches.

- Oct. 14th, v. Ilford Reserves, lost by 3 goals to 2.
- Oct. 18th, v. Felstead School, won by 5 goals to 1.
- Oct. 28th, v. Civil Service, won by 3 goals to 1.
- Nov. 1st, v. Ealing, won by 1 goal to nil.

RUGBY FOOTBALL CLUB.

OFFICERS FOR SEASON 1893-94.

President—A. A. Bowly, Esq., F.R.C.S.

Vice-Presidents.

A. N. Weir. H. B. Meakin.

G. G. Oakley. S. P. Cornish.

Captain 1st XV. Captain 2nd XV.

T. E. G. Calverley. T. Chave.

Committee.

J. W. W. Stephens. L. Beath.

T. Martin. F. Andrew.

J. C. S. Dunn. H. M. Cruddas.

Honorary Secretaries.

H. Bond. A. E. Hodgkine.

The Rugby Club have been less fortunate than the Association. Their first XV. has played five matches, in which they have scored one "win," against four losses. The second XV. has a better record, for out of four matches they have won two.

1ST XV. MATCHES.

- Oct. 7th, v. Civil Service, lost by one try to nil.
- Oct. 14th, v. Sandhurst, lost by 2 goals 3 tries to nil.
- Oct. 21st, v. Bedford, lost by 2 goals 2 tries to nil.
- Oct. 28th, v. Croydon, lost by 1 goal 3 tries to nil.
- Nov. 1st, v. Engineering College, Folkestone, won by 1 goal and 3 tries to 1 try.

2ND XV. MATCHES.

- Oct. 11th, v. King's College A, won by 1 try to nil.
- Oct. 14th, v. Middlesex Wanderers II, lost by 3 tries to nil.
- Oct. 21st, v. Civil Service II, won by 1 goal 1 try to 1 try.
- Oct. 28th, v. Hong Kong and Shanghai Bank, lost by 3 goals and 5 tries to nil.

THE BOXING CLUB.

Owing to a singular reticence on the part of the officers of the Boxing Club, we have been unable to gain any information with regard to its doings.

Notes.

DR. W. J. RUSSELL, F.R.S., has accepted the invitation of the Royal College of Physicians to act as Examiner in Chemistry in the place of the late Mr. Heaton.

MR. H. J. M. WATTS, late H.S. to Mr. Marrant Baker, also late assistant chloroformist to the Hospital, has been in charge of the Grimsby Cholera Hospital, and has been successful in the intravenous injection of normal saline solutions in the treatment of cases under his charge.

MR. F. C. WALLIS, F.R.C.S. (Eng.), late assistant demonstrator in anatomy, has been appointed assistant surgeon to Charing Cross Hospital.

J. RIVERS-RIVERS, M.D. (Lond.), M.R.C.P., late H.P. to Dr. Gee, has been appointed lecturer in Psychological Medicine to the University of Cambridge, and fellow-commoner to St. John's College.

J. H. DRYSDALE, M.B. (Cantab), M.R.C.P., late H.P. to Dr. Andrew, has been appointed lecturer in Bacteriology to the Liverpool University College in succession to Dr. Kanthack.

WE regret to announce that B. C. Green, who has in the past done so much for our athletics, is obliged to go to Australia on account of ill-health.

IT may not be generally known that on October 17th, 1850, Dr. Elizabeth Blackwell, now residing at Hastings, was admitted as a student of St. Bartholomew's Hospital with the consent of the treasurer, the warden, and school authorities. She attended for some time in the wards of the Hospital, spending several hours daily accompanying the physicians and surgeons in their visits. She attended Sir James (then Mr.) Paget's lectures on pathology, and the clinical lectures of the late Sir George (then Dr.) Burrows, of Dr. Kirkes, and of Dr. Baly. We have much pleasure in recalling these events, for the far-seeing and generous justice of thus admitting a lady to the practice of the Hospital, before the existence of the London School of Medicine for Women, was in its time an act greatly to the credit of the authorities of the Hospital and School.

DR. A. A. KANTHACK has been taking a class for the Final M.B. (Lond.) on the pathology of diabetes, uræmia, myxoedema, and other subjects, chiefly those not to be found in text books, and which are based on experimental pathology. A similar course will be given later on for the Final M.B. Part II. (Cantab.)

In November Dr. Kanthack will begin a course of practical instruction in Elementary Bacteriology, which will be held on Monday, Tuesday, and Wednesday afternoons for four or five weeks. A similar course will be given in January next, and those who wish to attend then should apply at once, so as to enable days to be arranged. The syllabus will be announced later. Fee, £3 3s. od., to be paid to the Warden. These classes are open to qualified men only.

THE small practical class-room, which is to be temporarily used as the Pathological Laboratory, has been greatly improved by the setting up of several tables for the purposes of experimental work, and new apparatus and other appliances have been added so as to make it most efficient and replete for the carrying on of bacteriological and microscopical work.

THE following gentlemen, who, having passed in all the subject of the final conjoint examination, have now received their diplomas of M.R.C.S. and L.R.C.P., viz:—Mr. H. T. M. Whitting, Mr. P. E. Turner, Mr. E. S. Humphrey, Mr. R. Ballard, Mr. L. Feaver, Mr. R. H. Wilkin, Mr. W. G. Richards, Mr. B. Collyer, Mr. J. S. E. Selby, Mr. E. W. Cross, Mr. J. D. Rawlings, Mr. R. O'Leary, Mr. L. J. Godson, Mr. H. B. Maingay, Mr. S. E. Gill, Mr. C. K. Crowther, Mr. C. Corben, Mr. W. Royden, Mr. A. L. Reed, Mr. H. N. Hobart, Mr. A. F. M. Smith.

THE Gresham University Commission resumed their deliberations on Oct. 26th, when we understand that the terms of the draft-report were under consideration. We hear rumours of wide differences of opinion amongst the members of the Commission, and are curious as what the report will be.

WE understand that on Saturday, October 28th, a special meeting of the Staff was held in the Library, at which the Scholars and Prize-students of the past year were present, and received certificates from Mr. Henry Power, who occupied the chair. It is, we think, a great pity that the students generally are not allowed to be present with their friends to witness what would be to all, both scholars and others alike, a very interesting ceremony. We do not wish it to be made a public meeting, like the prize distribution of a school, but if cards of invitation were sent to all students, and they were allowed to bring one or two friends each on applying for tickets, we think the annual meeting for the award of scholarships would be looked forward to with interest by the whole body of students.

Abstract of Introductory Lecture in Biology. OCTOBER 2ND, 1893.

THE word Biology is derived from the Greek βίος, life, *logos*, a discourse; and therefore, in its widest meaning, Biology is the science which treats of the phenomena of life and of living things. In this wide meaning it would include not only what is to be dealt with in this course of lectures, but also the whole of Anatomy, Physiology, and Pathology. It is not in this wide sense that Biology is to be understood for our present purposes. For convenience, we may divide Biology into Botany, treating of the phenomena of the life of plants, and Zoology, dealing with those of the life of animals. But it must be understood that this division is one of convenience, and it is not intended to imply that there is any fundamental difference in the general phenomena of life in the two classes of living things. Whether we are dealing with an animal or a plant, the method of study and the general properties are the same. We may regard a plant or an animal from several distinct points of view, and what we learn by these different methods of investigation forms the subject-matter of the various divisions of Biological Science. In the first place, we may study the external form and the internal structure of living thing, disregarding other matters about it. What we learn in this way is called the *morphology* of the plant or animal. But a study of these points alone would give us but a very imperfect idea of what a living thing really is. All living beings are active, their activity being more or less obvious. By these activities living things may produce profound changes in surrounding objects, and, again, living things are greatly modified by external circumstances. The activities which living things exhibit may be called their *functions*. The matters learnt by investigating these functions constitute what we call *physiology*. We may, again, enquire how it is? why it is? and by the agency of what causes? a living being has a particular structure or manifests particular activities; and enquiries of this kind present many problems, only at present partially or imperfectly solved, that are of profound interest, and the proper understanding of which have far-reaching results in connection with the whole of medical study. All these problems we include in the division of Biology, called *etiology*. There are, of course, other aspects from which we may view a living being, but in these lectures we wish only to deal with the general outlines of the phenomena of life, described under the head of the morphology, physiology and ætiology of a few types of life selected to illustrate the broad general principles.

Morphology will form the greater part of our studies. Everything we can learn by the naked-eye examination of a plant or animal, aided by dissection only, we call its *anatomy*. But we shall pursue the examination into the structure of some of our types further, calling in the aid of special methods of preparation and the assistance of our

microscopes. For convenience, we call this part of morphology the *histology* of our type. You will soon learn that an important property of living things is their power of growth from some simpler state; all animals and plants pass through various phases of development—their morphology is not the same at all stages of life. The study of these stages we describe as *embryology*. We shall have to study, later on, the broad general outlines of the development of an animal, and you will learn that a proper appreciation of many points of anatomy is intimately associated with a correct knowledge of development.

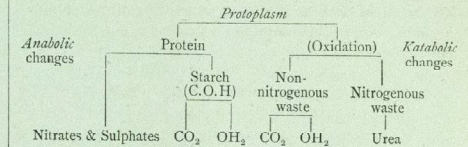
This, then, is the general scope of our subject, as it will be treated in this course of lectures. Perhaps, now, the first enquiry you would be disposed to make is, What is life? This is, unfortunately, the last question we are able to answer. We only know life by studying its effects. We have no knowledge of what it *really* is. We can only say that the objects which we call "living" present certain properties, in which they differ from all non-living things. All living things—whether vegetable or animal—are composed of a peculiar kind of matter, different from all other forms of matter. This living matter we call *protoplasm*.

Protoplasm is a solid or semi-solid substance, having the following characteristics:—

(1.) It has a definite chemical composition, viz.:—varying proportions of a peculiar substance which we may call *protein*, and of water. Protein or albumen contains, as shown by analysis, the elements of carbon, hydrogen, nitrogen, oxygen and sulphur in about the proportions per cent.:—C, 52; H, 8; N, 16; O, 22; S, 2. Protein is a constant constituent of all living things.

(2.) It is continually undergoing change, and this consists of two opposite processes. First, protoplasm has the power of adding to itself, *i.e.*, of manufacturing new living material, which it takes into itself, and intimately incorporates with itself. It is able to seize upon comparatively simple, non-living materials and to build them up into new protoplasm. This power is manifested in the highest degree by green plants, which can decompose carbonic acid gas and cause the carbon to unite with the elements of water, to form substances like starch, which, though nothing like so complex as protein, is a much more complex substance than CO_2 and OH_2 . Further, a green plant is able to take nitrogen from a simple inorganic nitrate such as potassium nitrate, and sulphur from an inorganic sulphate, and to combine them with the carbon, oxygen and hydrogen contained in starch in such a way as to make new protein. This building-up power is possessed by all living substance, though not always to the same degree. Just as constantly there is taking place a process of destruction or waste, protoplasm being continually undergoing oxidation. In this way it becomes split up into more simple non-living substances, which ultimately are cast off from it in a highly oxidised and simple form. The ultimate products of waste are CO_2 , OH_2 , and a nitrogenous substance called *urea*.

All these changes are what we call *metabolism*, the building-up process is anabolism, and the destructive process is katabolism. The whole may be broadly represented thus:—



(3.) All living matter possesses the power of *growth*. It is obvious that this occurs when anabolism exceeds waste. Growth takes place in a peculiar manner. The newly-formed material is not merely deposited on that previously present, but is taken up into it, incorporated with it, so that the particles of the new are, as it were, interpolated amongst those of the old. This is called growth by *intussusception*.

(4.) Living things go through changes spread over longer or shorter periods of time, and these follow each other in a definite cycle. All living animals and plants originate from some pre-existing animal or plant. After separation in this way from the parent, they develop or grow until they assume the form and structure of the parent. Then they in their turn reproduce new independent organisms. Finally they die, and the substance composing them is resolved into simpler bodies.

The exact cycle of changes varies in different cases, and forms the *life history* of the organism.

(5.) Living matter can only exist under certain external conditions. These conditions are alterable within certain limits, but if these limits are exceeded life becomes extinct. Broadly, these conditions are:—(a) *temperature*. There is for every organism a minimum and a maximum limit of temperature consistent with life, and in most cases an *optimum* temperature between these limits can be discovered. (b) *moisture*. A proper supply of water is necessary to life. (c) *a supply of food*, in a suitable condition to be utilised for the construction of new material to supply the place of the constant waste which is going on. In this respect there is some variation; a plant can live on simpler food substances than an animal, and a green plant on simpler food than a colourless plant like a fungus. Thus plants have greater constructive power than animals. The following table shows this:

		<i>Nature of food.</i>	
Plants.	} green:	CO_2 , OH_2 , nitrates, sulphates, &c.	
	} colourless:	<i>Organic bodies.</i> Containing carbon like sugar, with organic bodies containing nitrogen.	
Animals	.....	Ready formed <i>protein</i> .	

(6.) All living matter has a definite *structure*. Living beings can be resolved by the aid of our microscopes into a number of more or less similar ultimate units. These are the "morphological units," generally called "cells." The

structure of these units is in broad terms the same in all cases. The "cell" is composed of a soft jelly-like mass of substance called its *protoplasm*; within this is a more solid kernel or *nucleus*, and in it may be found one or more *nucleoli*. Around the protoplasm there is found, in the case of the vegetable "unit," a thick outer wall which is non-living, which has been produced by the protoplasm, and is composed of cellulose. This is the "cell-wall." The simplest animals and plants are composed of only one unit, more complex ones of several, and the highest are built up of immense numbers of units.

T. W. S.

Extracts from a New Dictionary.

BY OUR COMICAL CORRESPONDENT.

Want of space prevents our publishing more than one or two extracts from "A New Dictionary."—[EDITOR.]

* * * * *

Clinical Clerk is a gentleman, the chief of whose duties consists in copying out the House Physician's note on a case, and after having sprinkled a few "and's" "the's" and other oratorical effects among them, he reads them out to the Visiting Physician, who cleverly simulates an interest in the performance. We give a short account of a *Clinical Clerk's* trial trip in order to show up the pitfalls which await the unwary.

Scene: ARETHUSA WARD.

Time: 1.45 p.m.

(Enter *Dr. Kino*, followed by his *H.P.* and eight new *Clerks* bristling with *stethoscopes*.)

Dr. Kino deposits his hat upon a letter which *Sister Arethusa* had been writing and had omitted to blot, and goes to bed (I).

Dr. Kino (looking round): Ah! Who is taking care of this case?

New Clerk (endeavouring unsuccessfully to appear at ease): I am, sir.

Dr. Kino: Let me see, I forget your name for the moment.

New Clerk: Robinson, sir.

Dr. Kino: Oh! ah. Yes—well—er—er—Smith, how is the bronchophony?

New Clerk (who has never heard of it before, but does not wish to appear ignorant): She does not complain of it now, sir.

Dr. Kino (with surprise): Indeed! (Listens.) (To *patient*): Say ninety-nine.

Patient: Nointy-noine.

Dr. Kino (to *New Clerk*): Would you mind just listening here?

(*New Clerk* listens and tries to call to mind some of the terms he has heard used in connection with the chest.)

Dr. Kino: Well! what do you hear?

New Clerk: I fancy that I noticed a syllabus, sir; but I was not quite sure.

Dr. Kino (appearing amused): Well, never mind; you will get more used to it soon. Have you got a note?

New Clerk: Yes, sir.

Dr. Kino: Well, let's have it, then.

New Clerk (producing a book about the size of *Quain's Anatomy Plates*—reads): Sleeps well, takes well, pulse good, temp. normal.

Dr. Kino: Is that all?

New Clerk: Yes, sir.

Dr. Kino: Not a very elaborate note, is it? (Laughs.)

New Clerk (wishing to conciliate the great man, laughs immediately): Ha! ha!!! ha!!!

Dr. Kino: What on earth is the matter?

New Clerk (trying to make it appear that he was only coughing): Nothing, sir.

Dr. Kino: Humph! (To *H.P.*) Do you think that the arsenic is doing her any good, *Morrison*?

H.P.: No, sir! I don't think that it is.

Dr. Kino: Well, suppose we give her something else. (Hands blue board to *New Clerk*.) Will you give her, please—*Dimethyloxychinolin* two drachms.

New Clerk (making a plunge for it, writes): *Oxy-hydrogen crinoline*, *Oiss*.

Dr. Kino (looking over his shoulder): I am afraid that is not quite correct, and I said one drachm—not a pint and a-half (corrects and hands board back—continues).

Extracti cocæ liq. two ounces.

Codeinæ six grains.

Glycerini et aquæ ad four ounces

(To *Clerk*) Have you got that down?

New Clerk (who has got down nothing hearing the remotest resemblance to these drugs): Yes, sir.

Dr. Kino (continuing): *Fiat mistura, cujus capiat cochlearum unum minimum ex cyatho vinario aquæ quater in die post cibos.* (Seeing that *Clerk* is helpless) Why don't you write it down?

New Clerk (who is not in the habit of conversing in the Latin language): I am afraid that I did not quite follow you, sir.

Dr. Kino (kindly): Well, never mind—bit strange at first, I suppose (takes board). I will write it for you. (To *Sister*) Will you give me another paper, please, *Sister*? I am afraid that the dispensers, being ignorant persons, might possibly be misled by Mr. —'s hieroglyphics. (To *New Clerk*) Have you tasted the urine?

New Clerk (who had dipped a piece of litmus paper in the glass and gone off to lunch): Yes, sir.

Dr. Kino: Any albumen?

New Clerk: It was rather uncertain, sir.

Dr. Kino (going to window, takes test tube and boils a sample of urine, which instantly solidifies. To *New Clerk*): Did you boil it?

New Clerk: No, sir—I only applied the guaiacum test.
Dr. Kino: Well, that was an unfortunate selection, as it does not happen to be a test for albumen. (Clerks laugh.)
(*Dr. Kino* goes to the next bed while the *New Clerk* retires in the background to remove the perspiration from his forehead.)

Correspondence.

VOLUNTEER MEDICAL STAFF CORPS.

DEAR SIR,—We venture to ask you for a little of your valuable space, as we desire to call the attention of the students of this Hospital to the fact that No. 3 Company of the Volunteer Medical Staff Corps is recruited solely from the men of St. Thomas' and St. Bart's. It is very much to be regretted that more students at this Hospital do not take advantage of this useful and patriotic recreation.

It is a well-known fact that there is a great deal of misunderstanding in the minds of the students concerning the expenses that would be incurred, and the time that would be occupied by joining. We are told by some that they cannot afford the time, and by others that it is too expensive. This is quite a mistaken idea.

The drills are arranged so as not to interfere with any of the work of first or second year's men. All the drills, except a few company ones, which take place in Charterhouse Square, three minutes' walk from the Hospital, can put in at the Royal Victoria Hospital, Netley, at East and at Aldershot during the August Bank Holiday week.

These outings are most enjoyable: we come into contact with students from eight other metropolitan schools, and our common life in camp promotes good fellowship among the London medical students, and friendships are formed that might never otherwise have been. The Scotch Universities also send their contingents.

With regard to expense. One almost saves money by joining. The entrance fee is ten shillings, and the annual subscription the same. Uniform and accoutrements are provided by the Corps.

There are no expenses whatever incurred at the Aldershot camp; free return tickets from London are given, and the food supplied and the care taken of men is quite above censure. A week's holiday taken in any other way would cost more than the entrance fee and annual subscription together.

At Netley something less than four shillings is charged for the return railway fare from London; there are no other expenses connected with this. There we are provided with beds in the wards of the Royal Victoria Hospital, and besides the ordinary drills we are instructed in ward duty.

The Conjoint Board gives special early *vis-à-vis* exams. to the Volunteers who want to go to Netley at Easter, or Aldershot in August.

The training obtained in the Corps is invaluable to men

who intend joining the Army Medical Staff or the Indian Medical Service; in some cases members of the Corps have been exempted from their preliminary training at Aldershot, being reckoned efficient by the military authorities.

On Saturday afternoons the Corps often parades. We have recently been to Barnes Common, Bushey Park, Hampstead Heath, Harrow, Rickmansworth, and Wimbledon Common. These marches combine both healthily exercise and pleasure.

The Corps pays the railway fare and provides rations when we parade at any distance from town.

We have been called out to form dressing stations in the streets on such occasions as the visit of the German Emperor to the city, the opening of the Imperial Institute by H.M. the Queen, and at the recent Royal Wedding. Attendance is, of course, optional, but there is no better way of seeing these processions, as our duty lies along the line of route.

Our headquarters have lately been removed to Calthorpe Street, ten minutes' walk from the Hospital, and when finished they will possess many of the advantages of a Club.

We shall be very pleased to give any further information to anyone desiring it, or to take any fellow-students down to the headquarters. The present, we may mention, is the most opportune time for joining, being the commencement

of the Abernethian year.

The Committee of the Abernethian Society, and the sum thus received may be spent by them in whatever way they consider best. They are requested, however, to present an account of their expenses to the Finance Committee.

In return for this concession, the Abernethian Society agreed to bear the cost of the supply of papers and periodicals to the Smoking Room. Some dissatisfaction having arisen on a supposed deficient supply of papers, the matter was considered by the Finance Committee at their

first meeting in October, and, as reported in our last number, resolution, calling the attention of the Abernethian Committee to the subject, was passed. It was not known to the

Finance Committee at that time that, a day or two previously, the Abernethian Committee had considered this topic, and had decided to take in several additional papers. This resolution appears to have annoyed some of the prominent members of the Society, and we therefore hasten to assure them that it was not passed in any spirit of opposition. The

Committee of the Abernethian Society have replied to the solution, and have most courteously given full information on the subject. It is quite clear that they have liberally

met the requirements of the Smoking Room as to papers and periodicals, and any apparent deficiency in the supply is due simply to the fact that members are in the habit of taking papers from the Smoking Room into the Abernethian

Reading Room, which adjoins it. We are sure that it is only necessary for us to call the attention of members to

DISEASES OF THE EYE.—Mr. Power (In-patients), Tuesdays and Thursdays at 2. (Out-patients) Thursdays at 2.30. Mr. Vernon (In-patients) Wednesdays and Saturdays at 2, (Out-patients) Wednesdays and Saturdays at 2.30.

DISEASES OF WOMEN.—Dr. Champneys (In-patients), Mondays, Wednesdays and Fridays at 2. Dr. Griffith (Out-patients) Wednesdays and Saturdays at 9.

ELECTRICAL CASES.—Dr. Lewis Jones, Mondays, Tuesdays, Thursdays and Fridays at 1.30.

DENTAL CASES.—Mr. Paterson, Fridays at 9; Mr. Ackery, Tuesdays at 9, in the Out-patient Room.

CLINICAL LECTURES IN MEDICINE.—Fridays at 1 p.m. Dr. Gee, Friday, Nov. 17; Sir Dyce Duckworth, Friday, Nov. 24; Dr. Hensley, Friday, Dec. 1; Dr. Church, Friday, Dec. 8.

CLINICAL LECTURES IN SURGERY.—Wednesdays at 2.45 p.m. Mr. Smith, Wednesday, Nov. 15; Mr. Marsh, Wednesday, Nov. 22; Mr. Langton, Wednesday, Nov. 29; Mr. Marsh, Wednesday, Dec. 6; Mr. Butlin, Dec. 13.

CLINICAL LECTURES ON DISEASES OF WOMEN.—Dr. Champneys, every Thursday at 9 a.m. until Christmas.

CLINICAL LECTURES ON OPHTHALMIC SURGERY. Mr. Henry Power, Mondays at 2.30 p.m.

MEDICAL POST-MORTEM EXAMINATIONS.—Dr. Tooth, daily at 12.30 p.m.

SURGICAL POST-MORTEM EXAMINATIONS.—Mr. J. Berry, daily at 1.45 p.m. — for the patients which await the unway.

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Time: 1.45 p.m.

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New Clerk. Robinson, sir.

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Dr. Kino (with surprise): Indeed! (Listens.) (To patient): Say ninety-nine.

Patient: Nointy-noine.

Dr. Kino (to New Clerk): Would you mind just listening here?

(New Clerk listens and tries to call to mind some of the terms he has heard used in connection with the chest.)

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY.

- Nov. 16—F. E. Batten, M.B., on "Unusual Manifestations of Tubercular Meningitis."
 ,, 23—Reginald Brown, M.R.C.S., "Some Exigencies of Private Practice."
 ,, 30—J. A. Ormerod, M.D., "Post-febrile Paralyzes."
 Dec. 7—A. A. Kanthack, M.D., "Tuberculosis as an Infective Disease."
 ,, 14—J. Berry, F.R.C.S., "Goitre."

ATHLETICS.

RUGBY FOOTBALL, 1ST XV.

- Nov. 18th—Middlesex Wanderers, at Richmond.
 ,, 22nd—Mason College, at Birmingham.
 ,, 25th—Royal Naval College, at Greenwich.
 Dec. 2nd—Ealing, at Ealing.
 ,, 6th—Royal College of Science, at Raynes Park.
 ,, 9th—Brighton, at Brighton.

ASSOCIATION FOOTBALL, 1ST XI.

- Nov. 22nd—
 ,, 25th—Uxbridge, at Ashbridge.
 ,, 29th—R.I.E.C., at Cooper's Hill.
 Dec. 2nd—Chiswick Park, at Wormwood Scrubs.
 ,, 6th—Old Brightonians, at do.
 ,, 9th—St. Albans, at St. Albans.
 ,, 13th—Army Service Corps, at Aldershot.

S.B.H. STUDENTS' CHRISTIAN ASSOCIATION.

Meetings on Thursdays, in the Inquest Room at the Hospital. Tea and coffee, 4.45 p.m. Address 5 o p.m.

A Prayer Meeting is held in the vestry of the Hospital Church during the Session, daily (except Saturday), from 1 to 1.10 p.m.

Nov. 23rd—C. Y. Biss, Esq., M.D., F.R.C.P.

,, 30th—Rev. H. F. Brooke, M.A.

Dec. 7th—W. McAdam Eccles, Esq., M.B., F.R.C.S.

,, 14th—A. Mercer, Esq.

ST. BARTHOLOMEW'S HOSPITAL SMOKING CONCERT CLUB

Dec. 2nd—French Room, St. James' Restaurant, Piccadilly, W. Tickets 1s each. Members are given one ticket to admit a friend. To be had from the Hon. Secs., P. W. G. SHEPPEY and D. L. E. DOLTON.

CAMBRIDGE GRADUATES' CLUB OF ST. BARTHOLOMEW'S HOSPITAL.

The Eighteenth Annual Dinner will be held at the Café Monico, Nov. 16th, at 6.45 for 7 p.m. Dr. Norman Moore in the chair.

St. Bartholomew's Hospital



JOURNAL.

Vol. I. No. 3.

DECEMBER, 1893.

PRICE SIXPENCE.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, MESSRS. RICHARDS, GLANVILLE & CO., 114, Fenchurch Street, F.C.

St. Bartholomew's Hospital Journal,

DECEMBER 14th, 1893

"Æquum memento rebus in arduis
 Servare mentem."—Horace, Book ii., Ode iii.

WE regret that some misunderstanding has arisen as to the exact position of the Abernethian Society in the Amalgamated Clubs, and we are told that remarks which have appeared in the JOURNAL have, quite unintentionally on our part, added to this misunderstanding. We therefore take the earliest opportunity of explaining the exact relations of the Abernethian Society to the Athletic Clubs, and hope in this way to remove any doubt. It is our wish that the two branches of the Amalgamation—the Scientific and the Athletic—should work well together, and we will do all in our power to promote their common interests. In the first place, students may, if they wish, become members of the Abernethian Society without joining the rest of the Amalgamated Clubs, or they may support the athletic part without becoming members of the Abernethian; but recognising how the prosperity of one branch contributes to the success of the other, students are, on all sides, advised to join the whole. In the second place, the Abernethian Society is in a different position to the "Other Clubs" with respect to financial control. When the Amalgamation scheme was agreed upon, it was rightly pointed out that the Abernethian

Society—one of the oldest Medical Societies in London—is in every way a different body to any of the Football and Athletic Clubs, and therefore a different arrangement was made in respect to finance. All the ordinary Clubs must present estimates of their proposed expenditure, which are considered by the "Finance Committee," and may be amended. After considering them, the Finance Committee make such grants as they deem sufficient. Thus the Clubs are under absolute financial control. It is not so with respect to the Abernethian Society. In place of presenting estimates and receiving a grant, a fixed sum for every student who joins the Amalgamation, or the Abernethian part of it alone, is paid to the Committee of the Abernethian Society, and the sum thus received may be spent by them in whatever way they consider best. They are requested, however, to present an account of their expenses to the Finance Committee. In return for this concession, the Abernethian Society agreed to bear the cost of the supply of papers and periodicals to the Smoking Room. Some dissatisfaction having arisen on a supposed deficient supply of papers, the matter was considered by the Finance Committee at their first meeting in October, and, as reported in our last number, a resolution, calling the attention of the Abernethian Committee to the subject, was passed. It was not known to the Finance Committee at that time that, a day or two previously, the Abernethian Committee had considered this topic, and had decided to take in several additional papers. This resolution appears to have annoyed some of the prominent members of the Society, and we therefore hasten to assure them that it was not passed in any spirit of opposition. The Committee of the Abernethian Society have replied to the resolution, and have most courteously given full information on the subject. It is quite clear that they have liberally met the requirements of the Smoking Room as to papers and periodicals, and any apparent deficiency in the supply is due simply to the fact that members are in the habit of taking papers from the Smoking Room into the Abernethian Reading Room, which adjoins it. We are sure that it is only necessary for us to call the attention of members to

this to ensure that the papers in future will not be removed from the room. We have much pleasure in making this explanation, and trust that the two branches of the Amalgamated Clubs will, as in the past, work cordially together for the common good.

Cases of Ataxic Paraplegia (Ataxic Neuritis).

ABSTRACT OF A CLINICAL LECTURE BY SAMUEL GEE, M.D.,
OCTOBER 12th, 1893.

I.—There are cases which bear a *prima-facie* resemblance to motor ataxia, but which, on further examination, are found to differ in several respects from the type of that disease: e.g.

- (1.) The family or hereditary ataxia.
- (2.) Spastic ataxia: the walk being ataxic, but the patellar tendon reflex being increased, and the ocular and some other symptoms usual in motor ataxia being absent.
- (3.) Ataxic paraplegia (pseudo-tabes).

II.—There are cases which are apt to be deemed cases of motor ataxia, and in which, after death, no lesion of the spinal cord is found, but either a neuritis (peripheral neuro-tabes) or a disease of the posterior roots of the spinal nerves within the vertebral canal.

First Case.—A. B., 39 years old, admitted into Luke ward on October 7, 1893.

The most obvious symptoms are two, the manner of walking, and the absence of patellar tendon reflex. (1.) On getting out of bed he has great difficulty in assuming the erect posture. He walks with his legs apart, and takes very short and feeble steps. The gait is not that of ataxia. He does not drag his toes on the ground. He cannot walk with his eyes shut. He cannot stand with his feet together. He turns badly. (2.) The patellar tendon reflexes are quite absent. It is this symptom which suggests the diagnosis of motor ataxia in these cases.

The muscles of the legs are not wasted, and their power is considerable; no foot-drop. Electrical reactions natural. Sensibility of skin of legs natural. No muscular tenderness; no pains.

Arms, natural. Pupils good size and act to light.
No disorders of micturition.
Memory bad.

This is no doubt not a case of motor ataxia, nor can it be explained by supposing the existence of any known form of disease of the spinal cord. Though his memory is bad, his dementia is not sufficient to explain his very bad walking. Wherefore, by way of exclusion, it would seem to be most probable that the patient's symptoms (so far as the legs are concerned) are due to neuritis. That is to say, the pseudo-tabes is a peripheral neuro-tabes, or, as we might say, an ataxic neuritis.

If he be suffering from neuritis, has there been any known cause of that disease at work in his case? Two causes;

(1) exposure of the legs to cold and wet in the course of his employment as a night policeman; (2) more important still is the fact that he has drunk heavily. Alcoholic neuritis, in men, seems to be very apt to take on the ataxic form. The forms of neuritis are very various, according to the nature of the morbid poison at work, and to the sex and age of the patient. He denies syphilis and injury.

[POSTSCRIPT.—His mental condition rapidly deteriorated. On October 28, it is noted that he passes his urine on to the floor, and his fæces in bed; he sees phantoms; calls for his uniform. We may suppose that the alcoholic degeneration of the nerves was a forerunner of alcoholic degeneration of the brain.]

Second Case.—T. F., 34 years old; admitted into Luke ward on April 2, 1887. He has been a digger in South Africa. A great spirit-drinker. Had syphilis with secondary symptoms ten years ago; also gonorrhoea several times. Two years and a-half ago he could not walk in the dark, felt unsafe, became very weak in the legs. November, 1885, he lost the use of his legs suddenly and completely; his arms were similarly but less affected; retention of urine. Three weeks afterwards, some power in the legs suddenly returned, but since this time he has been unable to stand; his legs have wasted much. Seeing a patient with well-marked motor ataxia walking the ward, he said that he never walked like that.

In the hospital: (1.) Movements of legs and of arms more like ataxia than anything else; he cannot stand alone. (2.) Patellar tendon reflex absent. (3.) Much wasting of legs, less of arms. Faradic contractility of muscles, normal. (4.) Sensation in arms natural, in legs diminished; he cannot feel the ground. Sense of position of legs lost. Shooting pains in legs "like electric shocks." (5.) Pupils not small, act well to light and accommodation. (6.) Micturition slow and laborious. Mind, natural.

In this case, as in the former, alcohol and exposure to bad weather are the probable causes of the disease. In the latter case, syphilis is another possible co-operating cause.

Third Case.—T. B., 55 years old; admitted into Luke ward on October 16, 1893. Denies syphilis; has drunk about a pint and a-half of beer daily, and has been in the habit of getting drunk upon beer about once a week.

Nine months ago he began to feel numbness in his hands and feet; after a time all his limbs became weak, his legs giving way under him when he tried to walk, and his hands starting when he attempted to do his work, that of a shoemaker. The last two months he has been badly off, and his disorders have increased.

His four limbs are weak and somewhat wasted. He has much difficulty in buttoning his clothes or picking up a pin. His walk is feeble, but not ataxic. There is no foot-drop. Micturition and defæcation unaffected. Speech natural.

Patellar tendon reflexes absent.

The tibialis anticus group of muscles and the peronei

contract to faradisation, but require a strong current: in all of them ACC > KCC, except the ext. digit. long., in which ACC = KCC. The muscles of the arms all contract to faradisation, but require a strong current. The right ext. comm. digit. and left flexor long. digit. give ACC > KCC; the left supinator longus ACC = KCC; all the other muscles acted normally to galvanism.

No pain; slight defect of sensibility in places. Pupils not very small, but hardly contract to light.

Transverse Presentations of the Fœtus.

By C. HUBERT ROBERTS, F.R.C.S., M.B., M.R.C.P.,

Demonstrator Practical Midwifery to St. Bartholomew's Hospital,
Physician to Out-Patients Samaritan Hospital for Women,
Marylebone Road.

AS two very interesting cases of so-called transverse presentations have occurred during the last month in our Maternity Department, I venture to record them with a few remarks thereon:

Both these cases curiously occurred within a day of one another, and were attended by the same midwifery clerk, Mr. S. C. Hounfield, from whose excellent notes I give this abstract.

CASE I.

Transverse Presentation and Placenta Prævia.—E. H. æt. 32. Multip. Four previous pregnancies, all natural.

Oct. 6.—Called 1.35 p.m. Membs. ruptured shortly before: was losing freely when Mr. Hounfield arrived. Examination P.H. showed the fœtus lying obliquely, head to left, and back to front.

PV. Large clots in vagina; os. dilated; placenta easily felt, and R. shoulder presenting with it.

Our Extern. Mid. Assistant, Mr. Stubbs, was sent for. Arrived shortly after. Placenta was detached from lower uterine segment, which stopped a good deal of the bleeding. P. 108.

Dr. Robinson, the Intern. Mid. Assistant, was sent for, and, at 4 p.m., under chloroform, performed podalic bipolar version; R. arm and R. leg brought down easily and child delivered at once. Ch. male. Born dead, 5 p.m. Occip. Anter. No difficulty with head. No severe bleeding during this. P. followed at once, and ergot given. P. 80. Mr. Hounfield left patient at 6.5 p.m., doing well.

The placenta showed very well-marked thrombosis of its lower corner, quite different from the remainder of placenta; the thrombosed corner being the part which was prævia, this is not at all uncommon.

The same evening, at 9.50 p.m., the woman was doing well. P. 80; T. 98.4. Very little loss.

Oct. 7.—Patient doing well. Had a fair night. Very severe afterpains. T. 98.4; P. 88.

Oct. 17.—Patient has gone on very well ever since Oct. 7th, and practically not had a bad symptom. T. never above 98.8, or pulse above 88. Letter taken Oct. 17. No thrombosis, or swelling of legs.

CASE 2.

Twins. Transverse Presentation of second. Spontaneous Expulsion.—M.C. æt. 41. Mult. Three former pregnancies; no transverse presentation or twins, labours easy.

Oct. 7.—Called 11.15 p.m. Woman in labour, abdomen very large, limbs to front, but twins not suspected.

PV. Bag of membranes found protruding; a vertex presentation made out; os. fully dilated.

12.15 a.m.—Membranes ruptured, child male, small, followed without difficulty, almost at once (R. occip. anterior).

Uterus still too big, then on examination another bag of membranes, and child felt.

No definite presentation of the second child could be made out, the head was felt high up, P.H. rather in left iliac fossa, and the limbs to other side.

Our Extern. (Mr. Stubbs) arrived at 1 p.m., and recognised at once transverse presentation of second twin, an elbow was lowest at the time. Chloroform was given and podalic version attempted. R. arm brought down, then L. Each was kept down with a tape, then R. leg, and taped with great difficulty; but child would not revolve, and knee would not come to vulva.

The Intern. Midwifery Assistant, Mr. Stack, was sent for, and found the fœtus driven down and impacted with the curious presentation of both arms, the R. leg and back; the spines, especially of dorsal region, about 6th to the 8th, could be felt. Neck could not be reached, and the uterus was by this time acting violently, the upper uterine segment contracted and drawing the lower uterine segment up over fœtus with dangerous thinning; the so-called ring of Bandl. could be felt, and the uterus was very mobile.

As it was evident something else would be necessary, I was sent for, and arrived at 4.30, but just before I arrived, matters were settled by the woman expelling the fœtus herself (spontaneous expulsion, doubled-up body). Child male, small, dead.

The child is now in the museum, and is an interesting specimen of the way in which Nature can sometimes excel these cases of transverse presentations by one of the so-called natural methods, which, please remember, though natural, are never to be waited for.

This was a most curious case, for the body did not come through doubled-up quite in the usual way, and the presentation of the back was exceptional. It descended like a wedge, with the two arms down, then followed the back and R. foot, then the head doubled into the abdomen, lastly the L. leg. Child, of course, dead.

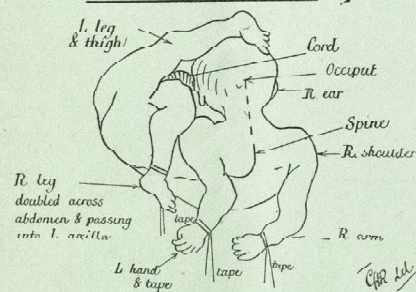
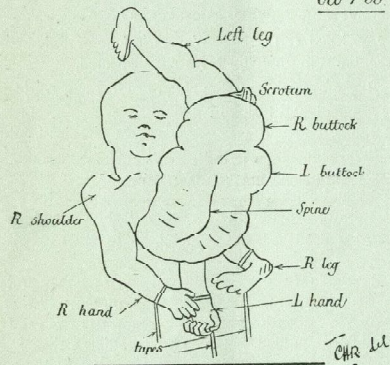
Placenta: large, one mass, two separate bags, two cords. The case did perfectly well afterwards. The T. never above 99.8, or P. above 92.

On the 21st she was quite well, and the other twin doing well. Letter taken away.

I append two drawings of the dead child as it appeared after delivery.

Trans. Presentation - one of Twins.

Oct 7 '93



TWO VIEWS OF THE SECOND CHILD TO SHOW THE CURIOUS DOUBLING UP OF BODY DURING EXPULSION.

These cases are interesting. The first, transverse presentation and placenta previa, illustrates abnormalities which may appear together, as with placenta previa we frequently get abnormal presentation. I do not intend here to speak of placenta previa and its treatment, except to say that I would not advise separation of the placenta from the lower uterine segment.

As regards the transverse presentation, this was a fairly easy case. The version was, very properly, performed early, and with good results. Mind, we ought never to leave these cases to Nature, though the second case shows that Nature will expel them sometimes spontaneously.

The second case was transverse presentation of one of twins, and spontaneous expulsion. Possibly, if the child

had not been a twin, and, therefore, small, great difficulties might have arisen in such a case; as it was with a small child, and a dead one, expulsion occurred in the way you have seen. Note the curious way in which it was expelled: back first, both arms down, and one foot (R.), which was crossed over abdomen, the R. foot appearing at L. side, close to the L. axilla.

TRANSVERSE PRESENTATIONS

Should, I think, rather be called "oblique," since they are really never transverse, as the greater part of child still occupies the body of uterus.

The shoulder or axilla (side) generally presents, and then with rupture of the membranes the arm is prolapsed. Remember, nearly all oblique presentations are ultimately shoulder.

Occurrence 1—300.

Position:—

(1) Dorsal anterior, L. and R.

(2) Dorsal posterior, R. and L.

Dorsal anterior much the commoner; proportion 2 : 1. 1st, 2nd, 3rd, 4th positions common in order as above, not 1st and 3rd as in vertex cases.

Predisposing Causes:—

Multiparity, tumours, contracted pelvis, twins (especially 2nd), very large child (especially ♂), prolapsed extremities, enlarged pelvis, double monsters, tumours of foetus, short cord, dead foetus, placenta previa, hydramnios, pendulous belly, obliquity of uterus.

Causes.—Those which prevent ordinary vertex cases.

Diagnosis.—Abdominal palpation, chiefly obliquity of uterus, head or breech towards one or other iliac fossa; position of foetal heart.

P. vaginam.—Feeling shoulder or ribs, later, arm down. Elbow at vulva. Prolapsed cord common. (Remember, not all cases where hand is in cervix are transverse, but, if elbow at vulva, they generally are.)

Course of Labour.—The uterus does not act properly, labour comes on slowly, and pains ineffectual, then they may pass off, and the danger is that you may fail to recognise such a case, and fancy, perhaps, that labour has not commenced; in fact, the uterus may never enter on the second stage at all. The waters come away, and then the uterus begins to retract off the foetus; the upper uterine segment contracting and pulling upon the lower uterine segment, which soon becomes dangerously thin, and rupture of the uterus is imminent. (I would define the lower uterine segment as that anatomically to which the peritonium is loosely attached.) In fact, we have all the symptoms of obstructed labour, and you must never leave such cases to Nature.

Natural Endings:—

1. Collapse,

2. Exhaustion, septic poisoning.
3. Ruptured uterus.

In neglected cases the woman gets stupid, does not feel pain, in fact she is too ill, she gets drowsy, or delirious, labour pains cease, the temperature rises, thirst, vomiting, sweating, and collapse ensue, and death, perhaps with ruptured uterus.

Nature's termination of the Labour.

1. Version—

(a) Spontaneous rectification.

(b) Spontaneous version.

2. Expulsion—

(a) Spontaneous evolution.

(b) Doubled-up body.

Methods { External.
Internal.
Bipolar.

Contra-indications:—

1. Too deep position of presenting part.
2. Too long impaction, waters gone.
3. Uterus cylindrical and moulded.
4. High position, Bandl's ring, and thinning of lower uterine segment.

Remember in version, which I will not go into here, probably podalic bipolar the best, bring down leg corresponding to presenting shoulder and hand.

Note, in Case 2, the curious crossing of opposite leg across abdomen, and difficulty of recognition.

B. Decapitation—

- (a) If shoulder driven low down, and impacted.
- (b) Ut. moulded and liq. amnii gone.
- (c) Lower uterine segment very thin.

VARIETIES OF SPONTANEOUS EVOLUTION.

Class.	Character	Quality of Foetus.	Varieties	Author.	Obstetric operation represented.
A. Expulsions.	Action on one pole produces no immediate effect on other poles.	Viscous mass	1. Partus concludicatus 2. Spontaneous expulsion.	Kleinwachter Douglas (Dublin).	Spontylotomy.
	Presenting part never retreats. (Child, dead.)	Limp spine			
B. Versions.	Action on one pole immediately affects opposite pole.	Series of levers	3. Spontaneous version, above brim. 4. Spontaneous evolution, low down.	— Denman.	Turning by external manipulation. Turning in neglected cases.
	Presenting part retreats. (Child, alive.)	Fully stiff spine			

The above table may be useful (copied from Dr. Champney's table Mid. lectures, July, 1893).

These are well explained in all text-books, and I need not say more about them here.

Prognosis—always bad.

Mothers 50% die.

Children 70% die.

Dangers, neglected labour; therefore you must never leave a case in hopes that Nature will terminate it for you.

Treatment—Two classes of cases.

(a) Those in which you can turn.

(b) Those in which you dare not turn.

A. Version—

- Cephalic
- Podalic.

Remember, in using decapitating hook, always to protect with hand, point backwards, and to cut through neck, not body.

Decapitation impossible, as in Case 2:—

1. Embryotomy (assist evolution).
2. Spontylotomy (assist evolution), dividing spinal column.

The latter alternatives would possibly have been necessary in the case I mention, had there been a full-sized child and not a small twin.

I apologise for saying so much, but I think such cases are of great interest, and their recognition and the proper treatment of neglected cases one of the most important points in the study and practice of midwifery.

25, Welbeck Street.

Intravenous Saline Injection in Cholera.

H. J. MANNING WATTS, M.R.C.S., ENG., L.R.C.P., LOND.,
RESIDENT MEDICAL OFFICER, GRIMSBY CHOLERA
HOSPITAL.



THE treatment of Cholera in England by the injection of Saline fluids into the veins of patients during the stage of collapse has hardly, to my mind, been thoroughly tested. I believe that in the epidemic of 1866, that Mr. Little, at the London Hospital tried this treatment on several of his patients with fair success, but, luckily for this country, we do not have many cholera epidemics in which any treatment can be carried out to any large extent. I do not know at this moment whether intravenous saline injections have been tried in the home of Cholera, India to wit, but I should imagine that they have, and may have been laid aside as they proved of no success, but that is no reason why we should not try it in England, as we know that climatic causes and general hygienic matters do have an important influence on certain treatments, which may prove to be of use in one country and yet of little or no use in another, and then again, one drug has not the same effect on everybody, and it may probably be the same with saline injections, which poured into the veins of an Indian may act in a totally different manner to which it would if injected into a European, whose respective nervous systems may be either more or less highly organised than the other's. But this is theory, and, coming to practical points, we have of late years been made aware that the cholera germ, known as the comma bacillus, has amongst others a certain influence on the alimentary canal which causes the intestinal glands to secrete a large amount of watery fluid, which has at different times been analysed by various authorities and found to be of specific gravity between 1.002 and 1.015, is either neutral or slightly alkaline, and consisting for the greater part of water, holding in solution salts of soda and potash and more especially chloride of soda; the solids are slight in proportion to the fluid part. Now, if the blood of a cholera patient is examined, it is dark in colour, is thick and tarry in consistence, has lost most of the water from the liquor sanguinis and also a corresponding proportion of its salts. Again, if the urine is tested we shall find a similar case, namely, a deficiency of salts, thus showing that these rice-water stools have an excess of salts which they have gained at the expense of the blood. Bearing these few facts in mind, and also that there have been cases recorded of persons recovering from a state of profound syncope, caused by a loss of blood, either due to injury or some other cause, simply by having a saline solution injected into their veins, or subcutaneously, and also deep into or between the muscles, I determined to try the effect of saline injections on cholera patients when in a stage of collapse.

To give a general idea of the mode of injection, I will briefly describe how I set to work. The apparatus that I

used was a blunt-ended metal cannula (belonging to an Aveling syringe), and a Higginson enema syringe. The cannula that I used was too blunt, and had not a small enough tip to enter a vein of the size of the median basilic or cephalic veins, but a very fair cannula and quite good for the purpose can be made out of a piece of glass-tubing by heating it over a spirit lamp, drawing it out, and tapering it to a point, then filing and heating the end till it is blunted, so as it can enter a vein easily. (I should have used the Aveling syringe, but could not work it at first.) I took the nozzle off the Higginson syringe, and tied the cannula on to the indiarubber. I then passed a solution of boiling water and salt through the syringe till I thought it clean enough to work with. The advantage of using the Aveling cannula was that it was fitted with a tap, so that I could turn the solution off and on at will.

I then washed the arm with carbolic soap first, and afterwards with a solution of perchloride of mercury, 1 in 2000. I then tied a bandage round the arm above the elbow, and with a Paget's knife made an incision over the median cephalic or basilic vein (whichever showed up best), and picking up the vein clear from the surrounding tissues, I made a fair-sized opening into it, and slipped the cannula into the vein. I then tied it in, and slowly pumped the solution into the vein, having first taken off the bandage compressing the arm. I found that in my first case the cannula was too large to enter the vein, and so I pushed it under the subcutaneous tissues, and injected the fluid slowly there, but I found that I could only in this manner put two or three oz. in, whilst into the vein I put between eight and nine ozs. After I had injected the solution, I put a graduated compress on, and bandaged the arm up. The formula for the saline solution was given me by Dr. Reece, of the Local Government Board, and was as follows:—

Sodii Chlorid.	gr. : 50
Potass Chlorat.	gr. : 3
Sodæ Sulph.	gr. : 25
Sodæ Carbon.	gr. : 25
Sodæ Phosp.	gr. : 2
Aq. Desill. ad Oj ;	Misce. ft. Solutio.

The temperature at which I injected the solution ranged between 100° and 102°. I ought to mention that in the first case I did not use the above solution, but a filtered and saturated solution of salt. In the case (H. S.) there was not any marked improvement, his breathing certainly was not so irregular and spasmodic, but was quieter and regular and his pulse was fuller and stronger, but in the second case (J. B. S.) the man was markedly improved. His temperature rose, and he was decidedly warmer and better; pulse which had been thready was of a better volume and stronger: he had been falling into a kind of stupor, but he now became brighter and cheerful and his spirits rose and he kept saying, "Oh! I feel like a king now." He was again injected 26 hours afterwards, and the change was even more marked on

the second occasion than on the first. These two cases made me resolve to try the saline injection further, if opportunity presented, but we had no more patients in a state of collapse, as the cholera was then dying down. I will now add brief notes of the two cases that I tried the saline injections on.

1.—H. S., male, aged 53, was admitted to this hospital late on night of Sept. 9th. He was very cold about the trunk, and his arms and legs were extremely so. His face was livid and dusky, with darker rings around his eyes, which were half closed. He was vomiting profusely, had copious diarrhoea and cramps in abdomen. His temperature was 97.4°, and his pulse fast, small and regular, 130 to minute. He was thoroughly warmed up by hot blankets, and hot-water bottles placed around him, and as he got warmer he seemed to improve and had a few snatches of sleep during the night. The next morning he seemed better, colour of face was more natural, his temp. was 99.4° having risen two degrees, his pulse was regular, of good vol. He had not vomited so much, and had kept down some hot coffee and hot milk that he had taken. He continued to improve during the morning, but in the afternoon he became collapsed, his face becoming livid and dark, his arms and hands congested, his temp. fell to 97.2°, pulse being small and thready, getting no better from being rubbed and heat being applied. I opened his left median cephalic vein with a view of injecting a saline solution, but failed to get the nozzle of the cannula into the vein, and had to content myself by injecting the solution under and between the subcutaneous tissues. I thus injected 4 ozs. of a saturated solution of salt and water, I then bandaged the arm and watched him for an hour, having him all the time well wrapped in hot blankets. He seemed a little less distressed, but not to any marked extent, so that I injected 40 minims of ether purus into his left nates. In another hour's time he was sensibly warmer (but from which of the two it was I cannot say), and was easier, and slept for 1½ hour. In the evening he was very restless, and had Inj. Morph. Hypod. iij, after which he slept for some hours, but about 4.30 a.m. (Sept. 11), his breathing became impeded and laboured and I gave him an injection of ether pur ʒi. but to no purpose, as his breathing became worse, and in spite of everything that we did he died at 5.10 a.m.

2.—J. B. S., male, aged 46, was admitted Sept. 13th, with symptoms of cholera, which had been very severe but were now passing off. He was able to walk into the ward and undress himself. The next two days he improved, but on the 16th, he complained of abdominal pain which was dull and persistent, and with which he had some purging but no vomiting. 17th.—Pain still continues and is more severe, purging still continues also. 18th.—Vomiting and severe purging, bowels open 12 times, the motions being dirty lemon-yellow and were very watery, and small flocculi floating in it about the size of pieces of bran; during this time he was getting very weak and thin. On

20th he was very feeble, his face being thin and pinched, very dusky in colour, eyes sunken and turned up. His temperature ran down to 94½° in the afternoon, his breathing very short and shallow; hot blankets were constantly changed and mustard and linseed poultices put on his chest and back; in this state of collapse I injected about 5 oz. of the above solution into his forearm and also into his chest close to the rt. mamma (the nozzle again being too big to enter the vein). This seemed to afford him relief, as about one hour afterwards his breathing was better, his temperature rose to 96° and his pulse improved. During the night he was sick several times, but slept fairly well. The next morning he seemed better but the improvement was transitory, as during the afternoon he again became collapsed, his temperature running down to 95° (it having been 97.6° in morning), his breathing being very shallow, his arms were dusky and the veins showed up badly. I opened the left median cephalic, and getting the cannula into the vein I injected slowly 8 to 9 ozs. of the saline solution. About 40 minutes afterwards he was much better, his face was less drawn and haggard, his skin was a better colour, and he was more cheerful. Towards mid-night he was restless, but slept after an injection of morphia. From this time he improved from the effects of the cholera, his face beginning to fill out and his pulse was stronger and of better tension. This continued till the beginning of October, when he had pleurisy with some congestion of right base, and this has been followed by bronchiectasis with very foul and offensive sputa: but he is now daily improving and will soon be removed to his home.

Pathological Laboratory.

NOTICE.

Gentlemen wishing to act as pathological clerks in the Pathological Laboratory from January to March, 1894, and from April to June 1894, are requested to give their names in to Dr. Kanthack before December 16th. We also remind gentlemen wishing to take out the course on Elementary Bacteriology in January, 1894, to communicate with Dr. Kanthack as early as possible, so that the necessary arrangements as to days and hours of attendance may be made.

SYLLABUS OF COURSE ON ELEMENTARY BACTERIOLOGY.

The next course will begin early in January, 1894, on days and at hours appointed by mutual arrangement. The class will extend over five weeks, meeting three times a week. Each demonstration lasts two-and-a-half to three hours. A short lecture precedes the practical work. The course is strictly elementary, and its object is to prepare for advanced work such as required for the various D.P.H. Examinations, but will be counted as part of the attendance required for these examinations.

Syllabus: A. Lectures: General remarks on micro organisms. Classification. Artificial cultivation and nutrient media. Classification of Schizomycetes. Sporulation. Flagella. Involution forms. Biological conditions of Schizomycetes. Requirements for growth. Pathogenic germs. Anthrax. Parasites and their classification—Saprophytes. Symptosis. Infection. Infective diseases, Contagion. Contagious obligatory parasites, Contagious facultative and non-contagious parasites. Methods of inoculation. Attenuation of pathogenic organisms. Lesions produced by anthrax bacilli. Natural Immunity and Susceptibility. Predisposition, natural and acquired. Acquired Immunity. Methods of immunisation. Anthrax and Immunity.

Cholera and its vibrios. *Ætiology of Cholera.* Pettenkofer's theory. Diagnostic value of comma bacillus. How to proceed in cases suspected of Cholera. Morphology of the Vibrio of Cholera, its growth, variability, and pathogenic property. Haffkine's anticholeraic vaccination and Metchnikoff's and Klein's criticisms. Klemperer's method of immunisation. Resistance of the Cholera-Vibrio. Preventive measures against Cholera. Suppuration: bacterial and non-bacterial. Pyrogenic germs. Buchner's researches. Otitis media. Bacillus pyocyaneus and fluorescens. Staphylococcus aureus and albus. Streptococcus. Pneumococcus. Gonococcus. Bacillus of Friedländer. Meningitis, Endocarditis. Kruse and Pansini's work on the Pneumococcus. Sterilisation. Antiseptics. Disinfectants. Methods of testing antiseptics and disinfectants. Classification of antiseptics and disinfectants, antibiotic, germicidal and antitoxic properties of blood serum. Serum and Immunity. Immunising and curative action of serum. Theories of Immunity. Phagocytosis. Anaerobic micro-organisms and how to grow them. Tetanus. Infective granulomata: Tubercle, Leprosy, Glanders, Actinomycosis. Bacillus of Typhoid.

B.—*Practical Work:* Simple stains and staining methods. Gram's method. Löffler's medyletic blue. Spore-staining. Ehrlich's, Ziehl's, and Löffler's fuchsin. Staining of sections with simple stains, by Gram's method. Staining of sections embedded in cell-oidin, by Gram's method. Staining of Tubercle bacilli in sputum and sections. Van Ketei's method. Staining of leucocytes and phagocytes.

Preparation of nutritive media. Bread, potatoes and potato tubers, Peptone, Broth, Gelatine, Agar-agar, Glycerine agar agar, Asparagin, Serum. Study of organisms: Bacillus Prodigiosus, Pyocyaneus, Fluorescens, micrococcus agilis, and other chromogenic germs. Aspergillus niger, Penicillium glaucum, Sarcoptes larva, Pyogenic staphylococci, micrococcus tetragonus, Streptococcus pyogenes, erysipelatos, pneumonie, Spirillum rubrum, Vibrio Koch, Finkler and Metchnikoff, Anthrax, Hay-bacillus, Typhoid bacillus, Tubercle bacillus, Tetanus bacillus, Actinomycetes.

Cultivation in various media, plate-method, hanging drop, impression specimens. Tissues and exudations containing anthrax bacilli, cholera vibrios, pyogenic germs, micrococcus tetragonus, tubercle bacilli, actinomycetes, glanders bacilli, tetanus bacilli, &c. Practical study of Phagocytosis and Phagocytes, testing of antiseptic and disinfectant solutions by various methods. Sterilisation. Methods of separating micro-organisms from an infected animal, and from pus, sputum, &c. Cholera diagnosis. Sputum diagnosis.

Amalgamated Clubs.

AN APPEAL.

WE are told that there are still fifty five third year's men who have not become members of the Amalgamation, and forty-six second year's men. First year's men have mostly already joined, there being only about fifteen who are not members. We appeal to all who have not yet joined our ranks to do so without delay, for the "Finance Committee" are on the point of entering into new engagements of an extensive kind with the Medical School authorities, in connection with the maintenance of a ground for football, cricket, and lawn-tennis. We understand that negotiations for the purchase of a ground have just been concluded, and that the ground is, short of the legal process of transfer, already bought. In view of the increased advantages which this will offer to all Bart's men and the necessarily large expenses which must be incurred to maintain the new venture and make it an institution worthy of our great Hospital, we feel we can appeal with confidence to all who have not yet become members.

Third year's men can become life members of all the Clubs of the Abernethian Society by payment of one subscription of two-and-a-half guineas; if they are already

members of the Abernethian Society, the subscription is one guinea and a half. Second year's men pay three guineas for life membership, or, if already members of the Abernethian, two guineas. Subscriptions may be paid to Mr. Madden, in the Library.

CLUB NEWS.

A full account of the last most successful concert given by the St. B. H. Smoking Concert Club appears elsewhere.

Though not one of our number, we feel bound to congratulate a Club which, despite the great opposition which it has encountered, has yet attained to so thoroughly satisfactory a status. We wish the Smoking Concert Club every success, and hope that all its future concerts may be as excellently arranged and well attended as the last.

Mr. Gale's topical songs were encored with the usual vigour. The last verse of the duet sung by Messrs. Gale and Birdseye, since they "presumed" to make the JOURNAL the subject of it, we print in full:—

"We've a Paper, you know, at the Hospital now,
Only just lately it made its first bow;
Not before it was wanted, I think you'll allow.
For a 'tanner' you can usually spot it.
It reads very well in a sort of a way,
And when made a bit brighter is likely to pay;
Just at present it's a little too k'm h'm, they say,
D'you know what?
Scientific?
You've got it!"

On November 22nd the Association team, for the first time, joined the Rugby team in their annual visit to Birmingham. Both teams played Mason's College, the Rugby team winning their match by two goals and a try to nil. The "Socket" team were less fortunate, the match resulting in favour of Mason's College by three goals to two. We may add that neither of them was, in any way, "representative," since many of the regular players were unable to sacrifice the whole day.

The Association have also been to Hastings, where, after winning the match, they were kindly entertained by Dr. Gabb, himself an "Old Bart's man."

The excursion of the Rugby and XV. to Eastbourne was not so successful, though, perhaps, none the less enjoyable.

RUGBY MATCHES.

Nov. 4th, Wickham Park, drawn, no score.
Nov. 8th, East Sheen, drawn, 1 try all.
Nov. 11th, R.I.E.C., Cooper's Hill, lost, 1 goal 3 tries to nil.
Nov. 18th, Middlesex Wanderers, lost, 2 tries to nil.
Nov. 22nd, Mason's College, Birmingham, won, 2 goals 1 try to nil.
Nov. 25th, R.N.C., Greenwich, won, 1 goal 1 try to nil.
Dec. 2nd, Ealing, drawn, no score.

Total, 2 won, 2 lost, 3 drawn.

2ND XV. MATCHES.

Nov. 4th, St. Thomas' II., lost, 3 tries to nil.
Nov. 8th, Middlesex II., lost, 3 tries to 1 try.
Nov. 11th, Wickham Park II., lost, 5 goals 1 try to nil.
Nov. 18th, Croydon II., lost, 1 goal 6 tries to nil.
Nov. 25th, Eastbourne, lost, 2 goals 3 tries to nil.
Dec. 2nd, London Hospital II., won, 1 goal 3 tries to nil.

ASSOCIATION MATCHES.

Nov. 8th, Hastings, won, 3 goals to 2.
Nov. 15th, Casuals, lost, 2 goals to 1.
Nov. 18th, Vampires, drawn, 1 goal all.
Nov. 22nd, Mason's College, Birmingham, lost, 3 goals to 2.
Nov. 25th, Uxbridge, won, 3 goals to 1.
Nov. 29th, R.I.E.C., Cooper's Hill, won, 4 goals to nil.
Dec. 2nd, Chiswick Park, won, 2 goals to 1.
Total, 4 won, 2 lost, 1 drawn.

2ND XI. MATCHES.

Nov. 4th, Old Cholmelians, won, 4 goals to 1.
Nov. 11th, Ramee Incegniti, won, 4 goals to 2.
Nov. 28th, Beckenham, lost, 2 goals to nil.
Nov. 29th, St. Mary's, won, 2 goals to 1.

The United Hospitals Association team has played two matches, both of which they lost, owing, the Secretary tells us, to several members of the team scratching their names at the last minute on each occasion.

Nov. 8th, Oxford University, lost by 7 goals to nil.
Nov. 29th, Cambridge University, lost by 3 goals to nil.

We notice that two out of the three officers of the U.H.A.F.C. are Bart's men,—viz., Captain, W. Wyllys and Hon. Sec. and Treasurer, C. H. Hopkins.

BOXING CLUB.

OFFICERS FOR SEASON 1893-94.

President—H. T. Butlin, F.R.C.S.

Vice-President.

W. H. Jessop, F.R.C.S. P. Furnivall.

T. R. Smith.

Committee.

H. Bond. W. F. Bennett. A. Granville.

T. D. Jago. T. Martin. C. G. Mead.

Hon. Sec.

J. H. Hugo and J. E. G. Calverley.

The Instructor (Alec Roberts)—Instructor to the Belsize Club) attends on Friday, 4.15 to 6.

The Boxing Club extend a cordial invitation to any men who wish to take up boxing. The boxing-room is not an easy place to find, even when one has been there before; but any member of the Committee will be glad to take new men over.

There are rumours of "great guns" who have joined us this season, and who are badly wanted to fill the places of men who have left the Hospital since the end of last season; these, especially, the Boxing Club will be glad to greet.

For the sake of new men we would mention that, besides gloves, the Boxing Club possess a Trapeze, Rings, Indian Clubs, etc. There is no doubt that, if football men would

make a point of attending the boxing-room regularly, their necessarily better condition would materially improve our match results.

On December 1st a general meeting was held in the Smoking Room, Dr. Shore in the chair, at which the Boat Club was reconstituted. Officers were appointed and rules made. These will appear in the "Year Book."

The Abernethian Society.



N November 2nd the first Clinical meeting of the Society was held. Mr. Buck showed a young girl with chronic effusion into both knee-joints, of which, he suggested, tubercle or syphilis might be the cause. Mr. Maidlow then showed a case of morpheæ, or Addison's keloid, in a young woman of 17. The disease had been noticed for the last three or four months, and the patient could assign no cause for it. It consisted of thick, yellowish-white, indurated bands, which were somewhat depressed, and which followed very definitely the course of the supra-troclear, supra-orbital and nasal branches of the fifth nerve. There was no anaesthesia or pain, and there were no similar patches elsewhere. Her general health was good, and there was nothing important in her family history. The treatment consisted of tonics containing iron and increasing doses of liquor arsenicalis: galvanism was also suggested. Mr. Maidlow showed also a man, *æt* 46, with what he considered to be osteo-arthritis of long standing in both knee-joints. There was very great lipping of the bones, and not much synovial fluid in the joints. His knee-jerks were slightly increased, and his pupils, though unequal, were in other respects normal. He was subject to attacks of dyspepsia and flatulence when nervous, or in any way excited. No other joints were affected. In the discussion that ensued the question was raised as to whether the case was one of simple osteo-arthritis or as to whether it was neuro-pathic in origin.

Mr. Atlee showed a case of ipecacuanha poisoning in a man who had been admitted with conjunctivitis, due to some very finely-powdered ipecacuanha which had found its way into his eye, whilst he was at work moving large packs of that drug. Some of his fellow-workmen had been similarly affected. He also showed a case of xanthelasma planum in a woman, *æt* 49, who for the last eleven years has been liable to sick-headache. And, lastly, Mr. Atlee showed a case of congenital malformation of the throat, in which the anterior pillars of the fauces were attached abnormally far forward.

Mr. Paterson showed a boy with tubercular disease of the elbow-joint.

Mr. Stubbs showed various chemical and vegetable specimens under the polariscope, and, Mr. Stack having

read some interesting statistics as to the cost of drugs at the Hospital at the present time and that of recent years, an exceedingly successful evening was brought to a close.

On November 9th Mr. Maidlow brought before the Society a case of purpura of doubtful origin: he suggested rheumatism, associated with sepsis, as a not unlikely cause. Dr. Weber showed a case of probable obliteration of the left common iliac artery, due to an injury inflicted four years ago. The patient suffered at night from cramp in the left lower extremity, when lying with both legs drawn up: there were, however, no symptoms of what Charcot, following Bonley, has described as "claudication intermittente des extrémités," though partial anaesthesia and lowered surface temperature seemed to show that collateral circulation was still insufficient for the proper nutrition of the limb.

The President, Mr. Stack, then called upon Dr. Weber to read his paper on "Arterio-sclerosis, its relation to Atheroma and some of its effects."

The essential change produced in arterio sclerosis, Dr. Weber writes, is a thickening of the walls of the arterioles and capillaries: he objects to the terms "Endarteritis" and "Arteritis Obliterans" as expressing the primary lesion of arterio-sclerosis, chiefly on the ground that it still remains a matter of doubt as to whether inflammation is an essential factor or not in producing that affection. Arterio-sclerosis must, he thinks, be regarded, for the present at any rate, as a primary condition in Pathology, though allied to some extent to its alleged causes, which he then proceeded to enumerate. He dealt at some length with Dr. George Johnson's theory that arterio-sclerosis, in renal cases, is secondary to disease of the kidney, and pointed out the objections to this theory, as raised by Sir William Cull and Dr. Sutton: the relation of acute and chronic infectious diseases to the aetiology of this affection has not yet, he considers, been fully established. The presence of abnormal substances in the blood or tissues—whether due to over-exertion, to indulgence in alcoholic drinks, to excessive tobacco-smoking, to Saturnism or to Urichæmia—as a possible cause of this condition, was but lightly touched upon: more stress, however, was laid upon the influence of heredity, especially when associated with the arthritic and uric acid diathesis.

In Dr. Weber's opinion the commonest situations of this disease are the kidneys, the walls and valves of the heart, and the walls of the large arteries: whatever may be the part attacked, the characteristic result is a dystrophic sclerosis, that is, a combination of an atrophic process in the parenchymatous or noble elements with a tendency to hyperplasia in the lower connective-tissue elements. He considers that in cases of chronic interstitial nephritis where the renal capsule is found, post mortem, to be markedly adherent, there has been decided inflammation during life; and these cases, he thinks, are usually secondary to scarlet fever: where, however, the kidney, on post-mortem examination, is found to be somewhat atrophied and the capsule

may readily be stripped away, the chief process has been a degenerative one, and such cases he considers are most frequently found in old people. In arterio-sclerosis the heart, according to Dr. Weber, may be in some cases, almost entirely degenerative; the muscle-cells may then be seen atrophied in the parts furthest removed from the nourishing blood-vessels: in other cases, however, H. Huchard and A. Weber, of Paris, have shown that the dystrophic sclerosis may be accompanied by chronic perivascular inflammation. Hypertrophy of the heart he explains as being due to the mechanical obstruction caused by arterio-capillary-fibrosis of a large area of the periphery, though it may possibly be due also, as Huchard holds, to the fact that, owing to portions of the heart-wall itself having undergone a process of arterio-sclerosis—due to the minute cardiac arterioles having been similarly affected—the remaining healthy portion of the organ has more work to do.

Dr. Weber then discussed atheroma, and pointed out the very intimate connection with chronic inflammation in this, as in all other varieties of arterio-sclerosis; indeed, in his opinion, the term "dystrophy" ought strictly to include chronic inflammation, though of this latter term there is at present no strictly scientific definition. In dealing with atheroma of the orifices of the coronary arteries, he referred to the so-called "coronary" or "intermittent claudication" theory of angina pectoris, and explained that the term "intermittent claudication" is taken from the syndrome, or group of symptoms described by H. Bonley, jun., as "claudication intermittente" of the extremities in horses: he referred to English dictionaries of medicine in support of the use of the term in the English language.

He then briefly touched upon the treatment of angina pectoris by rest, nitrite of amyl and trinitrine, and remarked upon the use of iodides, which probably act in a twofold manner; firstly, by reducing the blood-pressure, and secondly, and chiefly, by their mysterious action in promoting absorption of the products of chronic inflammation.

On November 16th Dr. Oswald Browne read his paper on "The Care of the Dying." This was a subject, he said, of which little was taught, either in the wards or in the lecture-theatre, and on which there was but little written. He stated that the cause of death might arise in the heart, as in syncope and collapse, in the lungs, as in asphyxia, or in the nervous system, as in coma: that usually, however, the cause was to be found, not in any one of these alone, but simultaneously in any two or more. During the act of dying there is probably, he considers, no pain whatsoever,—a conclusion based upon the testimony of medical men of wide experience, and of those who have themselves been all but drowned. The fear of approaching death is, he thinks, exceedingly rare. He next discussed very thoroughly the question as to whether a patient should or should not be told of his approaching death, and unhesitatingly affirmed that, in his opinion, every adult patient had a right to be informed of his condition, not merely that he may

thus be enabled to settle, satisfactorily, his worldly affairs, but that he may have time also to reflect upon matters concerning his spiritual welfare. The evils which are said to arise from telling a patient of his approaching death are, he thinks, greatly exaggerated. Consciousness is often present at a much later stage than is usually anticipated, and the sense of hearing, which is the last of the senses to leave us, is frequently present when least suspected. Of the actual treatment of dying persons he considers quietness to be the most essential: the room should not be darkened, and plenty of cool fresh air should be allowed to enter. Milk, cream, yolk of egg, farinaceous food, and a little alcohol—the latter given in small doses and pretty frequently—often prove of use, though he warns members against overloading the stomach with unnecessary food, and also against the excessive pushing of stimulants. To relieve hiccough he recommends a mustard-plaster to the epigastrium, and a spoonful of aniseed-water to be taken frequently by the mouth; whilst change of posture will often relieve an attack of dyspnoea. Restlessness he stated to be frequently due either to a distended bladder, or to there being too many clothes on the bed: the treatment in either case is obvious. He strongly upheld the judicious use of morphia and of the various diffusible stimulants.

R. C. J. S.

The Cambridge Graduates of St. Bartholomew's Hospital.

ON Thursday, November 16, the eighteenth dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held at the Café Monico. The dinner passed off very successfully under the able chairmanship of Dr. Norman Moore, who, in proposing health and prosperity to the Club, made allusion to the large number of Cambridge men that in the past had served on the Staff of the Hospital.

Drs. Glover and Stack sang several songs, and Mr. Maitland gave the song which commemorated the foundation of a College by Dr. Caius.—Dr. Moore entertained the company with a piece of Irish folk-lore, which was received with great interest and applause.—The Master of Downing proposed the health of the Chairman in an amusing speech, and Mr. Wallis that of the Secretaries, which was responded to by Dr. Tooth, who regretted the absence through illness of Dr. Fletcher, his co-secretary.—Dr. Griffith, Mr. Jessop, Dr. Cantley, and Mr. George Paget were also present. The company separated at about eleven o'clock.

It will not be out of place here to put prominently before the graduates of Cambridge University who have joined St. Bartholomew's Hospital the history and object of this Club, if Club it can be called, where no subscription nor ballot for entrance exist.

In November, 1876, the late Mr. James Shuter called

together such Cambridge men as were about the Hospital at the time, with a view to founding a Club, which should consist of all graduates in Arts or Medicine who had ever entered at St. Bartholomew's; "in order," to use his own words, "that those members of the University already at the Hospital might have an opportunity of making the acquaintance of the new comers each year." We might well add, and to enable the new comers to become acquainted with each other, opportunities for which in the present enlarged state of the Cambridge Medical School are fewer than formerly. Since then the Club has met at dinner regularly in the Winter Session each year. It consists of nearly 300 members of men of all years, and invitations are issued to all parts of the kingdom. Among its members have been Sir George Paget, Sir George Burrows, Dr. Francis Harris, Dr. Frederick Farrer, Dr. Robert Martin, and Dr. Steavenson. Its present roll includes the names of Sir George Humphry, Rev. George Henslow, Dr. Latham, the Master of Downing, Dr. Hensley, Dr. Moore, Professor A. Milnes Marshall, and Dr. Donald MacAlister, most of whom have occupied the chair.

The advantage of such an institution to men newly joined is too obvious to need much comment. The *esprit de corps* amongst those studying at the great Hospital is largely fostered by its numerous Clubs, and it is fitting that those hailing from Cambridge University should, in sympathy with the *genius loci*, be received into an association which is the connecting link between the two ancient foundations. It appears then to be the duty as well as the interest of the Cambridge men to support this Club, and they can do so by coming to the annual dinner themselves and inducing their friends to do the same. There is no pecuniary liability beyond that of the price of the dinner. The qualification for membership is simply a degree in Arts or Medicine. Gentlemen who have not already given their names are requested to write to Dr. H. M. Fletcher, 98, Harley Street, W.

St. Bartholomew's Hospital Smoking Concert Club.

THE second winter concert of this Club took place at St. James' Restaurant, on Saturday, December 2nd, Mr. F. Furnival ably fulfilling the duties of the chair. The attendance at the concert was very good, the room being packed to overflowing. Proceedings commenced with a pianoforte solo by Mr. F. S. Newcombe, which was much appreciated. Mr. H. Coulter then sang "I Fear no Foe in Shining Armour," and, as an encore, "A Warrior Bold." His thoroughly artistic performance was received with great enthusiasm. Mr. R. G. Wallett, who is quite an old favourite of the Club, played a banjo solo, "Caprice," which was encored. Mr. Wade came next and sang "The

Vagabond," and was followed by Mr. A. G. Haydon, who played a solo on the violin with great delicacy of execution. An encore was asked for by the Chairman, and willingly given. Mr. Wallett reappeared as a vocalist, his song, "Puff, Puff, Puff," being a source of great merriment. Mr. Weil sang "The Ship's Fiddler" and "The Skipper" in true nautical style.

The Hospital's poet-laureate, Mr. F. W. Gale, then appeared on the platform, and delighted his audience with some of his verses, arranged after a style which we have come to consider as typically his own. His topical allusions were most successful, each point being greeted with cheers by the students. His "Cultivated Tastes" was twice encored; as the second, he gave "The Accent On." The first part of the programme was worthily ended with Mr. R. Parker's song, "For You Alone," which he sang with much feeling.

In the second part mention must be made of Mr. G. H. Forman, who gave two banjo songs, his encore, "The Pride of Battersea," being very successful. Messrs. Gale and Birdseye's duet on "The Missing Word" elicited roars of laughter, and was twice encored; on the second occasion Mr. Gale appeared alone. Messrs. Newcombe, Wallett, Parker, and Coulter also reappeared. Mention must be made of Mr. N. Hobart, who kindly acted as accompanist. The proceedings terminated with "Auld Lang Syne" and "God Save the Queen."

Among those present were noticed Messrs. Lockwood, D'Arcy Power, and Waring, and Dr. Shore.

Too much praise cannot be given to the Secretaries, Messrs. P. W. G. Shelley and D. L. E. Bolton, for their energy in the cause of the Club. They are most ably supported by the Committee.

The next concert will take place on January 20th, 1894.

A. G.

St. Bartholomew's Hospital Photographic Society.

THE first general meeting of the Session of the above Society took place at the Hospital, on Wednesday evening, November 8th, when an exhibition of photographs taken by the members of the Society was held in the smoking room, which was converted for the time into a veritable Art Gallery. Some 300 photos, of all sizes, and certainly of all subjects, were on view; these represented the work of about 25 of the members. Several very fine pictures were among the exhibits, and the walls were hung with enlargements on three sides of the room. Especially worthy of note were the splendid Alpine scenes shown by Mr. Hepburn, 18 x 20 bromide enlargements from quarter-plate negatives, direct prints of which were also on view. Dr. Lewis Jones showed some extremely good sea-scape enlargements,—quite an exhibition in them-

selves. The president, Dr. Russell, had some remarkably good results in half-plates, printed on gelatino-chloride paper, and others in platino-typc. A set of landscapes by Mr. Womack were much admired. Mention must also be made of a beautiful silver print—"A Winter Scene"—exhibited with others by Mr. Maxwell. One wall of the room was set apart for photos of a more technical character; viz. a selection of the official work of the Society for the past year. Some 30 prints were shown, from negatives of cases taken in the wards and curator's room, illustrating diseases and abnormalities of many kinds. Myxœdema cases were of the usual interest, photographs having been taken at various stages of the disease and during the treatment. This aspect of the Society's work deserves to be more widely known; and it may be mentioned here that the committee of the Society have recently received a testimonial letter from the museum authorities for the excellent way in which the work for the museum has been carried out during the year. And if the selection exhibited on the night in question was in any sense typical of the whole, it seems to have been well merited.

After the exhibits had been sufficiently examined and enjoyed, the company adjourned to the Anatomical Theatre, where lantern-slides were shown by Dr. Lewis Jones and Messrs. Womack, Collings, and Bennett, the lantern having been kindly provided by the school for the occasion.

Altogether a most interesting and profitable evening was spent, and the energetic secretaries of the Society, Messrs. Collings and Hussey, are to be congratulated on the success of the meeting. Great credit is also due to them and to the committee for the prosperous condition in which the Society appears to be.

The following cases have been photographed for the Museum during November:—

1. Betsy Greaves, Plastic operation for rodent ulcer.
2. John Munday, *Harley*, Lipoma.
3. Henry Perry, *Colston*, Facial paralysis.
4. Charlotte Clitick, *Hope*, Myxœdema.

Notes.

WE hear that the Governors of Christ's Hospital have decided that the boys of the school are not again to inhabit the ancient buildings, which are in far from a sanitary condition. We are told that, when the arrangements have been completed, the scholars will be distributed between the Preparatory School at Hertford and the new school at Horsham. We trust that the time is now not far distant when a portion of the land now occupied by Christ's Hospital will be purchased by the Governors of St. Bartholomew's, so as to provide space for developments in the direction of new Out-patient rooms, a new Residential College, and a Students' Club, all of which are much needed.

SPEAKING of the probable purchase of a part of Christ's Hospital by the Governors of St. Bartholomew's, *Truth*, in a recent number, appears to suppose that the land to be purchased will be used for the erection of new Wards. We have never heard that it is the intention of the Hospital authorities to build new Wards, and have always understood that the land is wanted to provide proper accommodation for the carrying on of the existing work of the Hospital. The buildings now used for the out-patient departments are very restricted, and an extension of them is urgently needed, so as to provide better accommodation for the enormous number of patients treated. Then, a new College is much needed, and better quarters for the Nursing and Resident Medical Staff. It is wholly impossible to carry out these improvements, urgently necessary to provide for the existing work, without the purchase of the land referred to.

MR. T. J. HORDER has passed the final examination for the Bachelor of Science degree in the University of London. His subjects were Mental and Moral Science, Chemistry, and Physiology. Amongst those who have passed this examination we note the name of Mr. E. C. Morland, one of the entrance scholars in Science of this year. His subjects were Mathematics, Zoology, and Physiology. He was educated at Owen's College.

DR. LOVELL DRAGE, of Christ Church, Oxford, and now practising at Hatfield, has recently taken his M.D. degree at Oxford.

MR. A. A. SHILLTOE has taken the M.B. and B.C. degrees at Cambridge.

MR. H. T. M. WHITLING was awarded the first place in order of merit at the examination for the M.B. degree of the University of Durham, and obtained a Second class in Honours.

AMONGST the successful candidates at the recent examinations for Commissions in the Naval Medical Service we note the name of one Bart's man, Mr. C. R. Knightley, who took the second place in order of merit, gaining 2,692 marks.

WE hear that a movement is on foot on the part of the members of the Smoking Concert Club to become a constituent part of the Amalgamated Clubs.

A NOTICE has been posted on the Medical School Notice Board, stating that in future the House Physicians and Midwifery Assistants will be nominated to the Hospital authorities after a meeting of a Committee of the Physicians and Physician Accoucheur, to be held twice a year, in January and July. A similar Committee of the Surgeons will meet once a year in July to nominate the House-Surgeons for the ensuing October and April. Names of candidates for the House-Physicians and Midwifery Assistances

are to be sent with a statement of their claims to the Warden before December 31st, 1893, for the coming April.

DR. EDMUND CAUTLEY has been elected Assistant Physician to the Belgrave Hospital for Children.

WE are glad to notice that at the Autumn Meeting of the London Scottish Golf Club, on Wimbledon Common, Frederick H. Cautley, F.R.C.S., of Putney, an old St. Bartholomew's student, won the Wemyss Silver Challenge Cup. Score: 92—18—74.

IN Obstetric Medicine at the Honours Examination of the University of London, H. O. Davies, late H.S. to Mr. Smith, obtained the Scholarship and Gold Medal; and H. W. Armstead, late H.S. to Mr. Butlin, and J. Morrison, late Midwifery Assistant gained a 1st Class, with marks qualifying for the Gold Medal.

A CORRESPONDENT in the *Berliner Klinische Wochenschrift*, writing about the study of medicine in England, thus sketches the students: "They are quiet, retiring gentlemen, obliging to a foreigner who has been introduced to them. Anybody who is acquainted with English families knows that the well-educated middle classes in England live in a comparatively unpretentious style, and that in many circles no alcoholic drinks of any kind are taken. The consequence of this is that drinking bouts are unknown amongst English students, and you never hear of men wasting two or three terms in sheer idleness. The English student takes an interest in physical exercise, he finds amusement in cricket, football, and races. Anybody who has spent some time in England will have remarked the keen interest taken by all grades of the population in the competitions between the Universities and the schools. There is an athletic club also in every hospital school, which is always patronised and encouraged by the superiors. But students, many of whom are medical students, take an interest in other matters of a more serious kind. In the larger towns they form societies which devote their spare time and a good deal of money to the relief of the social misery existing there, by working somewhat after the fashion of missionaries."

MEDICAL STUDENT (*log.*).

Oft have I thought with troubled mind
(And often muttered—Quousque tandem?)
How future Galens are malignèd,
And no one seems to understand 'em.
Too long we've been misunderstood:
But now a sage has been inquiring,
He finds—as I felt sure he would—
That we're both quiet and retiring.
I knew 'twas wrong to call us "rough,"
And incorrect to term us "rowdy";

But oh! to seize us by the scruff,
And say we're—that our minds are cloudy!
Yet policemen do, though Celsus cares
Not for potatoes alcoholic:
He puts them down—the sage declares—
With fervour almost apostolic!

We have to work; we're never slack;
He knows, our champion Teutonic.
'Tis very seldom we're "sent back,"
There's no such person as a "chronic."
We have to work: it's not all play,
Or idle sport with Amaryllis:
The times have changed since Sawyer's day.
What's more, mutamur nos in illis.

I knew the men of King's and Bart's,
St. Thomas's and eke St. Mary's
Of sent their cash to foreign parts,
But are they really missionaries?
Accept our warmest thanks, kind sage,
Nought has escaped your observation.
Would you mind telling me your age?
And where you got your information?
—From the *Pall Mall Gazette*.

* * *

Mr. C. W. GRANT having vacated the office of Vice-President of the Abernethian Society, has been succeeded by Mr. Percy Furnivall, who was elected by a large majority against Mr. H. J. Paterson.

* * *

The Amalgamated Club's *Year Book* for 1893-94, which has unfortunately been delayed, is now being printed, and will, we hope, be in the hands of members shortly.

* * *

Dr. C. F. MARSHALL has been appointed Surgical Registrar to the Children's Hospital, Great Ormond Street, *vice* Mr. E. P. Paton, resigned. Dr. Marshall is M.D., Ch.B., and B.Sc. of Victoria University, and F.R.C.S. England. He is a brother of Professor Milnes Marshall, F.R.S., of Owen's College, Manchester.

* * *

The final M.B. London Pass List is, from the point of view of Bart's men, highly satisfactory. There are seven Bart's men in the 1st Division, and eight in the 2nd Division, a total of fifteen. The school which comes nearest to this is University, with eleven passes, mostly in the 2nd Division; St. Mary's have seven; Guy's only four. Our number of passes, therefore, is greatly in excess of those of any other school. This result forms one of the best possible answers to a leading article in the *Medical Press and Circular* of November 1st, in which it is said that "St. Bartholomew's is falling from its position of a great medical school." We do not find very much evidence of decadence in these results. They are largely due to the unrivalled clinical advantages and teaching which we have, but also in

no small measure to the excellent M.B. tutorial classes of Dr. Kanthack, Dr. Garrod, Dr. Calvert, and Mr. Roberts. The thanks of all Bart's men are due to these teachers.

* * *

MESSRS. A. N. WEIR, H. ROCHFORD BROWN, and Miles, have recently passed the final Fellowship Examination, and have received the diploma of F.R.C.S.

Examination Papers.

OCTOBER, 1893.

UNIVERSITY OF LONDON.—M.B. PASS EXAMINATION.

MEDICINE.

1. Give a concise account of the principal forms of dyspnoea, stating the cause in each case and the treatment indicated.
2. Describe the symptoms, course, and complications of Measles, with the treatment you would adopt.
3. Give a description of Sciatitis, its diagnosis, causation, and treatment.
4. Describe the chief variations met with in the course and termination of Acute Lobar Pneumonia, including its more important complications and sequelae, with the signs and symptoms by which they may be recognised. What micro-organisms may be found in the sputum of this disease? Discuss their aetiological importance.
5. What are the chief predisposing causes of Arterial Hemorrhage in the Brain? In what parts is it most likely to occur, and what are the immediate symptoms to which it may give rise?
6. Describe the anatomical changes and symptoms produced by a Hydatid Cyst in the Liver, and its distinction from other forms of hepatic enlargement. What may be the course and termination of the disease, if untreated, in different cases?

GENERAL PATHOLOGY, &c.

1. Give a general account of Carcinoma, distinguishing its chief varieties, and pointing out how it differs from Sarcoma.
2. Mention the chief drugs employed in the treatment of disordered gastric digestion, with their doses and modes of action.
3. State the period of incubation and the date of eruption in Measles, Scarlatina, Chicken Pox, and Smallpox. How long does the danger of infection last in each case?
4. Give an account of the pathology of Lardaceous Degeneration, including the condition of the parts affected, the chemical nature of the substance, and the tests by which it may be recognised.
5. Discuss the therapeutical of baths and other means of applying water to the skin in the treatment of internal diseases or morbid conditions, and describe fully the methods employed.
6. What are the general principles which should be observed in the construction of drains for town houses? Give examples of the deleterious effects which may result from defective drainage.

SURGERY.

1. Describe the various dislocations of the ankle-joint, and the methods of reduction. How may this dislocation be distinguished from Subastragaloid Dislocation, and from Pott's fracture?
2. Describe a carbuncle, giving its cause, pathology, differential diagnosis, and treatment.
3. State the causes of retention of urine (a) in a boy; (b) in an adult male; (c) in an elderly man. Describe the treatment you would adopt in each class of case.

FORENSIC MEDICINE.

1. Discuss the condition known as rigor mortis. In what order are the various parts of the body affected? What conditions modify (a) the time at which rigor mortis appears; (b) its duration?
2. Describe the characteristic appearances of the male and female skeleton which are relied on to distinguish the sex.
3. What are the symptoms, treatment and post-mortem appearances of poisoning with tartar emetic? How would you detect autolysis in the vomit?
4. Contrast the post-mortem appearances due to poisoning by (a) corrosives; (b) irritants, and name three poisons typical of each group.
5. How would you proceed to examine, for medico-legal purposes, a stab on a dead body? What are the distinguishing features of stabs inflicted before and after death?
6. What are the appearances in the living and in the dead subject produced by the occurrence of abortion at about the fifth month of gestation?

OBSTETRIC MEDICINE.

1. Describe the changes which normally take place in the shape of the female pelvis from infancy to adult life; and the influence of the body-weight in producing these changes.
2. What are the chief causes of lingering, as distinguished from obstructed, labour? Give the treatment (a) during the first stage, (b) during the second stage of labour.
3. Give the diagnosis and treatment of a case of severe hemorrhage at the seventh month of pregnancy, the os uteri being closed, and the head felt to be the presenting part.
4. Describe the methods for inducing (a) abortion, and (b) premature labour, with their relative advantages and disadvantages.
5. How is prolapse of the uterus produced? Give the treatment of a case in which the whole uterus is habitually prolapsed beyond the vulva.
6. Describe the commonest causes of swelling of the labium majus and their diagnosis.

CONJOINT BOARD.

OBSTETRIC MEDICINE.

1. Describe the naked-eye characters of the healthy placenta at full term. State how you would examine the placenta and membranes to see if their expulsion is complete.
2. Describe the mechanism of labour in a face presentation with the chin posterior and to the right.
3. State the formation and structure of a fleshy or carncous mole. What signs and symptoms would lead you to suppose its presence?
4. A patient has behind the cervix uteri a rounded moveable swelling about as large as the normal body of the uterus. What may this be? How would you distinguish between the different swellings having the above characters?
5. What appearances may a still-born, *i.e.*, seemingly dead, child present? Classify such cases, and give your treatment of each variety. *Note.*—Possible injuries received during birth are not required.
6. A non-pregnant woman is suffering from an interstitial or from a submucous myoma (fibroid tumour). Describe what serious symptoms may arise from the presence or from any change occurring in the structure of such tumours.

L.S.A.

OBSTETRIC MEDICINE.

1. Give as complete an account as you can of the use of ergot in parturition.
2. Describe the mechanism of labour in a case where the breech presents with the sacrum pointing backwards and to the right. What are the chief complications that may be met with?
3. Describe the shape, dimensions, and relations of the unimpregnated uterus in the healthy adult under the varying conditions of surrounding organs.
4. Give as complete an account as you can of hydatidiform mole.

1. Give the etiology, symptoms, signs, and treatment in an ordinary case of multilocular ovarian cyst. What are the chief points in the diagnosis between it and a large fibroid tumour of the uterus?
2. Explain the occurrence of lacerations of the cervix uteri, the complications they may give rise to, and the methods of treatment.

Correspondence.

SIR,—Referring to your notice concerning the Boxing Club in the last issue of the *JOURNAL*, the "singular reticence" of the officers of the Club may, I think, be satisfactorily explained by what follows. I myself, Mr. Editor, gave you a card containing information as to the Club, its officers, times of meeting, &c., some days before the *JOURNAL* went to press, but doubtless owing to your arduous duties you had either forgotten or mislaid it.

Also, for some days previous to this, a similar card was left at the cloak-room for a member of the Publication Committee, at his own request, but which does not seem to have reached him.

Trusting you will find space to insert the above explanation of our "singular reticence,"

I remain,

Yours very truly,
J. H. HIGGINS

Dec. 4th, 1893.

[What we desire is not the list of officers and rules, which properly belong to the *Year Book*, but "News."—Ed.]

DEAR SIR,—The object of this *JOURNAL* is, if I understand rightly, to serve as an interchange of ideas, relative, not only to our work, but also to our amusements.

If I may be allowed to act on this, I have a suggestion to make. A dance, I think, would be hailed by many of us with great satisfaction. Would it not be possible to get up something of the sort?

I would suggest a subscription dance, held in some public rooms, since I understand that the floor of the Great Hall is not considered equal to the strain of dancing.

The patronage of the Staff would, of course, be a *sine qua non*; but this, I venture to think, would be readily given if a representative Committee, chosen from the students, were to approach them upon the subject.

The election of the Committee must be the first step. Can we not arrange a meeting of the students for this purpose?

Trusting that this suggestion will be taken up by someone more capable than myself,

I am, dear Sir,

Yours truly,
A STUDENT.

St. Bartholomew's Hospital, E.C.,
2nd December, 1893.

Notices of Meetings and Exercises.

ABERNETHIAN SOCIETY.

- Jan. 11—A. A. Bowlby, F.R.C.S., "Mid-cessional Address."
 ,, 18—T. W. Shore, M.D., "Evolution of Medicine and Medical Teaching."
 ,, 25—W. McAdam Eccles, F.R.C.S., "Acute Intussusception."
 Feb. 1—A. E. Garrod, M.D., "Causation of Rickets."
 ,, 8—A. E. Cumberbatch, F.R.C.S., "Intra-cranial Complications following Middle-ear Suppuration."
 ,, 15—W. P. Herringham, M.D., "Emphysema."

ATHLETICS

RUGBY FOOTBALL, 1ST XV.

- Dec. 16—London Welsh, away.
1894.
Jan. 10—Marlborough Nomads, at Surbiton.
" 13—Wickham Park, at Lee.
" 17—East Sheen, at Richmond.

ASSOCIATION FOOTBALL, 1ST XI.

- Dec. 15—K.O.S.B.'s, at Plymouth.
" 16—Plymouth, at Plymouth.
" 20—
" 23—Windsor and Eton, at Windsor.
1894.
Jan. 10—
" 13—
" 17—Casuals, at Hornsey.

V. M. S. C.

Recruits, in order to more quickly complete the number of drills necessary to be done before obtaining their uniforms, and those members of the corps desirous of becoming efficient early, are specially recommended to attend these company drills.—

- Monday, No. 1 Company—Chenies Street (headquarters of Bloomsbury Rifles), at 5.15 p.m.
Tuesday, No. 3 Company—Charterhouse Square, at 4.30 p.m.; headquarters, Calthorpe Street, Gray's Inn Road, from 7 to 8 and 8 to 9 p.m.
Wednesday—Guildhall (counting two drills), from 7.30 to 9 p.m.
Friday, No. 2 Company—Greville House, Paddington (headquarters of Paddington Rifles), at 4 p.m.

Reviews.

EXAMINATION OF THE URINE by J. W. Legg, M.D., and H. Lewis Jones, M.D.—This little work is intended to supply the clinical clerk and student of medicine with a concise guide to the recognition of the more important characters of the urine. It is a very good little book, and every man who comes on to clerk ought to keep it in his pocket. It tells simply and thoroughly how to test for all the important contents of the urine, and contains some excellent illustrations of the crystals and casts commonly found. This edition is a great improvement on the first. It is much better arranged, and there are many additions. Some of the best figures are quite new. The "Cautions," which explain the chief fallacies of each test, and the mistakes most likely to be made, are especially valuable. (H. K. Lewis. Price 3s. 6d.)
MANUAL OF PRACTICAL ANATOMY, by D. J. Cunningham, Professor of Anatomy and Chirurgery, University of Dublin; vol. I. price 12s. 6d.

The book before us is a first instalment of a complete

work on practical anatomy, and deals with the arm, leg, and abdomen. In the preface the author rightly lays stress upon the importance of studying sections of the frozen body, in addition to the usual dissections which are made by the student. He points out that the student must not forget that in the course of an ordinary dissection the parts which are displayed are artificially separated from each other, and in consequence their true relations are disturbed. The order of dissection which is recommended is that which is followed in the University of Edinburgh, and differs in some points from the method adopted in our hospital.

The first section deals with the upper limb, and extends to 169 pages. In it the various structures are carefully described in clear and concise language, and in many places the text is supplemented by diagrams, which are mostly very good. The diagram on page 126, which shows the arrangement of the synovial membranes of the wrist is extremely good. The joints and their connections are particularly well done.

The second section deals with the lower limb and consists of 175 pages. The general arrangement is the same as the first section. The description of the synovial sheaths around the ankle is poor, and we miss here the clear diagrams which are found in the upper limb. The diagrams of the transverse sections of the different parts of the leg are particularly good and instructive.


The third section of 302 pages deals with the abdomen. It is the best part of the volume; the description of the peritoneum is very clear, and is supplemented by several good diagrams. It would, however, we think, have been much improved if a short account of its development had been added. The part dealing with the pelvic fascia and the perineal regions are some of the best chapters in the book.

It would have been better, and would have much improved the value of the book, if the paragraphs dealing with the topographical anatomy of the various parts had been more extended and complete, since this part of anatomy cannot be learned too early, and it is far too commonly neglected by the generality of students.

On the whole, we can congratulate the author on having produced an extremely valuable addition to the series of text books of practical anatomy, and if the second volume which completes the work reach the high standard of the first, we think that the book will become a formidable rival in popularity with the other much-used text books, Holden and Ellis.—(YOUNG PENTLAND.)

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette*; *St. George's Hospital Gazette*; Bailliere, Tindall & Co.; "Aids to Otolaryngology"; "Aids to the Diseases of Children"; "Diphtheria and its Treatment"; A. F. S. (letter); M. Laurence (letter); P. H. M. (prescription); J. de V. H. (letter).

St. Bartholomew's Hospital



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PRICE SIXPENCE.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, F.C., BEFORE THE 1ST OF EVERY MONTH.
The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, Messrs. RICHARDS, GLANVILLE & Co., 114, Finchburgh Street, E.C.

St. Bartholomew's Hospital Journal,

JANUARY 15th, 1894.

"*Æquum memento rebus in arduis
Servare mentem.*"—Horace, Book ii., Ode iii.

Football as a Moral Agent.



THE above subject forms the theme of an article in the December number of the *Nineteenth Century*, by Mr. H. Hutchinson Almond, Head Master of Loretto. Speaking of the spread of football during the last twenty-five years, we are told that the first national football match (England v. Scotland) was played some time in the sixties by Association rules, and that the first national match under Rugby rules was played in 1870 at Edinburgh. So great since then has been the progress of the game, that in a single year more than a million sterling is paid in salaries to professional Association players in England alone. The interest taken by the public in football, too, is enormous, as is shown by the fact that over five millions sterling are spent in a single year in gate-money, and by the fact that "the final tie for the English Association Cup in 1893 was played at Manchester before about 40,000 people."

In dealing with the assertion that the physical danger of football outweighs all possible advantages, the writer adduces some interesting statistics. He says that "the

total number of deaths ascribed to football in the years 1890, 1891, and 1892 was twenty-three, twenty-two, and twenty-six respectively, whilst 154 broken limbs, and 212 minor accidents, some of them very minor, were reported in the same period." When we consider the enormous number of matches played and of players involved, these casualties form but a very infinitesimal proportion; probably as the writer says, not more than one in 50,000 players is killed annually. The opinion is expressed, and we are disposed to agree with it, that the most serious accidents arise out of rough play, which appears to be a result of professionalism and of cup-ties. This small proportion of accidents must be set against the advantages, for "by developing the chest and the limbs, by quickening the circulation and purifying the blood, football saves far more lives than it destroys."

The writer's words are so well chosen and express so entirely our own views on the moral effects of football, that we quote a paragraph at length:—

"Whatever tends to quicken the circulation, to raise the spirits and to purify the blood is, *ipso facto*, a moral agent. This is so at all ages, but it is more especially the case during the age of boyhood. It is an incalculable blessing to this country that such a sport is so enthusiastically beloved by almost all that part of our boyhood whom Nature has endowed with strong passions and overflowing energies. Its mere existence and the practical lessons which it preaches are worth all the books that have been written on youthful purity. I can say for myself that under the circumstances of the luxuriant and self-indulgent habits in which boys are increasingly brought up at home, the constant panic lest they should suffer any pain, the absence of apprehension lest their moral and physical fibre should become feeble by disuse, and the tendency of the examination system to make the development of character a secondary consideration, I would not care to face the responsibility of conducting a school were there not rooted in it, as I hope, an imperishable tradition, an enthusiastic love of football."

The educating influence of the football scrumgame, the stimulating effects of contested games, and the far greater

value of football to physical training and health in these days of overcrowding and city life are all spoken of, and "if the football authorities only put down with a strong hand all rough and foul play, the game may . . . be an education in that spirit of chivalry, fairness, and good temper for which, if report speaks truly, the masses of our countrymen are scarcely as distinguished as their fathers were."

But there is another side to the question. The Association game has almost ceased to be representative. Most of the leading clubs of the North do not rear their teams, —they buy them. They are composed almost entirely of professionals. The effects of this are dangerous to the sportsmanlike nature of the game, for amateur players are now almost excluded from representing their town or county, and the money element is becoming too prominent. Although the Association—an amateur body—at present governs the game, yet with such an organisation as the League, the professionals could at any time take the management, and if this were to take place there would be the risk of corrupt practices, with the absolute destruction of true sport. The causes for this growth of professionalism are, according to the writer of the article in the *Nineteenth Century*, first, the introduction of cup-ties, and, secondly, ill-advised changes in the game.

With a discussion of these points and an enquiry as to the probable future of the Rugby game, an interesting article, which we advise all interested in the welfare of football to read, is brought to a close.

Mid-Sessional Address to the Abernethian Society on Recreation.

By ANTHONY BOWLER, F.R.C.S.

RERHAPS it is the season of the year, the Christmas vacation and the associations of Christmastide, that have turned my thoughts toward recreation, when considering on what subject I might address you this evening. But, if so, these are not the only causes, for I have long held that recreation itself deserves more study than falls to its lot in these days when the needs of education and of examination alone seem to attract interest and to arouse attention in the minds of many at the various centres of education.

But I claim for my subject at least this, that it is not only worth consideration for its own sake, but that in times when town life is for the many, and country life for the few, it is a subject closely associated with health itself, and therefore a most fitting one for consideration within the walls of St. Bartholomew's, where we expect to train those who will be able in practice as well as in precept to carry afar truths learned in the wards and in the school.

It is in this spirit, therefore, that I desire to approach

my subject, and, at the same time, I hope to show you that the matter is one affecting your personal interest and success, in addition to the well being of your patients and your own pleasure.

I do not propose to define in any close or dogmatic way the meaning of the term recreation. Suffice it for our purposes that it implies the active participation in some act which gives pleasure to the individual, as apart from the performance of work, and that it is not the same as relaxation or rest. It does not mean mere laziness or cessation from work. I think that the term recreation ought also to imply that the occupation is at least harmless, that it cannot be twisted to include the pleasures of degraded natures to which we apply the term vice, and with such a limitation of my subject I shall myself be content.

Yet were I to attempt to deal with recreation as a mere abstraction on the one hand, or were I, on the other, to endeavour to criticise every variety of it, I should in each case attempt a hopeless task, so I propose to further limit my horizon and consider especially the recreations of youth, for it is only that aspect of the subject that can in any way interest you, and, indeed, it is only on that aspect of the subject that I can myself, as yet, speak from personal experience.

I think it is the very nature of recreation that it should vary with the work of the individual, and that while the recreation of a man whose work is one involving bodily exertion and fatigue would naturally be found in some gentler pursuit, the recreation of those whose work is of a more studious nature should be of a more active and stimulating character. I do not, of course, imply that to such the pleasure of music, or of art, of the drama, or of literature should be sealed books; indeed, I think it unfortunate that these are not much more considered by members of our profession than is the case, but to the youthful member of a laborious profession I would say: Consider in your choice of recreation the means best suited to promote your own health, and to bring you to a more intimate knowledge of mankind. These are the keys by which you may expect to open the doors of happiness as well as those of success in your life's work.

You may, perhaps, think that I am taking an exaggerated view of the importance of my subject when I make such a statement as this, yet I believe myself that I am well within the limits of strict accuracy in so speaking. Let me ask you to consider for a time one aspect of your profession, which forms, indeed, no part of any course of lectures, and can form no part of any systematic instruction, yet it is one of extreme importance. I mean the study and knowledge of human beings in health. No reading will ever teach you this, no lecturer can impart it. You must learn it for yourselves by your own observation, and to what purpose it is scarcely necessary to ask. The medical profession is not one in which you can ever gain a livelihood, much less achieve distinction, by mere book work or even by the

study of the sick. It is in no way to be compared to the study of language or of mathematics. These, and such as these, may indeed be studied apart altogether from contact with mankind, as may also many subjects of purely scientific interest. But you, on the other hand, must know men and women; you must learn to know them in health as well as in disease, you must acquire a knowledge of the character and pursuits of individuals and of classes.

It is in recreation, and not in hospital work alone, that you will learn the nature of the living creature whose diseases and injuries you aspire to treat. It is by acquiring such knowledge that you will be quick to sympathise with suffering, and to look at matters from the point of view of the patient. How can a mere book-worm, whose whole thoughts are centred on disease, and not on the subject of it, appreciate what the loss of ability to enjoy active exercise or athletic pursuits may mean to one whose very pleasures he cannot himself even understand? You will be quick to appreciate the desires or the fears of your patients in proportion as you can understand the aspirations and the pleasures of health. And it is in recreation that you will be able to gain the necessary experience, so that if I were only aiming at assisting you to succeed in practice I should advise you not to neglect in your pleasures the opportunities of the study of mankind.

But these are matters affecting chiefly the future, and I would prefer rather to dwell upon the present. Is it of advantage to you in your student life to enter into the sports and enjoyments of men of your own age? or should you occupy the whole of your available time in study? I have no hesitation in saying that my own experience as a teacher goes to prove that the men who do nothing but read and attend lectures are not the most well-informed or those most easy to teach. I am quite sure that it is best for all purposes that any young man should take interest in other things besides the work immediately bearing on his profession, and that if he does not do so he is liable to become dull and stupid, to get out of touch with his fellows, and to become at an early age what is commonly called a "bore." Yet, although this is a heavy charge to bring against those who take no interest in the pursuits natural to youth, I claim that further there is entailed a distinct failure in the performance of one of the chief duties of life—I mean the duty of preserving the health, a duty which seems to be forgotten nowadays when we hear so frequently of the duty of educating the intellect, and when so much is made of this that one might be almost tempted to believe that a man owes no duties to any part of his body except to his brain. You know very well that such neglect will in time tell upon the brain itself. You, who have studied physiology and anatomy, know better than other men of your years who are engaged in different occupations that a healthy brain cannot exist in an unhealthy body, and you know also that in the long run the man whose digestion or whose lungs fail loses his brain-power also. I hold myself that the preservation of

health is at least as important a duty as the cultivation of the intellect, and I assert that the latter is really dependent on the former, which therefore becomes the more important of the two. What I have in my mind is so clearly and tersely expressed by Tennyson that I make no excuse for quoting his words:

"Self-reverence, self-knowledge, self-control,
These three alone lead life to sovereign power."

These words express most clearly the main idea. A reverence for the man's own self is, I think, not sufficiently inculcated, and yet think how well worthy it is of encouragement. The true appreciation of the idea is itself of the greatest moral value. What a man truly reverences he will protect from injury and harm; he will strive to preserve and maintain, he will be unwilling that it should suffer any depreciation in the opinion of others. Apply this to the man himself and see how it will tend to protect him from evil habits, from unhealthy and enervating pursuits, from carelessness as to the preservation of his own health and activity. The maintenance of health is a duty that every man owes to himself, and, if for no other reason, healthy recreation deserves encouragement and assistance.

But, to turn once more to Tennyson's words—"self-knowledge" and "self-control"—these are what he next cites, and if you will read the lines which follow the ones I have quoted you will see that his ideal of "power" is a high one, and one to be justly aimed at. And surely self-knowledge and control are good in themselves; I do not go beyond the truth when I say that in healthy recreation they are to be found and developed. "How can a man come to know himself?" says Goethe, and he answers his own question thus: "Never by thinking, but by doing. Try to do your duty and you will know what you are worth." It is not by thinking and dreaming that self-knowledge is obtained. It is a matter of experience, and even of experiment, and it is by contact with others, and not in laborious study, that the self-knowledge grows and develops.

And thirdly I ask any of you, Is not self-control best learnt in active pursuits? There is but little necessity for it in mere labour. It is required, however, very largely in the football and cricket-field, in the boxing-ring and in the racing-boat. And if it is useful in any profession it is surely most useful in our own.

But now I would ask you to turn your thoughts for a short time to such forms of exercise in particular as are most readily obtainable by any of you who are students in London, and attached to this Hospital. Doubtless your opportunities for active exercise are not so great as might be wished, yet to anyone who is not too lazy the opportunities are sufficient to allow of a good deal of pleasure being obtained under existing conditions, and I trust that in the near future the possession of a ground of our own will greatly increase the facilities for recreation.

As to games themselves, I hold that they are best which require combination, and are dependent for success rather upon the combined efforts of a number than on the prowess of individuals. Thus I think that football and cricket are better than tennis or racquets, for in the former there is less tendency to encourage purely selfish play, and strong encouragement on the other hand to develop self-restraint and combination. Then such pursuits as these are especially well adapted to the members of a College such as ours, for they tend to increase *esprit de corps* amongst the students, and to make men do their best, not merely with the idea of personal gain, but rather to bring credit to St. Bartholomew's. And let me say here a few words on this subject in general. You will find that, whether you will or no, you will go through life with the stamp of St. Bartholomew's upon you. You will be known as a "Bart's man." What do you think? Is it good to be so stamped? And, if it is good, what is the reason? I think that most of you will already have formed the opinion that the stamp is a good one, and I am sure that in future years you will think so even more strongly. And the reason is plain to see. The reputation of this School depends on its past as well as on its present. The position of the Hospital of St. Bartholomew has been attained by a wise administration of its funds and a proper development of its resources by the lay administrators; by the work, the character, and the abilities of its medical and surgical staff; and, in addition, by the work and reputation of its former and present pupils. The work of the lay and of the medical staff is necessarily limited, and is mainly confined to, and known of, in London; but the wide renown of the Hospital is the result of the life work of those who have taken its name with them to all parts of the United Kingdom and beyond the seas. It is to the character and reputation of the men who have preceded you here as students that you owe the prestige which already is yours, and it is the duty of each of you, quite as much as it is the duty of members of the staff, to see that this prestige is maintained and handed on un tarnished.

And what has this to do with recreation? you may ask. Just this. In your games as in your work you are still stamped as belonging to us, and in your games as in your work you must maintain the honour and reputation of the School. If a game is worth playing at all it is worth playing well. If it is a matter of a football or cricket team, an athletic team or a boat's crew, I would say that if any such is to be considered as representative of St. Bartholomew's, it is the duty of every man who represents us to see that he does his best for the sake of his School in whose name he appears. It is by so doing that others are led to take an interest in the doings of the few. You cannot all be members of a football eleven or fifteen, of a cricket team or a boat's crew, of a water polo or athletic team, but all of you may fairly claim an interest in the doings of such, and, as members of the same School, may claim a share in their successes. For, in whatever respect the School prospers,

and in whatever way its reputation is enhanced, some of the profits go to all who belong to it. See to it, then, for the honour of the School, that its representative clubs, so long as they are well managed, receive from all of you the support and encouragement they so fully deserve.

I am sure that by so doing you will really be helping yourselves. There are friendships made in the fellowship of the playing-fields which otherwise might never be made at all. You will get to know more of your fellow-students in your games than you ever can learn in the work of the school, for it is under such circumstances that you will learn most of a man's real nature. And further, even though you may not care for some particular game yourself, surely, if it is of sufficient importance to attract to it large numbers of other men, and if it arouses the enthusiasm of those who are anxious to see our own College successful in some inter-hospital contest, you must be somewhat selfish if you take no care for that which to many of those around you is, for the time at least, a matter of personal interest.

I think that those who so decline to take any part in that which attracts their fellow-students, who care not whether the result be disappointment or pleasure to those with whom they are placed in daily contact, cannot escape from the brand of selfishness, and must not feel surprised if, as a result, their own pleasures and disappointments excite no interest in turn.

And is there then anything to be said against your participation in such games as I have mentioned? I believe there is no good reason against your joining in any of them, although, of course, you may not excel in or even care for all of them. It is true that one does see in the press from time to time attacks upon football because it is "so rough" or "so dangerous," and upon boating because it is "such a strain upon the heart," etc. And combined with those there are suggestions that time so spent is wasted, and that energies devoted to such pursuits are ill-directed. I would reply to such critics that even if it were true that football and rowing, etc., were as dangerous as they say, that even if the time so spent might have been otherwise profitably employed, the advantages to health of body and of mind outweigh such objections a thousand-fold. I claim for active exercise that it promotes not only health and strength, but that it develops a spirit of independence of thought and action, that it encourages sobriety and regular living, and that it makes men brave, self-reliant, and generous. And to obtain such ends is it not worth while to run a little risk? Surely, yes! It is not in games only that risk is to be encountered. You have all plenty of risks to run in the work of your profession. Are you always going to consider these before you act? Is the risk to yourself to be ever prominent in deciding the course to pursue? Believe me, that those who write most against the risks of various games belong chiefly to one of two classes—those who really know very little of the subject, and those whose opinions on any subject would never be highly esteemed by sensible people.

It is not by such critics as these that progress is made; it is not in their ranks that you must expect to find leaders of men. So long as Englishmen admire pluck and resolution, so long as manliness and self-control are held in esteem, the national games which have produced these qualities in the past will maintain their hold on all those who are most worthy of being considered typical Englishmen. Those who decry such sports decry also any pursuit that involves risk or has in it the elements of danger. They consider hunting barbarous, shooting cruel and dangerous, and mountain-climbing a pastime fit only for lunatics. The reason really is that, being themselves timid and easily deterred by the dread of danger, they consider that others who are differently constituted must be protected against themselves. Surely these are not the people to whose opinions any weight need be attached.

There is, however, yet another aspect from which I would ask you to view recreation, namely, with regard to the benefit of the mere enjoyment it brings, for it is the pleasure derived from recreation of all kinds, rather than its subsequent gains to health, etc., which is the real attraction to those who take part in it. I think that from this point of view also it has everything to recommend it. The mere physical enjoyment is in itself good, and tends to make men more happy and contented. It tends also to make members of our profession more cheerful and satisfied, and I feel sure that it causes all of us to take a more hopeful view of difficulties and to think less of the cares and worries inseparable from the practice of our profession. The days are past, if they ever existed, when it was considered necessary for a physician to look preternaturally solemn and serious in order that his opinions should carry due weight, and the public generally agree that some form of physical enjoyment is just as necessary and as wise for their medical attendants as for themselves. You need not be afraid that anyone will think you any the worse doctor because you appreciate recreation, and because you prefer to take a cheerful view of things in general as a direct result.

And now, in conclusion, I will venture to give you a word of warning. If you would appreciate recreation you must learn first to work hard. It is after labour that some relaxation is most appreciated, and the pleasure of recreation is in proportion to the labour which has preceded it. I have said nothing to you this evening which can be interpreted into an excuse for idleness. There is a time for work and a time for play, and what I would have you do is to take full advantage of each. That the same men are often to the front in both work and play you must all of you have had many opportunities of seeing for yourselves, and it is because I am sure that recreation is good, both for its own sake and also for the sake of the proper performance of your duties in this Hospital, that I have ventured to speak in its praises to the members of the Abernethian Society, amongst whom I know are always to be found the men who from time to time are the leaders both in the school and in the field.

On Medical Practice and Original Research.

By LOUIS ROBINSON, M.D. DUR., M.R.C.S.

IN the branches of biological and medical research, which are at present attracting the attention of the scientific world, it has become well-nigh impossible for the medical man, who is actively engaged in the practice of his profession, to compete with the academic specialist. In order to achieve anything (it is said) one must have abundant leisure, good laboratory accommodation, and a mass of costly apparatus, the very manipulation of which requires no slight degree of technical knowledge and skill. As a result, the lamentable feeling of apathy which exists among general practitioners as regards the more scientific side of theoretic medicine has been enhanced by something like a feeling of despair. The day seems utterly gone by when a Jenner or a Parker might rise from the ranks to a foremost place in the world of science.

While admitting that it is true that no medical man engaged in general practice can expect to keep pace with, and still less outstrip, the trained investigators of our hospital schools and laboratories, I desire very strongly to combat the idea that original research, either in general biology or in medicine, is henceforth the monopoly of the scientific specialist.

Research, like all else in human affairs, is subject to the laws of fashion. This becomes obvious whichever way we look. In one decade there is a frantic thirst for knowledge about the geography of Central Africa, and every man who can contribute a trifle to meet the demand at once becomes famous. In the next it is the North Pole which excites the popular imagination, and the explorer of the Dark Continent is as one crying in the wilderness. The same rule holds good in the case of the other sciences. Aspirants for the honours of Burlington House recognise that their chances of election depend, in no slight degree, upon the particular vogue of the moment.

The application of these remarks to the present discussion is found in the fact that there has been for some years a decided fashion among the pioneers of medical science, which has consisted broadly of an almost exclusive devotion to research work involving high-power microscopes and all the complex paraphernalia of the biological laboratory.

Now no one can possibly find fault with this. The work so done is invaluable, and the workers deserve more honour than they get. It is the reaction upon the bulk of the profession which is to be lamented. They regard, and rightly regard, their teachers in the medical schools as the shining lights of their order. While at hospital they are initiated into the elementary stages of the methods of investigation employed by their masters in the craft. Through being made familiar with these methods, and through the in-

fluence of the microscopic Titan who directs their studies, and whose world-wide fame was won in this very field, they unconsciously imbibe the idea that it is in this direction only that there is any hope of progress.

It is the lot of by far the greater number of students who qualify from the medical schools to become general practitioners. Probably in no profession are men so much the sport of circumstances as in our own. However great an aptitude a man may show for research work, he is usually compelled soon after he gets his first qualification, to drop all thoughts of pursuing the particular branch of Medical Science which has most interested him when at the hospital. The result is that every year the ranks of the "G.P.'s" are swollen by numbers of men of first rate intelligence, who have won gold medals and other distinctions at college, but who feel compelled by circumstances to desert their old ideals.

In some instances, no doubt, such men, although successful as students, lack the mental initiative and resolution which will enable them to adapt themselves and their special faculties to the new conditions, and to continue their investigations alone. But there must be many others scattered about the country, who are well able to make good use of the abundant material which circumstances put within their reach, if they will only give their minds to the solution of the problems which are constantly presenting themselves to every man engaged in the practice of medicine. The medical student of to-day makes his start as a full-fledged practitioner infinitely better qualified for such pursuits than the medical student of twenty, or even ten, years ago. His five years' curriculum enables him to get a more thorough knowledge of those first principles which are as necessary for the building up of theories as the skeleton is to the human body. He receives instruction in biology which enables him to link together many facts which, to his predecessors, remained mere incomprehensible and sporadic phenomena. It is scarcely an exaggeration to say that now, for the first time, the sciences upon which that of Medicine is founded are being taught in accordance with the supreme biological discovery of the age. The modern student breathes an atmosphere of Evolution. His predecessors were only able to get occasional whiffs of this inspiring doctrine, and too often were compelled to go outside the lecture-room or the laboratory in search of them! There is an enormous difference between having one's biological knowledge rooted and grounded in the truth, and having a certain amount of truth spiced or grafted on when one's ideas are half grown. On this account alone I think we are justified in expecting great things of the men who are now in training for the profession.

What their dangers are, as investigators, I have already pointed out. Slavish imitations of the methods of the college professor or demonstrator can lead to nothing but discouragement in the case of those who have no laboratory at their disposal, and whose time is almost fully occupied in

attending to patients. They must be free from the bondage of scientific fashion, and must be prepared to plan their own course and their own methods. The frontiers of science are, in one respect, comparable to the frontiers of the British Empire. They owe their expansion far more to the work of independent enterprise, to "accident" and various unauthorised agencies, than to deliberate and organised endeavour on the part of the established powers. Nothing is further from my wish than to depreciate the scientific specialist; I merely want to make it plain—(1st) That he is not the sole heritor and repository of Scientific Truth; and (2nd), that his methods are not those by which the average medical man can hope to succeed in original research.

If we pass in review the names of those who have materially added to the sum of human knowledge, such as Newton, Dalton, Darwin, and Helmholtz, we find that they were men with minds which took a wide outlook over the field of nature, and who gathered light from all quarters of the mental horizon. The same may be said of the men who have left their mark for all time on Medical Science. The specialist who looks with "a microscopic eye" may fill up gaps in our knowledge of the detail of physical processes, and may so contribute some essential item to the building up of a valuable theory, just as a stonemason may contribute an essential item to a cathedral. But no mere specialist, with the limited field of vision which characterises the class, could have discovered the great principles underlying the processes of Nature which were brought to light by the men I have named. One can hardly imagine that a dentist or an oculist who ignored other branches of medical knowledge could have perceived the relation between "peg-top teeth" and interstitial keratitis; and still less could he have inferred, as Hutchinson did, that both were the result of congenital syphilis.

Not only do most students get the idea that pioneer work is only possible in the region which they see explored in the physiological and biological laboratories at the medical schools and kindred institutions, but they are liable to become also victims to the error so common among those who are groping and struggling among the elements of science, viz., that the whole subject has been pretty well threshed out, and that little else remains to be done. It seems strange that any man can remain under this astounding delusion after he has fought his way through the first rudiments, and has come in sight of the innumerable broken and ragged ends which form a fringe round the little solid knowledge which we possess. Almost any one of these, if followed diligently by an alert and open mind, will yield some new facts; and even although they may not be such as bring honours and titles to the discoverer, they never fail in kindling that enthusiasm for further research (which Lauder Brunton has traced to the fierce instinct for pursuit possessed by our savage ancestors) which, more than anything else, adds delight to the drudgery of professional work,

No new fact, however apparently trivial, is to be despised; for it is almost invariably a clue to something further, while it may prove the key to one of those great mysteries of existence which have hitherto baffled all efforts of the pioneers of science.

I have now reached the limits of my article, but on some future occasion I hope to have an opportunity of pointing out more in detail what parts of the field of (potential) knowledge seem to offer the best chances to the "ordinary" student or practitioner of medicine.

A Case of Empyema, with Remarks upon the Physical Signs Observed and upon Paracentesis.

By SAMUEL WEST, M.D.

I WAS invited the other day to see a young man whose heart was beating forcibly on the right side of the sternum, almost as far as the nipple line. The whole left side being dull from the clavicle to the costal arch, it was clear that he was suffering from a large pleuritic effusion on that side; but in spite of the great displacement of the heart, the left side was not bulging, nor the intercostal space widened; the vocal vibrations were palpable over the whole axilla and even at the base behind, while the breathing was audible, and, though faint, was amphoric in character. These points, as well as a few others to be mentioned, deserve comment. 1. It may appear strange that with so large an effusion there was no bulging or widening of the intercostal spaces. Yet this is not altogether uncommon. I have seen the side which has been at first bulging lose its prominence, and that while the continued displacement of the heart showed that the fluid was still increasing I remember a case of simple serous effusion in which I thought the fluid was being absorbed on account of the chest falling in and the ribs coming close together, and yet on paracentesis I removed the largest amount I have ever withdrawn in a single tapping, viz., 150 ounces.

2. The dullness not only reached the costal arch, but extended a little below it, just as the resonance sometimes does in pneumothorax, and for the same reason that the diaphragm had become convex towards the abdomen instead of concave.

3. The persistence of the vocal vibrations and breath sounds, or amphoric breathing, is rare, but bronchial breathing is not so very uncommon. The most remarkable case I have seen occurred in a young man with a serous effusion on the left side, over whose back and side the most typical bronchial breathing was present, as loud and as characteristic as is ever heard over pneumonic consolidation. The fluid was removed by tapping, and as it flowed away the bronchial breathing became less and less, and was ultimately replaced

by vesicular breathing. The fluid re-accumulated and the bronchial breathing returned. It was again drawn off, and the bronchial breathing disappeared as before.

4. Beneath the manubrium sterni, loud tracheal breathing was heard. This is a point to be noted when occurring in simple cases of effusion, for though not uncommon, I have known it lead to an error in diagnosis. The case was that of a middle aged man, who was on that account wrongly thought to be suffering from a mediastinal growth to which the effusion was secondary. I remember another case in a woman in which the tracheal breathing beneath the sternum was so well marked that the question of mediastinal tumour was raised. This case was interesting for another reason, viz., that the voice and breath sounds were distinct and exaggerated over the whole dull side, and it was only the absolute strong dullness on percussion that decided the diagnosis in favour of fluid. The side was tapped, the fluid found serous, and when removed, the puzzling physical sign disappeared, and recovery was rapid and complete.

5. The patient's temperature was normal, or rather below normal. This, together with the fact that the patient's illness was of short duration—not more than a few days—would have suggested the diagnosis of serous rather than purulent effusion. A needle was inserted and the fluid found to be pus. This case, therefore, demonstrates another very important clinical fact, viz., that pus may exist in the pleural cavity without any elevation of temperature. There is no part of the body in which abscesses may not occur without fever. In the abdomen this is most of all true, for here a low temperature is no proof of the absence of pus, and the same holds good even of pelvic suppuration. I have seen pus in the pericardium without elevation of temperature, as well as in the brain, liver, kidney, lung, cervical tissue, and even in some joints, while of course the cold abscess of the skin is of every day occurrence. The patient's chest was tapped, and eighty ounces of sweet pus removed. The patient had some severe attacks of coughing, and on several occasions became very restless and nervous, complaining of great discomfort beneath the sternum. The flow was usually stopped for a few minutes at such times, and the symptoms quickly passed off. They were doubtless due to the lungs and heart not having had time to adjust themselves to the relief of pressure. One of the advantages of having a small trocar and of a little suction with the aspirator as is sufficient to maintain the flow is that the slower and more gradual removal of the fluid gives the parts more time to adapt themselves to the altering conditions. I have seen paracentesis stopped frequently by coughing, pain, or other distress, though the paracentesis might have been continued had the removal of fluid been less rapid.

No more suction was employed than was just enough to keep the fluid flowing into the bottle. The aspirator is dangerous implement in paracentesis thoracis, and especially dangerous in that very affection for which it is most em.

ployed, viz., empyema. The lung is often found post-mortem in such cases to be studded with soft spots where the tissue is infiltrated, and this and all which softens would have probably occurred if the empyema had been left to make its own way out. If the aspirator be used with the idea not only of removing the fluid but of helping to expand the lung and it be exhausted more or less completely, the risk of causing one or other of these soft spots to rupture is very great, and I have seen it produced more than once. It is sometimes impossible to avoid this even with all care, and I have had the accident happen to myself in spite of all the precaution I employed. An aspirator is necessary for these cases, for without it the pus will often not flow. Still, the bottle should never be exhausted completely before inserting the needle and the fluid removed rapidly—but only sufficiently exhausted to cause the fluid to run easily. As soon as anything more than a low negative pressure becomes requisite the operation should be stopped. After the tapping the patient had a little brandy and a few drops of laudanum on the tongue; the brandy was given because he seemed a little faint and exhausted, and the opium to allay the excitement, and keep him from coughing.

He soon after the operation became quite comfortable, slept comfortably that night, and the next day was greatly relieved.

The relief from the paracentesis was in this case only temporary, and a fortnight later the side was laid freely open and drained. Recovery was complete.

Tuberculosis as an Infective Disease.

By A. A. KANTHACK, M.D.

LAST year we considered the general meaning of infection, contagion, and predisposition: to-night I shall consider the same subject in a more concrete form, using Tuberculosis as an example of infective disease. The highest form of treatment in medicine is undoubtedly that whose aim it is to prevent disease, though perhaps this kind, benevolent treatment is, or promises to be, less remunerative to the practising physician. But you may rest assured and continue your studies; the golden age when all diseases have been prevented is not so near. "Prevention is better than cure" is so old a dictum that we have come to accept its truth, and the science and art of medicine is to prevent as much as to cure. In the prevention of infective diseases we are naturally assisted by the State and Society; for an infective disease is essentially a social disease, at least, it is so in most cases. It is on this account that as soon as a disease has been pronounced to be infective, the question is at once raised, how can we protect society from this disease? Tuberculosis has long since been recognised as an infective disease, but this knowledge has only gradually become general property. Now that it is acknowledged on all sides, loud cries are raised to propose measures to protect the community from the infection. The measures generally proposed are segregation, isolation, reform in marriage laws, and similar revolutionary methods, in addition to others, milder and more acceptable ones. Reforms, such as these, are said to be the logical outcome of the fact that Tuberculosis is an infective disease. I intend briefly to consider to-night what this statement implies and what preventive measures it suggests.

Shortly, by an infective disease, we mean a disease produced by a specific micro-organism, which, in this case, is the bacillus of tuberculosis. Villemin, in 1865, showed that, by means of inoculation of tubercular material, tuberculosis is produced in animals. I need not allude to the work of Cohnheim, Salomonsen, and Baumgarten, which repeated and extended Villemin's original experiments. It was not

until Koch appeared with his tubercle bacillus that the infective nature of tuberculosis was actually demonstrated and proved. All previous work rendered it probable, but that did not amount to a conclusive proof—in fact, so little, that at the time of Koch's discovery most pathologists and physicians refused to accept the infective theory. Koch's discovery came as a surprise, and established the true nature of tuberculosis, and nobody, nowadays, in his senses, doubts that this disease is an infective process.

Koch showed, by means of most patient and ingenious researches, that his bacillus is the only and true cause of Tuberculosis. We cannot but speak with admiration of the man and his discovery, and do so all the more gladly since recently it has become the fashion to detract from Koch's fame and the greatness of his work. He has erred, but under what circumstances? He promised more than he could fulfil. But is that sufficient reason to forget in the twinkling of an eye the magnificent work the man has done, and to scorn him as a charlatan? This is the way of the "hot potato," but it is unjust. In spite of his errors he has done enough sound work to make a number of F.R.S.'s. Koch held his illustrious Berlin audience spell-bound when, in modest words and demeanour, he related his results to them, and his work was complete in its conclusions and proofs—no mere preliminary communication which often enough is not followed by the fuller communication. He worked for years and did not submit his results to the criticism of the world until they were unassailable. Let me give you an idea what this meant. Remember that bacteriological methods were very incomplete, and that Koch had to, and did, discover his methods as he went on, and that those methods are practically the methods in use at the present day. This in itself would have been sufficient to establish his fame and reputation.

Koch, to begin with, succeeded by means of a special staining reaction to show the existence of a particular bacillus in the most varying tubercular affections. He examined for, and found, tubercle bacilli in nineteen cases of military tuberculosis, twenty-nine cases of phthisis pulmonalis, twenty-one cases of strumous glands, thirteen cases of pulmonary joints, ten cases of tubercular bone disease, four cases of lupus, several cases of tubercular ulceration of the tongue, tuberculosis of kidney, uterus and testicle, &c., seventeen cases of psoriasis in cattle, and a large number of animals artificially inoculated (two hundred and seventy-three guinea-pigs, one hundred and five rabbits, forty-four field-mice, twenty-eight white mice, nineteen rats, thirteen cats, many dogs, hares, pigeons, &c.). At the same time he examined innumerable spina and organs of patients suffering from non-tubercular disease, and in all these cases the typical bacilli were absent.

Koch succeeded to grow the bacilli on blood serum only at 38°, but it is well known that they will grow also on any other media, as we shall show later. As a matter of fact, in our laboratories we invariably grow them on glycerine agar or glycerine broth.

With these cultures Koch inoculated various animals and reproduced typical tuberculosis in them. For purposes of control, he inoculated many animals with tubercular tissues (miliary nodules, phthisical sputum, pus from tubercular abscesses, pulpy masses from joints, scrofulous glands, lupus, &c.), using for these experiments one hundred and seventy-nine guinea-pigs, thirty-five rabbits and many other animals. In all cases tuberculosis resulted. The pure cultures injected into or inhaled by animals, of which he used large numbers, also produced tuberculosis.

Koch, therefore, proved the infective nature of tuberculosis by showing:—

- (1) That in all cases of tubercle, the tubercle bacillus is found.
- (2) That it is not found in any other affection.
- (3) That it may be cultivated for generations for unlimited time.
- (4) That pure cultures inoculated into animals will produce tuberculosis, and
- (5) That from the diseased parts of the inoculated animals the same bacilli can be separated.

The tubercle bacillus has thus been found in all tubercular processes, whether microscopically or by means of cultivation, and this bacillus, whatever tubercular lesion derived from, will produce tuberculosis in a susceptible animal. As it is not found in any other disease, its specificity is also established.

Tuberculosis then is an infective disease.

When bacteriology was younger than she is now, infection and contagion were understood to be more or less synonymous terms. I told you last year that they are not, and bacteriologists, deserving of the name, have recognised this long ago. The ordinary mind, however, has just reached that level which bacteriologists occupied years ago, and sees no difference between contagion and infection, nor difference in degrees of contagiousness.

The infective nature of tuberculosis being now fully recognised, the tubercle bacillus having found admission into the plots of harrowing novels and the jokes of Punch, a crusade is made against the spread of tuberculosis through contagion. It is silently supposed that all fresh

cases are due to contagion from man or through man, and therefore segregation and isolation and interdiction of marriage are some of the reforms proposed. All cases of tuberculosis occurring in man and wife, brothers and sisters, in hospital wards, are considered evidence of the contagiousness of the disease. We are told of phthisical men communicating the disease wherever they go. This is all the exaggeration of an ignorant or unbalanced mind. As Baumgarten says, "if tuberculosis or phthisis were contagious to such a degree as is calculated from modern statistics, and if we were to believe all the extraordinary cases, then it would not have required the work of Koch and others to establish the infective nature of tuberculosis."

From laboratory experiences it would seem that the growth of the tubercle bacilli depends on such special conditions of soil and temperature that an ectogenous vegetation is excluded, and until recently they were considered true obligatory parasites, that is, organisms which can only thrive on living tissues. Hence, germs found outside the animal organism must have been directly derived from the latter. Recently, however, several important papers have appeared which tend to show that the bacillus of tuberculosis is much less parasitic than is generally assumed. Thus Sander succeeded to grow it on ordinary potatoes and their juices, on boiled macaroni, baked bread and ordinary tap water, and it seems that the bacillus is less sensitive to changes of temperature than is usually taught. We have much to learn yet as to the natural mode of growth, but we cannot shut our eyes on such experiments as those of Sander, which show that the bacillus is capable of a saprophytic existence within certain limits. How wide or how narrow these limits are we cannot as yet foresee. It is quite possible that in a few years we must classify the tubercle bacilli among the saprophytes, i.e., organisms capable of leading an ectogenous existence on matter not derived from the animal organism.

But without assuming more than we actually know, there is no doubt that the tubercle bacilli are capable of leaving the animal body and remaining dormant for a long time in the full possession of their infective and germinative properties. Dried they retain their virulence for months, boiling does not always destroy them, nor does putrefaction. The bacillus resists the digestive action of the gastro-intestinal secretions. We are therefore almost forced to assume that the tubercle bacilli are capable of forming resistant spores, or that the organism itself is extremely resistant. If this is so, then we are, broadly speaking, in towns at least, almost everywhere surrounded by infective material.

It follows from this that our surroundings are highly contaminated with virulent tubercular matter, resistant bacilli or their spores, and hence infection is possible in two ways: (a) from the diseased directly, (b) from objects in the immediate vicinity of an affected person or far removed in time or space from such person. How widely diffused the bacilli or their spores are becomes evident from Mappian's work. The latter succeeded in growing tubercle bacilli from the dust of much frequented streets of Leipzig in 85 per cent. of numerous experiments.

Undoubtedly the chief source of the malaric noxia is the sputum. One-seventh of the whole population die of phthisis pulmonalis. These recklessly or from ignorance or unwittingly, dispose of their sputum in the most liberal manner, and keep up the extent of the source of infection.

It has been proposed, as I said at the beginning, to remove the source of infection by isolation and segregation. Even supposing we had a right to do so, would it be logical to do so? Certainly not; for:

(1) If we could isolate all the people known to have phthisis at a moment's notice, our surroundings would be full of infectious matter, and a certain number of predisposed persons would acquire the disease.

(2) The latter would at first roam about unsuspected of phthisis and keep up the ectanthropic source of infection.

(3) If we were suddenly to isolate phthisical persons, a large number would escape in whom the disease is not advanced enough to allow of a diagnosis, and these would assist the others in keeping up the source of infection. For phthisis is an extremely chronic disease, and not easily diagnosed in its early stage, and often what we diagnose incipient phthisis is a considerably advanced lesion.

At present, then, isolation and segregation seem to me likely to be followed by so little success as to render them unjustifiable.

But we have to consider another question, to which I have repeatedly drawn attention. Isolation and segregation are the measures to be taken for the prevention of diseases which are obligatory contagious affections, i.e., which are due to true and obligatory parasites. The less parasitic or the more saprophytic the organism causing a disease, or the greater their resistance outside the human body is, the less powerful isolation must be in the stamping out of an infective disease. Now the parasitic nature of the tubercle bacillus has been much over-rated, as we have already shown, and it is extremely resistant. If the bacillus were short-lived, segregation might successfully lead to a disappearance of the disease.

Again, the fact that tuberculosis is a common affection in animals, increases the possibility of ectanthropic infection. We might, perhaps, fight against an infection through animals whose meat is used as an article of consumption. This view, however, also being and other birds which are extremely liable to the disease. Now it was at one time thought that the tuberculosis in birds is of a different nature, and could not be transmitted to mammals, and that hens could not prove a source of infection. But through the researches of Fischel, Hippe, Kruse and others we are forced to give up this belief. Now as hens may remain unsuspected for a long time, and their feces and eggs contain the bacilli, they may be responsible for a wide spread of the contagium vivum.

These considerations *per se* show how little benefit would accrue to the community from the isolation of persons or animals known to have tuberculosis. There is, however, another point to be considered, viz., the existence of a predisposition. On this point also I have already spoken to you last year, and I may therefore be excused from entering into this matter at length:—

Disposition.—If we inoculate rabbits or guinea-pigs with minute pieces of tubercular tissue, tuberculosis results. The bacilli immediately multiply and proliferate, and are carried away to distant parts and there set up fresh foci of infection. Such experiments cannot be immediately applied to all species of animals. The successful tubercular infection depends on the animal organism, not to speak of other conditions. Many animals are relatively, if not absolutely, refractory. True, an animal of great resistance may be infected if we inject enormous quantities of living bacilli into the same, and in this case an absolute immunity does not exist. But such experiments are coarse and rough, and not at all comparable to ordinary modes of infection, and we must allow that there are some species of animals, as, e.g., dogs and white rats, which, to all intents and purposes, are immune.

When we have to deal with a species which is readily susceptible to tuberculosis, as, e.g., rabbits or guinea-pigs, it does not matter whether the individual is old or young, weak or robust, large or small—it does not matter whether we use much or little tubercular inoculation material, virulent or attenuated bacilli. The animals die, more or less, after the same interval. Matters are, however, very different in insusceptible animals: to infect them we require enormous quantities of bacilli, age is of some influence, and the conditions of the tissue affect the susceptibility considerably. I cannot, therefore, allow when Baumgarten says that the susceptibility of the species is of subordinate importance—it is of the utmost importance, and the more we study the process of immunity the more we shall realise it. Last year I gave you many instances of how we may destroy the immunity of an animal, and render more or less insusceptible animals highly susceptible. No one who has made a special study of immunity will agree with Baumgarten that the species disposition is of quite subordinate importance. All those who wish to prove, by hook or by crook, that tuberculosis is dangerously contagious to a normal community will readily accept all he says. But we must take facts as they are.

I must also disagree with the statement of Baumgarten that man is one of the most susceptible animals, because he suffers more than other animals from spontaneous tuberculosis. This is an argument which we cannot admit, because animals live an entirely different life, and how are we to compare the vital statistics of man and animals? Such a dictum as that of Baumgarten's could only be settled by experiment. My own idea is that a normal, healthy man, living under sound conditions and without a hereditary taint, is a comparatively insusceptible animal. Were man as highly susceptible as Baumgarten assumes, the incidence of tuberculosis in our towns should be much greater than it is, and hereditary tendencies should be of no importance. Baumgarten is consistent, and denies the existence of such predisposition. We have, however, better proof of the existence of an acquired predisposition, viz., the good results of improved hygiene both in England and on the Continent. Without segregation and isolation the disease has declined considerably during the last thirty years. Speaking without statistics, I do not think that the amount of phthisis amongst practitioners, physicians, bacteriologists, and butchers—all persons much exposed to the dangers of infection—is greater than among other people less exposed. So far as I can see, it must be acknowledged that there is something besides the bacillus and the individual which is required before an infection results. Our most experienced physicians and most distinguished pathologists allow this, and until the days of bacteriology this has not been doubted, and the ultra-contagionist theory has only arisen since the day of Koch's discovery.

Moreover, we possess distinct experimental evidence that the insusceptibility of animals against tuberculosis may be considerably diminished and lowered, and such evidence is of more importance than impression and deduction. Salzano and Ferri have shown that white mice may be rendered highly susceptible by means of subcutaneous injection of lactic acid, or by being placed in an incubator at a temperature of 38°C. Again, animals may be rendered susceptible towards

avian tuberculosis in various ways. Are we to neglect all such evidence? And if it be true, as it seems to be, that there is no distinct boundary line between avian and mammalian tuberculosis, the question of predisposition becomes all the more important.

Therefore I entirely agree with Flügge that the predisposition in the case of tuberculosis, plays an important part and governs the amount and mode of diffusion of the disease. In man we have marked differences in racial as well as individual predisposition. Allow me to quote a few lines from Flügge: "The most incontestable influence of an individual predisposition do we find in tuberculosis. The greater or lesser accumulation of resistant infection carriers in the surroundings, as we know from every-day experience, is of comparatively subordinate importance in regard to the spread of the disease."

I cannot enter more fully into this matter, and I must ask you to agree with me as to the rôle played by a specific, general, and individual disposition in the acquisition of tuberculosis. Except on the strength of arguments based on the principles of a *pathia principii*, I see no reason for disbelieving its existence.

That sanitary conditions are of great importance in the ætiology of tuberculosis may be shown by the following considerations. The mortality of phthisis decreases considerably with the altitude. This observation has been confirmed for Persia, India, the Andes, and other altitudes. As we ascend we find a gradual diminution of phthisis, and not a sudden immunity. This is important, because it shows that the decrease of tuberculosis is not due to the height itself, but to conditions of the hill population, its density, prosperity, &c. We find, for instance, that in densely populated towns like Bern and Munich, situated on bare plateaux, there is practically no diminution in the mortality from phthisis. At a height of 6,000 feet there is a comparative absence of phthisis, less dependent on vital conditions, more or less true immunity (as, for instance, in Mexico, Puebla, Quito). This immunity is no doubt due to a steady climate and lower summer temperature, which exert their influence on the tissues and nutrition of the body.

The fact that the phthisis mortality is greater during the winter months is in part explained by the circumstance, that during winter the vital and hygienic conditions of the poorer classes are low and most unfavourable, and this is yet another confirmation of the ætiological importance of sanitary and hygienic surroundings.

Preventive Measures. We see then that when we begin to direct our attention towards the prevention of tuberculosis, we must start with a full appreciation of all the facts that are found. For a diffusion of the disease we require the following elements: (1) the tubercle bacilli, (2) a predisposition. Now to prevent the affection we may evidently attack either the bacilli or the predisposition, or both.

The bacilli are widely distributed in our towns and largely populated areas, how widely Marmann has recently shown. Moreover, they are more saprophytic than has hitherto been assumed, and they are also able to adapt themselves to changes of surroundings, so that the narrow and exclusive distinctions between avian and mammalian tuberculosis are gradually disappearing. Again from the chronicity and difficulty of early diagnosis, it follows that the supply of bacilli is constantly kept up. It would be of no avail to segregate tubercular individuals as soon as the disease becomes pronounced and capable of diagnosis. Such interference with the public and personal liberty could only be justifiable where its good results are unquestionable. I go so far as to say that compulsory segregation *per se* would not diminish the amount of phthisis, so long as we are not able at the same time to eradicate all ectanthropic sources of infection or to abolish the predisposition.

The complete removal of the ectanthropic sources of infection is and must be an impossibility so long as there are predisposed individuals about. The physician attacks the predisposition. He either removes the predisposed individual from any possible risk of infection by sending him to climates where there is no tuberculosis, or sends his patient away to lessen and destroy the predisposition. The many good results which may be cited of cure and prevention of phthisis in people who were sent away in good time is yet further proof of the undoubted existence of such predisposition. If this were of such subordinate importance as Baumgarten wishes us to believe, then phthisis once developed or threatened should always be fatal. We know of cases in persons sent to such places as San Remo, which are always frequented by consumptives, and where, therefore, the presence of tubercle bacilli is a certainty. In such cases, by strengthening the organism and thus lessening the predisposition, the tubercular process becomes localised, in the same way as an accidental inoculation in an unpredisposed individual leads to a local tuberculosis only, and not to a generalised disease. I am, therefore, in favour of an isolation of the predisposed, as he only is liable to infection, and as by isolating him we may either keep the bacilli from him or lessen his predisposition in such a manner that bacilli which find access to his body cannot do him any harm.

Unfortunately, we can but rarely attack the individual predisposition in this manner, because our patients are not always rich enough to allow

themselves the advantages or disadvantages of a permanent or temporary residence in other regions. We must therefore attack the racial predisposition and strive to strengthen the health of the community in such a manner as to render it more immune. This, as is shown by our vital statistics, can be done by improved hygiene. I must refer you to an excellent paper by Dina Sandberg, who shows from English statistics what good the Factory Acts have done in this direction. I need not explain what improved hygiene means—I may leave that to your own imagination. I will only remind you that besides ventilation, open spaces, avoidance of overcrowding, it also implies disinfection. Such improvements in hygiene cannot be made at a moment's notice—they require generations. They are in actual progress, and Dr. Collins no doubt has told you how much the respected County Council do in this direction by sanitation and the unavoidable leasurer. We must judge of things by their results, for "by their fruits you shall know them." The fruits of improved hygiene have brought about a marked decrease in our phthisis mortality.

This general improvement of hygienic conditions must be accompanied by strict disinfection. There is first the supervision of food, a matter greatly neglected in England. How differently do they manage this matter on the Continent! We should copy the Prussian system of Central Slaughter-houses, with a trustworthy staff of inspectors. Generally speaking, tubercular meat should be condemned, as undoubtedly there is some danger in introducing tubercle bacilli into the kitchen. Anyhow, the supervision should be much stricter than it is. Although I am ignorant of the results and the experiments of the Tuberculosis Commission, I should be in favour of condemning any tubercular animal. It is more consistent, and therefore more easily carried out. A particular part of an animal may be free from bacilli, but while cutting up the animal the butcher may contaminate the meat and thus bacilli are introduced in the kitchen. Complete destruction of any tubercular carcass would be the ideal procedure, and this should be the standard aimed at, though it may be permissible to relax the stringency of this rule on grounds of economy and expediency. In preventive medicine we must, however, first recommend the ideal method, and afterwards, guided by common sense, order and prescribe what is practicable. We may, however, say with safety that no contaminated food should be brought into the kitchen. The danger of such an act becomes more evident from Sander's work, who showed how saprophytic the tubercle bacilli are at incubator temperature, when they grow well and copiously on all kinds of vegetable media, unprepared in any way, or in a state fit for human consumption.

The greatest attention should be paid to milk, as thereby children especially may easily be infected. Milk should be sterilised by heat. De Man has carefully studied the effect of high temperatures on the tubercle bacilli in a manner free from all objections, and found that the bacilli in tuberculous milk are destroyed at 55°C. after 4 hours, at 65°C. after 1 hour, at 65°C. after ½ hour, at 70°C. after 10 minutes, at 80°C. after 5 minutes, at 90°C. after 2 minutes, and at 100°C. after 1 minute. He recommends that such temperatures be used as are capable of killing the bacilli without rendering the taste of milk disagreeable, i.e., 60°-70°C. Heating milk at 70°C. for 10 minutes does not affect its taste. Pasteurised milk offered for sale has often been insufficiently heated, and is therefore unsafe. It is therefore better and more advisable to use sterilised milk, heating it at 70°C. for 10 minutes, but, in doing so, we must be careful that the temperature of the milk and not merely that of the water-bath is actually 70°C., if we make use of the latter in our process of sterilisation.

The greatest attention should be paid to the disinfection of tubercular excreta, such as sputum, pus, &c. Sputa especially must be disinfected with carbolic acid (1:20). Sublimite is of no use in this respect, as has been shown experimentally. The sputa should be liberally mixed with the solution of carbolic acid, and the latter allowed to act for some time. If sputum be limpid and thin, solid or liquefied carbolic acid may be added so as to make the liquid expectoration up to a solution of carbolic acid 1:20. It is best to keep the antiseptic in solution in the sputums, so that the patients expectorate into the germicidal substance. Antiseptics are not carried sufficiently far in medical wards. Surgeons have become fully alive to the importance of antiseptic and asepsis, but the physician is still behind-hand. The spittoons are almost invariably used beautifully cleaned, containing no antiseptic. No spittoon in house or hospital should be used without containing an antiseptic, preferably carbolic acid. I have often seen an enthusiast or careful worker prepare his cover-glasses for staining tubercle bacilli with undiluted sputum. Some material easily, and unknown to him, gets on his fingers, and he forgets to disinfect his hands, and some persons a source of infection. Carbolic acid does by no means interfere with our tinctorial diagnosis of any germ, but on the contrary, facilitates it. Sputum kept in carbolic acid should be spread on cover-glasses and rubbed between them into a uniform film, dried in the ordinary way and then dipped into chloroform, and is then ready for the ordinary staining method with carbol-fuchsin, hydrochloric acid, 70 per cent. alcohol and methylene blue. The advantages

of this method, which I invariably use, are (1) the bacilli are dead and there is no risk of infection, (2) they stain better, and (3) are stained in larger numbers, so that the diagnosis is more certain. I wish I could induce physicians to adopt this method generally for their and their patients' sake, and also for my own sake. I have sometimes had sputum containing tubercle bacilli in large numbers sent to me in gutta-percha tissue, tied with a feeble string, leaking, or in badly sealed bottles, dripping with nauseating purulent expectoration, or even dried, or partially dried, on ordinary newspaper. In this manner it was sent by letter post: an almost criminal procedure. Had it been sent in carbolic acid, there could not have been any danger, and the specimen would in all respects have been a better and cleaner one. I have no doubt that in workhouse infirmaries many bedridden people acquire phthisis on account of the deplorable state of the antiseptic arrangements. I am looking forward to the time when our medical wards will become as aseptic as our surgical wards wish to be.

Since in the majority of cases the bacilli find access into the human organism by way of the lungs, through inhalation of air impregnated with sputum elements, it is our duty to educate phthisical patients to be more careful with their method of expectoration. There is practically no fear of infection by means of fresh moist sputum, and the expired air of consumptives is free from bacilli, and contains them only if the patient should cough at the same time and bring up matter from the diseased lungs or bronchia. But expectorated sputum dries up, is converted into dust, and as such becomes mixed with the air, and thus renders the latter a serious source of infection. Consumptives of the lower classes expectorate on the floor or ground, and thus contribute to a dissemination of the contagium. Consumptives of more refined taste expectorate into their handkerchief. The former method is more dangerous but actually less dangerous, for the sputum quickly dries up on the handkerchief and every time the handkerchief is pulled out a cloud of inferior material is dispersed in the best possible condition to cause an infection. The pocket handkerchief is also commonly used by bedridden consumptives and placed under the pillow. All these are habits of expectoration which must be discontinued, and the consumptives should be taught their duty to society at large. This may be done by the physician in his private practice, or in the out-patient room or dispensary, or by any other method. Spitting on floors or in the street is a low and reckless habit, and people somehow or other should be made to recognise the lowness and possible danger of it.

In public buildings, post-offices, factories, railway stations, &c., there should be spittoons, and these filled with carbolic acid so as to prevent drying up of the sputum, and it should be pointed out to people who indulge in such habits that the floor is not the receptacle for their expectorations. Also in all out-patient rooms spittoons should be placed, and a culprit at once corrected. Notices also might be put up, for some good no doubt may come from it. In short, in all places where numbers of people are likely to collect, or which are likely to be used by numbers, spittoons or other receptacles should be placed. Spitting in railway carriages and other public conveyances, public-houses or bars, should be prohibited.

The proper method of expectoration cannot be taught to a mass of uneducated or highly refined people who use their handkerchiefs in a week or a year; it will require a long course of teaching and the hospital or dispensary are the best schools.

Consumptives may be advised to carry on their person pocket spittoons, such as are used in Germany. Certainly in the house they should use spittoons, and if they cannot go about without expectorating on floors and pavements they had better remain at home or take the trouble of carrying a spittoon about. In any case they must be prevented from still further deteriorating the infection sources. If people only recognised their duty, the persons who actually, though undiagnosed and unknown to himself, suffers from phthisis would be a less dangerous infection carrier.

An education in manners is of much greater use than all the heroic measures of segregation which have been recommended, and if we are ever to resort to the latter, it cannot be until we are so perfected as to know what to do with our expectoration.

If disinfection be carefully applied in these directions, I doubt not that the diffusion of the tubercle bacilli would become considerably lessened. Disinfection, however, should be especially applied in our houses. The presence of a consumptive in a house renders the latter a dangerous source of infection, unless the risks are recognised and averted by the use of disinfectants. Besides the sputum, the patient's linen, clothing, &c., should be rendered harmless. The room in which he lies, if he be bedridden, should be constantly kept clean, and the dispersion of dust from the floor or bed prevented. How all this is done must be left to the common sense of the residents and their medical attendants. After the patient's removal or death, the room especially, and the rest of the house, should be carefully disinfected, so as to remove all the bacillary remains. This disinfection must be thorough, no SO₂ and similar more or less odorous methods, but radical

treatment of the walls and floors with antiseptics. The less careful the consumptive has been, the more carefully the disinfection must be performed. It might be advisable that every death from phthisis be notified to the sanitary authorities, and that these should superintend the proper disinfection. I see, however, no necessity of notifying actual cases of phthisis with a view to isolation, for the room air is free from bacilli, unless the patient has been reckless with his sputum, and by expectorating on the floor, in his handkerchief, or against the walls, by no means an uncommon habit, has impregnated the air. Rooms which phthisical persons have inhabited must be stripped of their carpets, the furniture should not be cushioned, and the curtains such as may be easily cleaned.

Phthisical persons must by law be prevented from selling food, and people in an advanced state of phthisis should be declared unfit for work and excluded from work in factories amongst healthy persons, since their presence is a risk, because these consumptives, as a rule, are reckless with their expectoration, the atmosphere in which they work dry and loaded with dust. These are, more or less, indications as to how we may keep the ectanthropic sources of infection in abeyance. Time will not permit me to allude to all the possible methods or rules which will act in this direction. I must leave that to your own common sense.

But I do not doubt that if all this be done, besides attending to the public health, tuberculosis will diminish more rapidly than it already does. However, without all these measures, it is absurd to think of segregation and extinction of the diseased. This, to my mind, is so evident that I do not attempt to defend this statement.

I shall also omit the question of hereditary predisposition. I may, with your permission, discuss this more fully at a future meeting of the Society. Closely connected with hereditary predisposition is marriage among us with tubercular individuals. I gladly leave this subject out of consideration to-night, as it involves many serious social, ethical, and scientific questions, and cannot be discussed in full at the end of a paper already long enough for your patience. Ideally, from an evolutionary point of view perhaps, phthisical people should be persuaded not to marry, but, as you know, marriage does not study evolution, and Ferdinand does not see bacilli on the lips of his Miranda. Moreover, evolution is an unconscious process, and must be left to work for itself. The question of marriage, to my mind, must be left for its decision to the moral standard and principles of those whom it principally concerns. I do not see how the State can interfere in a matter, the result of which cannot be deduced with mathematical accuracy and varies with circumstances. However, we have no right, whoever or whatever we are, to hint that an individual knowing that he is phthisical, or suspecting that he may become so, is acting immorally, because he marries.

Reviewing shortly what we have said, we find that tuberculosis is an infective disease, due to the bacillus tuberculosis, first separated by Koch, that it is both directly and chiefly indirectly contagious, and that for the acquisition of phthisis the social or individual predisposition is a factor of great moment. We have seen that under existing conditions the contagium in our large towns and factory districts must be widely distributed, and that segregation would not cause an appreciable decrease of the sources of infection until a true and strict system of disinfection is carried through and becomes a natural habit of the population.

The preventive measures to be adopted then are, (1) improvement of social and personal hygienic conditions, and (2) careful disinfection wherever possible and necessary. One must assist the other, and when these two measures have been conscientiously carried out for generations, tuberculosis is certain to disappear more rapidly. Absolute segregation is impossible, chiefly on account of the chronicity of the disease and difficulty of recognising early cases, and, if not absolute, is useless and therefore unjustifiable.

Within recent time an attempt has been made to counteract the individual disposition or susceptibility by means of tuberculin inoculation. No doubt this is a point bacteriology must aim at, but unfortunately Koch's brilliant animal experiments led only to disappointment when tried on man. Undoubtedly it is possible not only to immunise, but also to cure, guinea-pigs already suffering from tuberculosis by means of hypodermic injections of tuberculin, and in some cases the tuberculin treatment has certainly done good. I belong to those who believe that we have not heard the last of tuberculin, and think that it might with advantage be used to counteract a suspected predisposition, because it is much easier to immunise than to cure. It might be of benefit in the offspring of tubercular parents, and I should not hesitate to recommend it as an immunising agent in such cases. This is a point which might be settled by experiment, but even in the absence of experiment it would be justifiable to adopt such preventive treatment, which, as long as it is done *secundum artem*, is harmless, and promises to lead to good results.

In conclusion I may point out that I have placed under the micro-

scopes specimens to illustrate the tubercle bacillus in sputum and in tissues. The sputum has been preserved in carbolic acid for over a year. You find the bacilli stained red in one specimen and blue in the other, to convince you that they are not naturally red or blue.

Under another microscope you will find a giant cell from bovine tuberculosis containing a large number of bacilli stained red and arranged peripherally, while the last specimen is one of experimental tuberculosis produced in a rabbit, the tissue being liver and crowded with bacilli. The bacilli are slender rods, as a rule slightly curved. In the stained bacilli we often notice two to six bright unstained points or dots, which by some are considered to be spores, but almost certainly are not, for, according to De Bary, a bacillus never forms more than one spore. A giant cell may contain one to almost numberless bacilli, and often the bacilli are found at the pole opposite to the nuclei. The giant cell is often caseous in its central parts, and may be free from bacilli.

In a test tube I am showing a pure culture of the tubercle bacillus grown on glycerine agar. As I told you, it grows comparatively slowly, but when fully developed after some weeks, forms a more or less uniform thick white layer, which subsequently acquires a yellowish tint.

Gentlemen, I feel that on account of lack of time and leisure I have not been able to be so systematic or clear as I might have wished. I may confess to you that this paper had to be written under great difficulties at odd moments, and I hope that you will forgive me if I have come before you to-night feeling conscious of not offering you as much as under more favourable conditions I should have done. I hope, however, that I have succeeded in convincing you of the uselessness at the present time of such drastic measures as segregation and isolation while the ordinary principles of disinfection are yet utterly ignored. Towards the latter, and a general improvement of hygienic conditions in their widest sense, I look as means of keeping tuberculosis or phthisis in abeyance.

The Abernethian Society.

ON November 23rd, Mr. Attlee showed a case of epicanthus. Mr. Reginald Brown, President of the Society, then read his paper on "The Exigencies of Private Practice." Private practice, he thought, was the goal at which most members present were probably aiming, and therefore he did not think it amiss that he should narrate some of his experiences in order that members might benefit by them. In his opinion, there can be no ideal practitioner; each patient builds his or her own ideal, which usually corresponds to the description of his or her own medical man, and hence Mr. Brown recommends members to perfect themselves as far as possible, not merely for their own sakes, but that they may uphold the honour and dignity of the profession. Perhaps one of the least agreeable, though most essential, procedures through which a medical man must pass when first he turns his thoughts to private practice is, Mr. Brown considers, that which is technically known as being introduced. Some may receive the would-be practitioner with apparent kindness—though, should they be ill, they will probably send for his partner; others will receive him with unmistakable rudeness, whilst all will certainly criticise him severely, and will not fail to remark upon his extreme youth, and to point out any physical and moral defect which they think they may have detected in "the young doctor." All this, Mr. Brown remarks, may be extremely mortifying to one's feelings, but it should be borne in a good-tempered manner, and the value of first impressions should never be forgotten.

To succeed in practice, it is a *sine qua non* that the practitioner should gain the confidence of his patients, and, to

do this, Mr. Brown thinks that one should be confident in oneself. He recommends that all patients, whether they be hospital patients, or private patients of the poorer class, of patients among the more well-to-do, should always be treated with the greatest kindness and sympathy, and every trouble should be taken in arriving at a diagnosis, and every care and consideration taken in the treatment. He has found that the class of patients who treat themselves is a very lucrative one from the point of view of the medical man. He considers that the fee should depend on the financial circumstances in which the patient is placed.

On November 30th Dr. Ormerod read his paper on "Post-febrile Paralysis." He first stated that, in addition to the ordinary post-febrile paralyses, he was about to include in his paper the subject of paralysis occurring during the actual course of a fever, and then classified paralyses dependent upon the febrile condition into the two principal heads: I. the indirect, where the paralysis is brought about through the intervention of organs and tissues other than the nervous system; and II. the direct, in which the paralysis is directly dependent upon the febrile condition. Of the former he quoted, as examples, hemiplegia caused by cerebral embolism from endocarditis due to rheumatic fever, and facial paralysis after middle ear disease, following scarlet fever. Paralysis of this class, he said, were due to local, not diffuse, nervous lesions, and the interval at which they might follow the fever was quite indefinite.

The direct febrile paralyses he subdivided into (1) those which followed the fever; and (2) those which occurred during the height of the fever. Of the former he cited diphtheritic paralysis as a type, and stated that the bulk of observation, from the point of view of morbid anatomy, indicated a neurtis—probably toxic in origin—as an explanation of this form of paralysis, though it seemed reasonable to suppose that the morbid process might subsequently spread to the spinal ganglia. He pointed out also that, though the paralysis of the soft palate suggested a purely local effect, the loss of the knee-jerks and the paralysis of the ciliary muscle at an early stage in the disease, together with Charcot's observation that the nerve-endings in the palate are degenerated, showed that there was something more than a mere local paralysis.

Direct febrile paralyses, which occur during the height of a fever, were divided into (a) the diffuse, and (b) the local, both of which might possibly be due to a specific febrile inflammation of the nerve-centres. As examples of the diffuse variety, Dr. Ormerod quoted epidemic cerebro-spinal meningitis, cases known as "acute ataxia" or "false disseminated sclerosis," and one case of disseminated myelitis which began on the ninth day of a by no means severe attack of measles.

The local varieties—which included hemiplegia, aphasia, possibly anterior polio-myelites, one interesting case of transverse myelitis, following typhoid, which is described by Dr. Shore in the hospital reports (Vol. xxiii.), ulnar

paralysis, &c., were due to blocking of vessels, localised inflammation, selective action of after processes, malnutrition seizing on some *locus minoris resistentiæ*, and, in some instances, to simple pressure effects.

On December 7th, Dr. Kanthack read a paper on "Tuberculosis as an Infective Disease," and on December 14th Mr. Berry read a paper on "Goitre: its Varieties and Pathology." As both are to appear in print we refrain from making an abstract of either.

St. Bartholomew's Hospital Musical Society.

THE ROYAL BRITISH NURSES' ASSOCIATION SIXTH ANNUAL CONVERSATION.



THIS function took place on Thursday, December 7th, 1893, in the Galleries of the Royal Institute of Painters in Water Colours, Princes Hall, Piccadilly.

At the request and by the invitation of the Matron, Miss Stewart, the St. Bartholomew's Hospital Musical Society assisted in entertaining the guests present upon that occasion.

The Orchestral Society contributed three items to the programme by Mozart, Massenet, and Michaelis respectively, which were well received, especially the "Scènes Pittoresques" of Massenet. The Choral Society gave a spirited rendering of three glees by Pinsuti, Benedict, and Stewart, their efforts being highly appreciated. In addition, six solos were given by members of the Society: A song, "You ask me why I love" (Lawrence Kellie) by Mr. McHardy, was performed with delicacy and expression, and met with a good reception; Mr. Arthur Haydon played a difficult violin solo, "Scène De Ballet," by De Beriot, in a style which showed a very high degree of executive facility. A violoncello solo, "Spanish Dances" (Popper), by Herr Alfred Gallrein, the fine execution of which was greatly admired, was one of the choicest items in the programme. The Nursing Staff was ably represented by Nurse Duffus, who sang "Comin' thro' the Rye" in excellent style. An oboe solo (a) Pastoral, (b) Bourrée (German), by Dr. Austen, met with general approval. Dr. Scholefield was in fine form in his rendering of the "Sands of Dee" by Davy, for which he received well-merited applause.

Dr. Dundas Grant, as Conductor of the Society, left nothing to be desired.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette*: "Principles and Practice of Medicine," by Dr. Norman Moore; Dr. E. Cautley, "Treatment of Infantile Diarrhoea"; Dr. Kanthack, "On Diplococcus Pneumonia," &c.

The Christmas Entertainment.



HE Annual Christmas Entertainment was held in the Great Hall on Thursday and Friday, January 4th and 5th, 1894.

After an overture by the members of the Hospital Musical Society, the curtain rose on Edgar Pemberton's farce, "Freezing a Mother-in-Law." The piece was well played throughout, though occasionally it might have been quickened a little. Of the individual performers, mention must particularly be made of Mr. H. L. Brownlow, who, as "Mr. Watmuff," with an excellent make-up, added another to the already long *rolle* of clever character studies with which he has delighted the audiences at these entertainments. He kept the piece going from beginning to end with untiring energy and humour. We congratulate him on a very artistic performance.

Of the rest we must not omit to mention the "Mrs. Watmuff" of Mr. J. G. Powell, whom we gladly welcome as a strong addition to our Dramatic Club. Mr. Clowes as "Ferdinand Swift," Mr. Martin Cooke as "Walter Litherland," and Mr. Herbert as "Emily," each and all deserve praise.

The second piece was H. J. Byron's comedy, "Not Such a Fool as He Looks"; and we may at once say that the manner in which this was staged and acted reflected great credit on all concerned. From beginning to end there was not a dull moment. The second act in particular was played with great taste, and every line made the most of. The hero, "Sir Simon Simple," was played by Mr. Boyan, whose performance throughout was characterised by a quiet attention to detail, and artistic finish, which will compare favourably with anything we have seen of recent years in the Dramatic Company. Of Mr. Valerie as "Mould" we can only say that the part suited him admirably, and he was at his very best. He was ably supported by Mr. Powell as "Mrs. Mould." The other characters were all excellent, but especially Mr. Herbert, whose artistic acting in the second act stamped him as an artist. Mr. Lindsay as "Grantley," Mr. Holmes as "Felicia Craven," Mr. Pawlett as "Captain Marker," Mr. Clowes as "Murgatroyd," all deserve praise. The whole performance went off without the least hitch, and reflected the greatest credit on the Stage Manager, Mr. Enlyn.

The St. Bartholomew's Hospital Musical Society contributed several most acceptable items, the choruses receiving enthusiastic applause. The orchestral element was thoroughly enjoyed, and was a great credit to all taking part in it, the cornet solo in the selection from "Faust" being the object of much admiration.

We wish both branches of the Musical Society every success and continued vitality. Dr. Dundas Grant, the conductor, may feel highly satisfied with the way in which

the Society has performed under his bâton. The following was the programme:—

PART I.

OVERTURE... .. "Caliph of Bagdad" *Bolsidon.*

"FREEZING A MOTHER-IN-LAW."

A Farce in One Act.

By T. EDGAR PEMBERTON.

Characters:

By the Members of the Hospital Amateur Dramatic Club.
Mr. Watmuff Mr. H. I. BROWNLOW
Ferdinand Swift Mr. F. J. CLOWES.
Walter Litherland Mr. MARKIN COOKE.
Mrs. Watmuff... .. Mr. J. G. POWELL.
Emily (*Her Daughter*) Mr. G. HERBERT.

Scene—Mr. Watmuff's Study

PART II.

GLEE "In this hour of softened splendour" *Pinsuti.*

ORCHESTRA Selection from "Faust" *Riviere.*

GLEES... .. "The Wreath" *Benedict.*

GLEES... .. "Bells of St. Michael's Tower" *Rimbault.*

PART III.

OVERTURE "Loin du Bal" *Gillet.*

"NOT SUCH A FOOL AS HE LOOKS."

An Eccentric Comedy in Three Acts.

By HENRY J. BYRON.

Characters:

By the Members of the Hospital Amateur Dramatic Club.
Mr. Daniel Murgatroyd (*Solicitor and Money-Lender*) Mr. F. J. CLOWES
Frederick Grantley (*His Clerk*) Mr. A. W. C. LINDSAY.
Sir Simon Simple, Bart. (*His Ward*) Mr. J. BOYAN.
Mr. Mould (*His Messenger*) Mr. J. VALERIE.
Captain Marker (*His Client*) Mr. E. L. PAWLETT.
Felicia Craven (*His Niece*) Mr. B. W. HOLMES.
Mrs. Merton Mr. G. HERBERT.
Mrs. Mould Mr. J. C. POWELL.
Servant Mr. F. V. BICE.

Scene I.—Murgatroyd's Private Office.

Scene II.—Kitchen in Mrs. Mould's House.

Scene III.—Drawing-Room at Mrs. Merton's.

Between the Acts was played

"Canzonetta" *Coillard.*

"Aubade Printanière" *Lacombe.*

Conductor—

DR. DUNDAS GRANT. MR. A. G. HAYDON.

Stage Manager— Assistant Stage Manager—

MR. C. W. EMLYN. MR. J. BOYAN.

Acting Manager—MR. F. J. CLOWES.

Extracts from a New Dictionary.

By OUR COMICAL CORRESPONDENT.

(Continued.)

Abscers (*Abscedo*—I depart). Evidently from this it is a thing which departs. We have lent money to several Abscesses in our time.

Dresser. Students, according to a dresser, are divided into two sections: (1) Those who have passed their Second College; (2) Those who have not. A new dresser

may sometimes be mistaken in the distance for a nobleman, unless you happen to be on the lee side of him, when the odour of Iodoform is of diagnostic value. Should you be to windward of him, this sign is of not much value, but the cotton wool hanging from his hair affords a valuable clue to his identity. What with the surgeons, the house surgeons, and the sisters, they are a down-trodden race and generally die young.

Examiners. There are all sorts and conditions of examiners, and lucky is the student who encounters only the right sort.

Beware of the examiner who smiles at you and pats you on the back, so to speak, and is apparently in an ecstacy of admiration at the amount of knowledge that you are giving away gratuitously. He says, "Yes, hal very good indeed!" when you say that you would treat P.P.H. with the wet pack, and you leave his table impressed with the idea that you really do know something after all. We say beware of him—he is a snare.

There is also another gentleman with the expression of a Sphinx, who raps out his questions as if he was repeating the multiplication table, and who to all appearances is not taking the slightest interest in your answers—but beware of the man who is supposed to be marking, but who seems to be apparently drawing puzzles to while away the time, and who looks up at you occasionally as much as to say "Are you there still? I thought you had gone long ago"—keep your eye on him, he is dangerous.

Another type is the ferocious-looking gentleman, who has conscientious ideas upon the subject of examinations. It is his notion that while you have come there with the idea of trying to pass, he is paid for the express purpose of preventing you doing anything of the kind. With this gentleman you can generally tell more or less how you are progressing, by keeping your eye upon his countenance. If he assumes a peculiarly downcast and dejected look, you may infer that you have answered correctly. But should he smile, give it up; don't wait—move on to the next table. It is no use to slip sixpence into his hand on leaving—he is impervious to wealth.

Now for a few more hints. Be modest—don't tell the man all you know on one question. Give him an opening to ask a second question on the same subject.

Don't joke. Examiners don't like jokes—at least not other people's.

If you don't know the answer to a question, say so—don't make shots.

If you can contrive to look ill and overworked, do so. It may excite sympathy. (This is not a very reliable tip.)

Should the examiner make a joke, on no account omit to laugh heartily, and let the smile linger.

Above all, don't forget that there are examiners who would rather that you did well than badly, and who will help you in every legitimate way to a successful issue.

Notes.

MR. J. D. RAWLINGS, M.R.C.S., L.R.C.P., and Mr. H. Crowley Atkinson, M.R.C.S., L.R.C.P., have been appointed Junior Resident Medical Officers (House Physicians) to the Royal Free Hospital, Gray's Inn Road.

It is announced that Dr. Claye Shaw will give a special course of lectures in "Mental Physiology," with practical clinical work in insanity, especially designed for the men working for the M.D. and M.S. of the University of London. The first course will be held during October and November next. These lectures are in addition to the ordinary course on "Mental Diseases" given during the Summer Session.

DR. C. HUBERT ROBERTS, M.B., M.R.C.P., has been appointed Casualty Physician to the Hospital, in place of Dr. Cautley, whose period of office has expired.

J. T. HURDER, B.Sc., has obtained the first place in Honours in Physiology at the final B.Sc., and E. C. Moulard, B.Sc., has been awarded a First-Class Honours in Zoology, with marks qualifying for the Scholarship.

THE following have passed in Surgery at the L.S.A. Examination: A. C. C. Harris, C. G. Mathews, W. Wyllys. In Medicine, A. P. Woolright has passed.

IN the Pass List in Anatomy and Physiology of the 2nd M.B. Cambridge, we note the names of R. F. Baird, J. Johnston, H. C. T. Langdon, and A. E. Naish.

THE following have passed the 2nd part of the Third M.B. Cantab: C. D. Henry, A. M. Mitchell, C. Neill, L. C. Phillips, H. Pulford, G. C. Taylor.

F. E. A. COLDY, R. Michell, J. H. Peard, and C. Todd have passed the 1st part of the Third M.B. Cambridge.

IN the Honours Lists of the M.B. London Bart's men figure very well. As announced last month, H. O. Davies gained the Scholarship and Gold Medal in Obstetric Medicine, and H. W. Armstead and J. Morrison took first classes with marks qualifying for the Medal. K. Rogers obtained a second class in Obstetrics. H. W. Armstead was awarded also a first class in Medicine. H. O. Davies is head of the second class, J. Morrison gained a second class, and K. Rogers, I. W. Bathurst, and W. N. Soden have each a third class Honours in this subject. In Forensic Medicine T. M. J. Powell is first in the second class, and J. H. Griffiths has obtained a second class Honours.

MR. H. J. WARING has passed the examination for the M.S. of the University of London and gained the number of marks to qualify for the Gold Medal. Another Bart's man, Mr. T. J. Dyal, also passed the M.S. Examination.

For the second year in succession, the Gold Medal at the

M.D. Examination at the University of London has been carried off by a Bart's man. Last year, Dr. C. Coles secured it, and this year it has been awarded to Dr. H. G. Cook.

At the M.D. Examination the following Bart's men passed: W. B. Addison, A. S. Blackwell, H. G. Cook, H. A. Eccles, H. E. Knight, H. T. Parker, W. L. Pethybridge, R. Pickard, H. Symonds, F. W. Tunnicliffe, C. F. Wheeler.

IN State Medicine, at the University of London, Drs. C. S. Buchanan and H. Williams have passed.

At the Examination for the B.S. degree, H. O. Davies, H. W. Armstead, and J. H. Griffiths were successful, and H. O. Davies obtained a second class in Honours.

THE Year Book of the Abernethian Society and of the Athletic Clubs can now be obtained gratis by any member of the Abernethian Society and Amalgamated Clubs on application to the Librarian.

THE Year Book is the first of its kind issued by the Amalgamated Clubs' Financial Committee. It is a nicely got up book of thirty-five pages, and gives full and official information of the whole of the constituent institutions. It commences with a list of the Finance Committee for the past year and for the present year. The history of the formation of the amalgamation is clearly described, with the mode of procedure to become a member of it. Then follow the rules of the Finance Committee, &c., with last year's balance-sheet. Seven pages are devoted to the Abernethian Society, giving the names of officers, the laws, lists of the papers taken into the Abernethian and smoking-rooms, and the list of papers to be read before the Society during the present session. Each of the constituent clubs receives notice, the officers, rules, and interesting notes about last year's play, and results of matches being given. A list of members, with a short note on the club ground, completes the volume.

A NOTICE has been posted on the School Notice Board directing attention to regulations which have recently been made as to application for students' appointments. In putting his name down for an appointment, in future, a student should apply to the Warden's Clerk for a form of application, which he must fill up and return, instead of, as formerly, applying to the Physician or Surgeon under whom he desired to act.

DR. J. A. HAYWARD has been elected Assistant Physician to the Shadwell Hospital for Children.

Obituary.

PROFESSOR ARTHUR MILNES MARSHALL, M.D., D.Sc., F.R.S.—We regret that we have to announce the death

of Professor Milnes Marshall, who was killed by a fall from a ridge on Lord's Rake on Skawfell, on December 31st last. Professor Marshall will long be remembered by old Bart's men for his many gifts, and his geniality of character endeared him to all who had the privilege of knowing him. By his death science has lost an enthusiastic and careful worker, and Biology in this country has lost one of her most brilliant followers. Professor Marshall was only forty-one years of age, and was an enthusiastic and skilful mountain climber. By a singular coincidence, Professor Marshall met with his death by a similar accident to that which deprived Biology of the most renowned of her workers, Professor F. M. Balfour, of Cambridge. Marshall was Balfour's favourite pupil, and they were close and intimate friends, and both contributed much good work to modern comparative morphology and embryology. Balfour was killed on the Aiguille Blanche in 1882. Professor Marshall began his University career at St. John's College, Cambridge, and in 1874 took his degree with First Class Honours at the head of the Natural Science Tripos. Subsequently he graduated as B.Sc., and later as D.Sc. in the University of London. From Cambridge he went to work at the Stazione Zoologica a Napoli under Dr. Dohrn, where so many eminent biologists have worked. From Naples he returned to Cambridge to assist his friend and master, Balfour, in organising classes in Comparative Morphology. In 1876 he became a student at St. Bartholomew's Hospital, and in 1879 was elected secretary of the Abernethian Society. In 1877 he became a Fellow of St. John's College, Cambridge, and in the summer of 1879 was elected to the professorship of Zoology in the Owens College, Manchester, and in 1885 he was made a Fellow of the Royal Society. His works are numerous. Amongst others, he wrote: "On the Frog," in 1882; "A Junior Course of Practical Zoology," in collaboration with C. Herbert Hurst, Ph.D., in 1888; "Vertebrate Embryology," in 1893. The two former books are well-known textbooks, and the last is likely to become famous, for it introduces the more accurate teaching of a few types into Embryology rather than general statements now too commonly met with. Among his papers may be mentioned: "On the Mode of the Oviposition of Amphioxus," 1876; "On the Early Stages of the Development of the Nerves in Birds," 1877; "The Development of the Cranial Nerves in the Chick," 1878; "Morphology of the Vertebrate Olfactory Organ," 1879; "On the Head Cavities and Associated Nerves in Elasmobranchs," 1881. His loss to education will greatly be felt in connection with the "University Extension," of which movement he was a director, lecturer, and a keen supporter. In Owens College, where as secretary, and later as Chairman of the General Board of Studies, he took an active part in organising the courses of scientific work in the Victoria University, his loss will be keenly felt. He took a lively interest in all athletic pursuits, was chairman of the Athletic Union at Owens, and himself no mean performer in the gymnasium there.

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY

- Jan. 18—T. W. Shore, M.D., "Evolution of Medicine and Medical Teaching."
 ,, 25—W. McAdam Eccles, F.R.C.S., "Acute Intussusception."
 Feb. 1—A. E. Garrod, M.D., "Causation of Rickets."
 ,, 8—A. E. Cumberbatch, F.R.C.S., "Intra-cranial Complications following Middle-ear Suppuration."
 ,, 15—W. P. Herringham, M.D., "Emphysema."

ATHLETICS.

RUGBY FOOTBALL, 1ST XV.

- Jan. 17—East Sheen, at Richmond.
 ,, 20—Lennox, at Dulwich.
 ,, 24—Civil Service, at Kensal Rise.
 Feb. 3—Upper Clapton, at Clapton.
 ,, 10—Ealing, at Kensal Rise.
 ,, 12—Leicester, at Leicester.

ASSOCIATION FOOTBALL, 1ST XI.

- Jan. 17—Casuals, at Hornsey.
 ,, 20—Crouch End, at Hornsey.
 ,, 24—
 ,, 27—Reigate Priory, at Worm. Scrubbs.
 ,, 31—Vampires, at Worm. Scrubbs.
 Feb. 3—Ilford, at Ilford.
 ,, 7—Berkhampstead School, at Berkhampstead.
 ,, 10—Beckenham, at Beckenham.
 ,, 14—Brighton College, at Brighton.
 ,, 17—London Welsh, at Worm. Scrubbs.

ST. BARTHOLOMEW'S HOSPITAL SMOKING CONCERT CLUB.

Jan. 20th. French Room, St. James' Restaurant, Piccadilly, W. Tickets one shilling each. Members are given one ticket to admit a friend. To be had from the Honorary Secretaries, P. W. G. Shelley and D. L. E. Bolton.

Births.

- ANDREWS. Dec. 18, at 22, Cheyne Gardens, Chelsea, S.W., the wife of Launcelot Andrews, M.D., of a son.
 TAIT.—Dec. 15, at 48, Highbury Park, the wife of Edward Sabine Tait, M.D., of a daughter.
 LUSH.—Dec. 19, at 4, Maresfield Gardens, Hampstead, the wife of Percy J. F. Lush, M.B., M.R.C.S., of a daughter.
 RICE.—Dec. 19, at 90, Woodstock Road, Oxford, the wife of Edward Rice, M.D. (Lond.), of a son.

Marriage.

STEPHENS—HOLT.—Nov. 30, at St. Michael's Church, Headingly, Leeds, by the Rev. John Wardale, M.A., Rector of Datchworth, assisted by the Rev. Canon Wood, Vicar of Headingly, Daniel R. P. Stephens, M.B., F.R.C.S., son of the late Daniel Woolcott Stephens, of Woodford, to Lucy, second daughter of the late Joshua Holt, of Leeds. No cards.

St. Bartholomew's Hospital



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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.
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St. Bartholomew's Hospital Journal,

FEBRUARY 14th, 1894.

"Aquam memento rebus in arduis
 Servare mentem."—Horace, Book II., Ode III.



THE terms of the Report of the Royal Commission on the University question for London are, we understand, now definitely settled, and if not yet already public, will very shortly be open to all. The Commissioners, it is stated, unanimously recommend that there shall be one University in London, and advise certain modifications of the existing University as seem to them to meet the present requirements of University education and examination. The object of these modifications is to convert the present examining body into a teaching University by bringing it into closer relations with existing teaching institutions of University rank, *i.e.*, with the Colleges and the Medical Schools. There can be no question that it is possible to make the degrees of the present University reasonably accessible to students, and at the same time maintain the high character and standard of the examinations, it would be far preferable to have one University in London rather than two. It remains to be seen to what extent the proposals of the Commissioners will effect this, and in what way they propose to meet the educational wants of London. It is, however, remarked that in the main the Report approves of the general outlines

of the scheme of the Senate of the University of London, which was rejected by a large majority by Convocation in May, 1891. This scheme proposed to constitute University and King's Colleges as Colleges in the University, in all faculties, and the Medical Schools as Colleges in the faculty of medicine. There were to be "faculties" of arts, laws, science, and medicine, and in each faculty the scheme proposed that there should be a "Board of Studies" formed of representatives of the faculty, of Convocation, and of examiners in the subjects of the faculty.

The Senate was to consist of representatives of Convocation, of the Faculties, of the Royal Colleges of Physicians and Surgeons, and of certain Colleges in London and the provinces, and there were to be "standing committees" of the Senate for the various London and provincial faculties. In addition to power being given to certain constituent Colleges in arts and science to conduct their own matriculation examination, it was proposed that the University should have power to enter into arrangements with the Royal Colleges of Physicians and Surgeons to hold certain parts of the final medical examinations conjointly.

Such is the outline of the scheme rejected three years ago, and it is understood that the scheme now submitted by the Royal Commission proposes to establish a Senate of sixty-six members, appointed by various existing institutions supposed to have interests in relation to University teaching. It is proposed also that there shall be an "Academic Council,"—on which the representatives of medicine are singularly few,—Faculties and Boards of Studies. We will, however, withhold any further comments until the details of the scheme are before us.

ALTHOUGH there has not been any formal meeting of the various clubs, yet after consulting those of our readers who are best able to give an opinion on the question of the abolition of the "time limit," introduced by our contemporary, *The Guy's Hospital Gazette*, the conclusion we come to is to strenuously support the present system. The principal objections to abolishing a limit are, in the first place, that past men of special excellence would be brought

together to play in the cup ties, and so prevent deserving men amongst the present students who have played throughout the season, from taking part in the most important matches of the year. With all due deference to our contemporary, we think this a very important objection to the proposal to abolish the time limit. Secondly, the inducements for men to play regularly for their Hospital would, we think, be diminished, and thus some who might with education have become good players, would be lost. Thirdly, with the abolition of the time limit, there would each year be fewer places vacant in the cup tie teams, and thus the growth of many ambitious embryo players would be thwarted. For these reasons we think a limit absolutely necessary, and further, we see no reason for altering the present regulations, which, on the whole, could not be improved upon. Our columns are open for a correspondence on this subject.

Treatment of Infantile Diarrhoea.

By EDMUND CAUTLEY, M.D.,

Physician to Out-patients, Belgrave Hospital for Children.



IMITING the subject as far as possible to the boundaries indicated by the heading, it becomes at once essential to find a suitable base from which to commence operations. Usually treatment is empirical or rational, occasionally a mixture of the two forms. The purely rational side can only be discussed by entering into details of the minute as well as the general pathological conditions which give rise to this very common affection of children. The empirical mode of treatment is saved from the gross defects of pure empiricism by having a certain rational basis, namely the character of the stools. We must take into consideration also the chief common causes.

In infants at the breast there are two main causes. The first of these is too rich mother's milk, giving rise to masses of curd which act as irritants to the gastro-intestinal tract. The second is sudden change of temperature from heat to cold, or exposure to cold, independent of any suddenness in the exposure. Just as in adults, exposure to wet and cold may bring on an attack of acute diarrhoea, so in infants a similar effect is produced, and naturally much more readily. The custom of dressing babies prettily, as the mother calls it, having arms and legs partially or totally bare, and often, too, the neck and upper part of the chest, cannot be too strongly deprecated. Even careless exposure after the bath is sufficient to induce an attack.

In hand-reared children bad feeding is more common and more potent still. Supposing the child is brought up entirely on the bottle, diluted cow's milk alone being given, it is exposed to many dangers. The bottle may not be kept properly clean and sweet, and in this respect those with long india rubber tubes are more liable to be at fault

than the old-fashioned boat-shaped ones with only a nipple. The milk may not be sufficiently diluted; the general tendency is to give it too rich rather than too poor. Again, the food may not be fresh, may have undergone some fermentative change. In some nurseries the food for the twenty-four hours is prepared all at the same time, and needless to say, even though boiled, it will not remain sweet all that time, especially in summer. Children, too, are often overfed, the bottle being considered a specific for lachrymation and given accordingly, instead of only given every two to three hours, by the clock. An interval should always be allowed from 11 p.m. to 4 a.m., in order to permit of the child's stomach having a period of rest during the twenty-four hours.

Various articles of food are added when the child is much too young to digest them properly, such as Tops and Bottoms, Kobb's Biscuits, Mellin's Food, &c.; many of these are very useful when given at a suitable age, but few children can take them with impunity before the age of seven months. Lastly, all febrile conditions, no matter what they are due to, may cause diarrhoea. Many children are said to cut their teeth with diarrhoea; this is not due directly to the teething, but to the febrile condition consequent on it. The varieties of stools may be grouped as follows, and with each kind the medicinal treatment is given.

I. Motions "green as grass" and very offensive. The colour is due to altered bile, and the reaction is acid. The cause is almost certainly fermentative change in the food swallowed. Alkali is the most efficient drug, and may be given thus, every six hours:—

Sodæ bicarb., gr. ij.
Spirit. Ammon. Aromat., ℥ij.
Aq. Carui vel Anethi. ad. ʒi.

II. Motions containing whitish masses of curdled milk. The cause here is evidently milk too rich for digestion. Give Oleum Ricini ʒss at once, and every six hours:—

Ol. Ricini, ℥ij.
Mucilaginis, ℥x.
Aq. Menth. Pip. ad. ʒi.

III. Motions loose, yellow, and generally offensive. Most commonly dependent on catarrhal conditions:—

Give—Bismuthi Subnitrat., gr. iii.
Pulv. Tragacanth co., gr. ii.
Spirit. Chloroformi, ℥ii.
Aq. Anethi. ad. ʒi. Sextis horis.

IV. Motions containing mucus and possibly blood; often accompanied by straining and tenesmus. Give the same mixture as in the last group, and in addition half a grain of grey powder every night.

Such is the general medicinal treatment I have found successful in a very large number of out-patients, which I have treated mainly in accordance with the character of the stools.

In all cases it is advisable to give half a teaspoonful of castor oil, as a preliminary, in order to clear any irritants out of the alimentary tract. Of course a great deal of elasticity must prevail in the treatment, no hard and fast reliance on one line of dosing will succeed. Where bismuth is ineffectual, small doses of castor oil may succeed, and *vice versa*. The alkaline treatment is rarely successful, save in the first type of case; it may fail in this and be replaced with advantage by the oil of bismuth. Many cases are not relieved by any of these means, but are cured rapidly by the addition of half a minim of tincture of opium to each dose. Opium must be given to infants with care; still I have never seen any evil effect from doses not exceeding a minim every six hours.

I have been surprised at the extreme rarity with which astringents are required or are beneficial. In severe watery diarrhoea logwood or opium or catechu and chalk are sometimes beneficial, but it is very rare for such cases not to yield to one of the other forms of treatment.

I must refer momentarily to English cholera, a very acute and very fatal form of diarrhoea in young children during the summer months. It is due to some infective organism contaminating the air or water or milk. Its treatment is rather outside the scope of the present paper. Finally we come to the general treatment, suitable to all cases.

The child must be kept thoroughly clothed. No bare arms or legs allowed. A flannel binder round the abdomen is beneficial if not too thick or too tightly applied. Above all in bad cases the child's temperature must be maintained and exposure to cold avoided.

Careful regulation of diet is absolutely essential. Everything must be given iced, cold or tepid. Milk must be well diluted with water or barley water, and both thoroughly boiled. If milk is contra-indicated, koumiss or whey may be tried. Nestle's condensed milk is very useful as a temporary substitute. In very severe cases, especially if associated with vomiting, white wine whey in small frequent doses may tide the patient over the worst of the attack. Concentrated foods, like raw meat juice or yolk of egg, may be retained when given in small quantities. Weak arrow-root and barley water alone can often be taken when nothing else is retained. Brandy is frequently essential, and may be given in doses from three to thirty minims every hour, according to the age of the patient and the severity of the case. Never limit the amount of water; let the child take as much as it likes.

In conclusion, let me remind you that no case is hopeless, and that even when at apparently the last gasp the patient may take a turn for the better and recover. Let me remind you also that no cases test the tact and resource of the physician as much as these, and in few does the physician feel that, as far as human aid can deserve credit, the patient's recovery has been due to his skilful management.

A Few Notes on the Diplococcus Pneumoniae (Pneumococcus) and its Relation to Cerebro-spinal Meningitis.

By A. A. KANTHACK, M.D., M.R.C.P.



RÄNKEL and Weichselbaum were the first to prove that in the great majority of cases of fibrinous or caseous pneumonia a specific coccus is found, the pneumococcus, which occurs in pneumonic sputum or in the diseased lung as an encapsuled diplococcus, or in short chains of four or five individuals enclosed in a capsule. Weichselbaum found the same organism in a series of conditions which often appear as complications in pneumonia, e.g., pleurisy, pericarditis, meningitis, &c. Since then the same coccus has been obtained in other affections which arise independently of pneumonia, e.g., otitis media purulenta, cerebro-spinal meningitis, and ulcerative or infective endocarditis. We see, therefore, that the pneumococcus occurs in many very dissimilar morbid lesions, producing equally dissimilar changes, in some a fibrinous inflammation, as in pneumonia, in others pus, as in meningitis and otitis, and in others solid growths as in infective endocarditis. Soon it was shown that this pneumococcus is extremely variable in its biological, morphological, and physiological characters; so that at present we possess at least some thirty varieties, differing from each other in their growth on broth, gelatine, agar-agar, and milk, and also in their virulence towards the animal body. Kruse and Pansini have recently written a valuable paper on the subject, in which they give a clear account of the varieties and variability of the pneumococcus. It is quite clear now that the latter must be classed amongst the streptococci, because in artificial media it loses its capsule and assumes often typical streptococcus form. They lose their original lanceolate shape and become globular, so that all transition forms from the typical diplococcus lanceolatus to the streptococcus pyogenes exist in nature, or at least in the test tube. It is well known that the pneumococcus often rapidly loses its virulence, and at the same time it undergoes changes in its morphological characters. But if its virulence be restored it will again revert to its former type.

The capsules appear only in the animal body, and are, as a rule, lost when the coccus is grown on artificial soils; but, on injecting it into a mouse, it at once regains its capsule, and if it had become altered in its morphological characters, it will now again resemble the true diplococcus. The more a variety resembles the pus streptococcus the less virulent it is. The virulence of the pneumococcus is also very variable; in some cases it will produce a more or less rapid septicaemia, in others a more chronic infection without local changes, in others merely local changes, and yet in others no reaction whatever. We should always remember that in pneumonic

sputum or exudation several varieties of different morphological and biological characters and of different virulence are found, and that it is necessary not merely to prove the existence of a diplococcus or pneumococcus, but also to study its nature in the test tube and in the animal body. This much is certain, that the pneumococcus is closely allied to the streptococcus of suppuration and erysipelas, and it is possible that all these streptococci are derived from a common ancestor. We had recently opportunity to study the organisms of the intra-cranial pus from a case of cerebro-spinal meningitis. Such cases when uncomplicated by pneumonia are of great interest, if only on account of their comparative rarity. Our case, which was examined a few weeks ago, was a good instance of cerebro-spinal meningitis, the lungs were not diseased. Microscopic examination of the intra-cranial pus showed typical encapsuled pneumococci. By means of artificial cultivation we separated, besides the staphylococcus aureus and albus and a harmless bacillus, also the pneumococcus. This at first on agar-agar grew typically as transparent colonies, easily recognised by the practised eye by their dewdrop-like appearance. In earlier agar cultures they grew in short chains, but soon developed into longer chains, and their colonies on agar-agar became more opaque, and resembled those of the ordinary pyogenic streptococcus closely. It was, however, distinctly different, for when injected into a mouse it killed it rapidly in sixteen hours, and was then obtained from the heart's blood of the animal as an encapsuled diplococcus. It now, however, grew more rapidly on agar and gelatine, and resembled the streptococcus pyogenes more closely, and, as was to be expected, lost its virulence towards mice completely, and the latter we have so far not been able to restore. We may hope to succeed in this, and then it should once more revert to its old short-chained type. In bouillon it grew well, causing at first a turbidity, which gradually cleared up, the granular sediment sinking to the bottom. In warm gelatine it also grows well, causing no turbidity, but a copious white precipitate. The chains in broth and gelatine were of great beauty, long and indistinguishable from those of the pyogenic streptococcus. On gelatine in the cold it grew more slowly than the latter, and the colonies were smaller. Our coccus is, therefore, one of the varieties of the true capsule or pneumonia-coccus, resembling the pus streptococcus, but quite distinct from it nevertheless. These observations are of some interest, as they recall to our minds some points in the aetiology of cerebro-spinal meningitis, a disease which in an uncomplicated form is not often met with.

In connection with this subject we may also mention that recently we had opportunity to study bacteriologically a case of so-called idiopathic suppurative peritonitis and of infective endocarditis. The latter was complicated by pneumonic consolidation. In the former case we found (a) diplococcus pneumoniae, (b) staphylococcus albus; in the latter, (a) diplococcus pneumoniae, (b) staphylococcus pyogenes

aureus, (c) staphylococcus pyogenes albus. The diplococcus was also separated from the lung. The same three organisms were also found in pneumonic sputum from a case of pneumonia from Matthew. As we are constantly, asked how to demonstrate the pneumococcus in sputum it may not be out of place to describe the proper methods in a few words. Some of the tenacious sputum should be spread in thin layers on thin cover-glasses, and allowed to dry in the air. Then pass the film thrice through the flame, the smeared surface upwards. Now place the cover-glass in a watery solution of methylene blue (concentrated) or dilute fuchsin, remembering that it stains rapidly, and must, therefore, not be left too long in the stain (10-20 seconds). Wash in water, dry between the folds of a blotting-paper, and mount in xylol-balsam, and examine, if possible, with an oil immersion. The diplococci will be seen as blue or red dots, with a clear halo around (capsule). For purposes of cultivation it is necessary to take sputum before the crisis or immediately afterwards, since their vitality often changes considerably with the appearance of the crisis. How great a change the crisis produces is evident from the following facts: (1) ante-critical sputum of a pneumonic case injected into a rabbit will kill it, while (2) post-critical sputum, instead of killing it, will render it immune against subsequent inoculations with the diplococcus pneumoniae.

As we are at present engaged in a research on the nature of the pneumococcus, we ask house physicians and students clerking in the wards kindly to give us notice of any case of croupous pneumonia in the wards or post-mortem room.

Evolution of Medicine and Medical Teaching.

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EVOLUTION of Medicine and Medical teaching." Let us begin in a scientific and orderly manner by defining our subject. The word "evolution" is to be understood in its biological meaning, to designate the process by which all living things have acquired their present distinctive features through the gradual modification of form, natural selection, and survival of the fittest. So in our subject to-night I wish to trace the broad general outlines of how medicine and medical education have grown out of ignorance and superstition, and to give you some idea of what causes have acted in the building up of medical science and art. By "medicine" I understand not only the art of diagnosis and treatment of disease and injury, but also the collateral sciences of Pathology, Physiology, Anatomy, &c., upon which the art is based, and without which it has no sure foundation. By "medical teaching," I mean the general principles of the process by which physicians and surgeons are trained so as to intelligently practise the medical art.

The subject, remember, is evolution of medicine, not evolution *in* medicine. It is not my intention to say anything about evolution of disease. That is a totally different matter, and although it is one full of interest I must leave it to be dealt with, perhaps, on some future occasion.

The great principles, remember, in the theory of descent are those expressed by the laws of heredity and variation, together with the struggle for existence followed by a "survival of the fittest"; and in this struggle for existence, the surrounding conditions or environment, play a most important part. So it is in the history of medicine—a

mere phase of human activity—the degree of perfection to which it has attained at different periods of the world's history depends on the environment, which obviously in connection with the topic we are now discussing is the state of civilisation, the condition of general learning, the stability of government, and presence of peace or war.

The medical art was at first only a part of the myths and superstition of pre-historic man, who knew nothing of how to treat disease or injury beyond what savages do now, or beyond the instinct of self-preservation common to man and lower animals. The cure of disease began to be practised coincidentally with the earliest dawn of civilisation, and became more and more perfected in proportion as civilisation advanced, and as animal instincts gradually gave place to a more rational mode of life. As might be expected the earliest trace of the medical art is bound up with religious superstition. At first disease was supposed to be due to the anger of some offended god, or to the direct action of an evil demon sent to punish sin, or it was considered to be the result of witchcraft or of some occult influence of the stars and planets.

Even after some progress had been made in the direction of a rational explanation of ordinary phenomena of life, superstition still held sway in the attempts to cure disease. Thus for example, in the records of ancient Egypt (fifteenth to seventeenth centuries B.C.) we find evidence that the practice of medicine was entirely in the hands of the priests who, attributing disease to demons, endeavoured to cure by charms and incantations. So, also, in the ancient Babylonian and Chaldean times, medicine was but a part of the ordinary magic of priests and magicians.

Roughly speaking, two periods can be distinguished in the medical art of these ancient times: first, the period—how long we know not—before Hippocrates, and second, the age during which Hippocrates (the father of medicine) and his followers flourished. In Greece, before Hippocrates, medicine was wrapped up with superstition and priestcraft. It was from Apollo that all disease was supposed to come, and he it is who was credited with all healing powers. Æsculapius, who was supposed to have lived and practised twelve to thirteen centuries B.C., need only be mentioned in passing, as it cannot be affirmed whether he lived or not. Certain it is, that antecedent to Hippocrates, he was worshipped all over Greece as a divinity, and that temples were erected to him in many places, where priests ministered to the diseases of multitudes who visited them. Nor need anything but passing mention be made of Melampus, Epimenides, Anaxagoras, Empedocles, and others—philosophers and physicians. Pythagoras, who lived about 500 B.C., was a notable combination of physician, prophet, and philosopher, and appears to have had some medical information, and to have insisted on the scientific value of a knowledge of the structure and functions of the body. But his teaching was but a part of the visionary pythagorean philosophy of numbers, of odd and even, of harmony and discord.

The Asclepiads, priests and physicians, were visited in their temples by the sick, and they endeavoured, by inciting the imagination and stimulating the faith of the sufferers through religious ceremonial, magic, and astrology, to effect a cure. In some cases these tactics succeeded—veritable faith-healing—in many others they failed. Gradually various herbs and other remedies, massage, bathing, and exercise came to be used, experience of the properties of these remedial measures was gained, together with some knowledge of the anatomy and functions of the body, and thus there arose the famous Asclepiad or Æsculapian Schools of Medicine. The chief ones were in Cos, Chlodos and Rhodus. These, together with the pythagorean school in Crotona and the school of Cyrene in Northern Africa, were the centres of medical teaching just prior to Hippocrates, and for some time after him. Then followed a new epoch. Hippocrates was born B.C. 460, and was educated at the Asclepiad on Cos. He, first, tried to free medicine from superstition and sophistry. He taught, for the first time in the history of the world, that disease is not due to any demon or angry god, and that it is not to be cured by sacrifices and religious ceremonial, and was the first to pick out from the accumulated knowledge and superstition of the time those facts which were valuable. These he extended by his own observations, so as to found something like a scientific medicine.

Hippocrates wrote many treatises on medicine and surgery, all of which show how considerable must have been his knowledge and skill, and prove that in many instances his methods of treatment were but little inferior to those now in daily use. He trephined for injuries to the head, used auscultation and percussion to detect fluid in the chest, and having discovered it he performed paracentesis. He practised venesection and cupping, was well acquainted with the use of narcotics, operated on hæmorrhoids, opened abscesses, resected joints, understood the principles of the union of fractures, and devised splints for their proper treatment. Amongst his works are to be found seven books of Aphorisms, books on fractures, on dislocations, on ulcers, on the treatment of acute diseases, on prognostics, on hæmorrhoids, on fistula, and many others. Time will not permit me to dilate further on

Hippocrates' works: but it must be remembered in connection with them, that knowledge before his time was handed on from generation to generation by word of mouth, or through the agency of manuscripts, until he broke away from the old superstitions, picked out the grain from the chaff, and used it as the foundation of his own work. Thus his writings represent partly knowledge acquired by himself, but in great measure also the accumulated experience of the preceding centuries. If we inquire into the causes which were acting to bring medicine to this comparatively high state, we must remember that Greece had, by that time passed through many gradations of civilisation. Beginning with a condition of barbarism, followed by struggles and varying fortune in war culminating in the great victories of Marathon, Salamis and Plataea, there succeeded a condition of peace and refinement which made its capital the centre of the civilised world. Hippocrates lived in the age in which Greece reached its highest development in the pursuit of literature, of philosophy, of poetry, of art, and of science. It was the age of Pericles, Æsculus, Sophocles, Euripides, Aristophanes, Socrates, Xenophon and Plato. This advance in general civilisation had had its effect on medicine. What wonder that medicine, placed in such an environment as this, made rapid progress and took its place amongst the other arts and sciences!

At this time (B.C. 400) and for two centuries afterwards there was but little medical knowledge in other parts of the civilised world than Greece. In Rome only the most crude methods of practice existed, and these were bound up with religious rites and priestcraft.

As I have already said, Hippocrates pursued the practice of medicine on scientific and logical principles. He always inquired, as far as he could, into the immediate and remote causes of the diseases he was called upon to deal with, and held that a knowledge of the principles of the normal structure and working of the body is essential to the scientific treatment of disease and injury. He was not content with a mere observation of symptoms and the application of remedies, but sought for the hidden causes of disease, and reasoned from facts to logical conclusions as to the nature of the morbid processes. Thus, he was the founder of the doctrines of the Rationalists.

As soon as medicine had taken its proper place amongst the sciences in ancient Greece it became subject to the same influences as affected other phases of learning, and as a result there arose in medicine various schools of thought, practice, and teaching, just as there were different schools of philosophy, ethics, and morals. The immediate followers of Hippocrates founded a school which began on rational principles, but soon degenerated into dogmatism. The dogmatists this first arose in the fourth century B.C., and flourished for about two or three centuries, when they began to decline, until about A.D. 100 they had almost entirely given place to the school of the Empirics.

The dogmatists founded comprehensive systems of medicine in which the causes of disease and the changes of structure and perversions of function due to them were set forth in an orderly and systematic fashion. From these systems they deduced their lines of treatment and reasoned from hard and fast theoretical rules to the practice of their art. Wherein, it may be asked, lies the difference between the Rationalists and the Dogmatists? At first sight the difference is small, for they both professed to be logical and rational; but, whereas with the Rationalist the confines of knowledge are ever expanding, his science is ever progressive and his practice is founded on the best knowledge of the time, the Dogmatist is at a standstill, is not always seeking for new facts, has systematised all he knows, and, thinking he has learnt all there is to know, has built up a finite system. Among the dogmatists of this early dogmatic school were Diocles and Praxagoras in Greece, and Herophilus, the famous anatomist, who in the early part of the third century, B.C., founded the great medical school of Alexandria. Herophilus made great advances in anatomy, correctly describing most of the body, even such parts as the retina, ciliary processes, and other parts of the eye ball. He recognised that the brain is the seat of the will, and described the main parts of it. The torcular Herophilii is named after him. About this time the sciences of comparative anatomy and botany originated as offshoots from medicine, having been founded by Aristotle and Theophrastus respectively. They laid the foundations on which modern zoology and botany have been built. Instead of following the method of their teachers by searching for facts and reasoning from them to conclusions, the pupils of these great teachers were content with what their masters taught them and founded a system, by the too rigid pursuit of which, they were led into errors of practice, and so dogmatism deservably retired into obscurity for a time.

A form of dogmatism which first arose about 100 B.C., and which in many shapes has reappeared again and again since, is that known as Methodism. The methodists profess to have discovered some grand principle which they assert underlies the whole of medicine. In every variety of methodism there is some distinctive hypotheses on which the whole practice is founded. Each serves to illustrate the phases through which medicine has passed, and all are faithful records of the condition of the understanding of those who practised them.

The earliest empirics were Serapion of Alexandria, and Philinus of Cos. They doubted the value of anatomical and scientific knowledge, and argued thus: "The patient is suffering from a particular disorder, and in our past experience we have found that such and such a treatment has given the best results in cases of this disorder, therefore we treat the patient in this particular way. We do not know, say the empirics, how our remedies act, and it does not matter, the remedies do good in particular kinds of cases, therefore we use them." The empirics endeavour by careful examination of their patients to formulate the signs and symptoms that indicate certain classes of disease. Then in every case that comes before them they try to make an accurate diagnosis and to refer the disease to a particular class. Having done this they apply the treatment that experience has shown to be best for that kind of disorder.

Thus then there were early established the chief of the great schools of medical thought which in some form or other still exist—the Rationalists, the Empirics, and the Methodists. First one, then another of these schools seems to have gained supremacy, but very little progress was on the whole made for centuries. About the beginning of the Christian era a famous medical writer lived, Celsus, and in his writings we owe much of our knowledge of what the state of medicine was in those ancient times. Passing mention must also be made of the works of Dioscorides, the great pharmacist and therapist, who flourished about A.D. 100, and whose writings were quoted as the highest authority on materia medica for centuries afterwards. Amongst the famous logomats at the beginning of the Christian era was Galen, who was born A.D. 130. He travelled much and studied in all the schools of medicine then existing, collected and systematised all the medical knowledge of the time, extended it by his own observations and endeavoured to establish general principles from all the observed facts. Thus he founded a system of medicine which was scientific in so far as it was based on all the knowledge of the collateral subjects of natural history, anatomy, physiology, and pathology which then existed. He wrote much, and his works became classical, and formed the basis of all medical teaching throughout medieval times and even to within a comparatively recent date.

Immediately after Galen followed the dark ages, during which medicine shared the fate of other sciences and arts and of general learning, being only kept alive by a few individuals, and making no progress for centuries. This practical extinction of medical science and general learning was primarily due to the Gothic invasions which swept over the civilised world and scattered philosophers and physicians far and wide. Medicine after a fashion was kept alive for a time in Alexandria and Constantinople, but in the main it degenerated into what it was before the time of Hippocrates—mere superstition and magic. Another cause for the decadence of medicine at this period is to be found in that moral degradation of the people and the vice and corruption which then existed in the Roman and Grecian empires, and against which the early Christian Church struggled so long. With the introduction of Christianity there sprang up the monasteries, and in association with them arose hospitals for the entertainment of poor pilgrims and, in some sense, for the care of the sick. Thus the practice of medicine in Europe passed in large measure into the hands of monks and priests, and became imbued with the religious ceremonial and superstition of the early Christian Church. The first hospital in Europe was founded in Rome, A.D. 400. After the Gothic invasions most of the accumulated medical knowledge of Galen's time found its way to the countries of the East, where it was maintained by the Persians, Indians, Armenians, but mainly by the Arabians. The works of Hippocrates, Dioscorides, and Galen were about the time of Mohammed, in the sixth and seventh centuries, translated into Arabic, and schools of medicine were founded at Baghdad, Damascus and other Eastern cities, which became famous centres of medical learning in the ninth and tenth centuries. Subsequently, medicine was re-introduced into Europe by the Arabian Caliphs, who, having conquered Spain, established great schools in Cordova, Toledo, and Zara.

Amongst the famous Arabian physicians were Rhazes, Avicenna, Avenzoar, and Averroes. Rhazes, who flourished about 900 A.D., was a student at Baghdad and subsequently, as physician to the hospital of that city, attracted a great school of students. He afterwards practised at Cordova in Spain, and wrote many medical books, the most famous of which is called *Continens* and was classified down to the sixteenth century.—Avicenna was born A.D. 980, and studied at Baghdad, writing many books, which became classical.—Rhazes and Avicenna were Empirics, whilst Avenzoar was a reformer in medicine and treated it on rational principles. Averroes flourished in Cordova in the twelfth century, and contributed much to the success of that great school. In what way the teaching was carried on in these schools it is difficult to learn, but I doubt much whether it was in any way different from the "walking of the hospitals" that was in vogue in this country fifty or sixty years ago, coupled with a study of the classical writings of Hippocrates and Galen.

Whilst these Spanish schools were flourishing there was gradually coming to the front the School of Salerno, which is said to have originated as early as the seventh century, before the introduction of Arabian medicine into Spain. Whatever may have been its origin, it became in the twelfth, thirteenth, and fourteenth centuries the chief seat of medical learning in Europe, combining the knowledge of the ancient Greeks and of the Arabians. Students flocked from all sides, and no one was considered to have a complete medical training unless he had studied there. Here it was that diplomas or licences were first granted after an approved course of study and examination. What was then expected of the student may not be without interest. As a preliminary, the pupils studied logic for three years—I wish that all students of medicine were taught logic now—then they pursued a five years' curriculum in medicine and surgery, based mainly on the works of Hippocrates and Galen, and after a rigid examination were entitled to practice. But they were not even then fully fledged until they had practised for a year under an older and more experienced physician. Nigel, the physician to William the Conqueror, was probably a pupil of this school.

In the twelfth century, the School of Montpellier in France first came into note, and in the thirteenth and fourteenth centuries it was the chief rival of Salerno. Many great physicians practised and studied there, coming from all parts of Europe. Attendance on lectures for five years was compulsory, and, after an examination, degrees in medicine were conferred. Subsequently other schools arose in Europe at the Universities of Bologna, Padua, Paris, Naples, Prague and Vienna. Demonstrations of Human Anatomy were first given in the 14th century at Bologna and contributed much to make that school famous. This example of Bologna was soon followed by Prague and Montpellier. First one, then another of these Universities enjoyed the reputation of being the leading school in Europe, until, at the beginning of the sixteenth century, Padua had the greatest reputation.

Now let us enquire what the method of teaching was in these Universities, during the period from the Tenth to the Fourteenth Centuries. The fact that dissection of the body was not practised from the time of the Alexandrian School and of Galen, in about the Second Century, until demonstrations of a crude kind were given in Bologna in 1315 A.D., tells us what must have been the prevailing method of teaching during that thousand years. All the Anatomy, and most of the medicine and therapeutics then taught, as Dr. Norman Moore told you in his introductory lecture in Medicine, was learnt from books, and the study of ancient writings. The works of Hippocrates, Dioscorides, Celsus, Galen, Rhazes, Avicenna, and others, were read by the students, and explained by the professors, just as the school boy is taught his classics now by reading Homer and Virgil. The teachings of the ancient writers were dogmatically imparted to the students with but little, if any, examination of patients and application of remedies to actual disease. Thus, crammed with theoretical knowledge, and full of high-sounding terms and phrases, the students after examination were let loose on the world to practise the medical art! All thought at this time was stifled, everything was the slave of authority, not only in medicine but also in religion and everyday life. Thus the state of medicine and the method of teaching were but a faithful reflection of the want of general learning, and of the slavery of science and art to the superstition of religious authority, invoking the aid of particular Saints for each disease; charms and star-craft held sway, and countless herbalists and other quacks flourished.

In the beginning of the sixteenth century one of the greatest events in history occurred—the Reformation. The people had begun to think for themselves, great minds arose that would not be slaves to unreasoning authority, and a general revival of learning took place, culminating in a revolt against the corruption of the Church. Shortly afterwards there commenced a reformation in medicine, and a throwing off of the authority of Galen and other ancient writers, and a throwing off

Time will not permit me to trace all the steps in this reformation of medicine. It is claimed for Paracelsus that he was the first great medical reformer, but opinions are divided concerning his merits and motives. It is certain that he added but little to medical knowledge, and introduced a method of his own. His chief merit is that he first tried to free medicine from a blind adhesion to authority. To some extent he is identified with the origin of chemistry. Alchemy, or the search for the means of converting the baser metals into gold, was undoubtedly the parent of Chemistry. Alchemy was probably practised from very ancient times, and was much in vogue throughout the Middle Ages. The practice of alchemy often led accidentally to the discovery of chemical substances of use in medicine, long before chemistry as a science existed. By the time of Paracelsus, Alchemy had fallen into disrepute, and he endeavoured to revive it by teaching that chemical experiments should be made rather for the discovery and manufacture of remedies than for a fruitless search after gold. He introduced many mineral substances, such as sulphur, iron, mercury, arsenic, &c., into medical practice in place of the vegetable drugs and decoctions of Dios-

corides. After him arose the School of the "iatro-chemists," who, with the followers of the Hippocratic methods, and the humoral school of Galen, divided medicine between them, and flourished until the time when Boyle, in the middle of the Seventeenth Century, laid the foundations of modern scientific Chemistry.

At about the time of Paracelsus, medicine in England assumed a position which it had not previously occupied. In 1518 the Royal College of Physicians of London was founded by Clarendon by Henry VIII., chiefly on the recommendation of Thomas Linacre, one of his physicians. Linacre, after having studied medicine in Oxford, proceeded to Bologna, and afterwards to Padua, then the most famous medical school on the continent.

In 1544 and 1547 the Hospital of St. Bartholomew, which had been deprived of its revenues in 1537 at the dissolution of the monasteries, was refounded by Royal Charter, and Thomas Vicary, who wrote the first English work on Anatomy, and who was the greatest surgeon of his time, took an active part in the organisation of the Hospital. The teaching which Linacre introduced into England was much that in vogue in the Continental schools, though he tried to inculcate the methods of Hippocrates and Galen rather than their actual teaching. Meauwille the work of such anatomists as Vesalius, Fallopius, and Eustachius had laid the foundations of practical teaching in anatomy.

But the great age of the reform of medicine, at any rate in England, was the age of Sydenham, and I must now tell you of the surroundings and circumstances which mark this time as the beginning of modern medicine in England, and which stamp Sydenham as the "father of English medicine."

Sydenham was the first great representative of practical medicine as we now understand it. He was an empiric. His was the influence by which the two Schools of medicine at the beginning of the Seventeenth Century were eventually superseded by modern methods of teaching, viz., the observation of patients and study of disease itself, rather than the study of authority. When Sydenham began to practise, medicine was divided between the two rival schools of the iatro-chemists and the followers of Hippocrates and Galen. The Germans followed Paracelsus, and were the chief of the iatro-chemical school; the School of Paris was essentially Hippocratic, that of Montpellier, Hippocratic modified by the teachings of Galen and the Arabians. The Hippocratic School adhered to authority and tradition; the iatro-chemical threw over precedent and relied upon observation. These two schools, however, were not sharply marked from each other, for just before Sydenham there was springing up a middle sect of *eclectics*, who selected from both schools the opinions and teachings which they thought most probable. These, during Sydenham's life-time, developed into the *iatro-mechanical* school, which eventually superseded the iatro-chemical. The iatro-mechanics regarded the human body as a mere machine, and doubtless owe their origin to the influence of the discoveries of Newton and the philosophy of Descartes upon the thought of the age. The immortal discovery of the circulation of the blood by Harvey, and his great work, his book, "*De Motu Cordis*" in 1628, owed its origin partly to a revolt from authority, but also largely to the stimulating effect upon thought and experiment of the philosophy of Bacon, whose great work, "*Novum Organon*," appeared in 1620, and introduced the inductive methods of observation, analysis and hypothesis, with experimental verification, comparison, and proof. It is difficult to estimate how great was the effect of the philosophy of Bacon and Descartes, not only in stimulating experiment in physical science, but also in laying the foundations of scientific medicine.

Sydenham in his medical philosophy was eclectic, but he had no sympathy with iatro-mechanics. He looked beyond the limits of the two schools of medical teaching for something which either of them possessed, instead of, like other eclectics, thinking that a combination of parts of both could supply the true method of medicine. The first great principle of his practice was *observation*, the second was the great sheet-anchor of the empiric, viz.,—that remedies which act well in one instance of a disease will act beneficially in an identical or similar case. His third great principle was to ascertain how far a second case is similar to a previous one, and if different, in what way it differs and how the differences appear in the light of previous experience. This is the art of diagnosis, and requires keen powers of observation, analysis, and comparison. These Sydenham possessed to a remarkable degree, and were the secret of his success as a practical physician.

It will throw much light on the causes of the advance which Sydenham inaugurated if we now consider who his contemporaries were and what were the surrounding conditions at that time. Sydenham lived from 1624 to 1689. Bacon's "*Novum Organon*" appeared in 1620; Descartes lived from 1596 to 1650; Pascal from 1623 to 1662; Spinoza from 1632 to 1677; Newton from 1642 to 1727; Boyle from 1626 to 1690; Harvey from 1578 to 1659; Malpighi from 1628 to 1694; Locke from 1632 to 1704; Wallis from 1621 to 1675; Hughton from 1613 to 1682; Glisson died in 1677; Wharton died in 1673. What an array

of distinguished men! Every one of them has left his mark on philosophy or on physics, or on anatomy, physiology or medicine. Newton in 1668 invented the reflecting telescope, and in 1686 his famous "*Principia*" was published. Sydenham's first book on Fevers appeared in 1666, Harvey's "*De Motu Cordis*" in 1628, and his "*De Generatione*" in 1651. Glisson's work on the Liver was published in 1654, and his name is perpetuated in "*Glisson's duct*." The microscope was invented in 1621, and Malpighi in 1661 saw the blood coursing through the capillaries of the lung of the frog, and thus supplied the only missing link of the epidemias as to the structure of the kidney and spleen, and his name is still attached to the parts he so accurately observed. Wharton was a famous anatomist, who described the glands of the body, and whose name is attached to "*Wharton's duct*." In 1684, Viennensis published a great book on the Brain, Spinal Cord, and Nerves, and his name is handed down in the "*Valve of Viennensis*" and the "*Annulus of Viennensis*." About the same time the lymphatics, the lacteals, the *rescapulaum chyli*, and thoracic duct and its termination in the sub-nomine to the "*Circle of Willis*." He also was a great reformer in Materia Medica and made some endeavours to employ remedies rationally. About 1645, scientists, philosophers, and physicians began to hold meetings in London, and afterwards founded the "*Philosophical Society of Oxford*." Then came the Civil War of Charles I., and this, in itself a revolt from established authority and prejudice, had a healthy effect in stimulating thought. This, then, was the age of the breaking away from old doctrines, and everything in the scientific world was subjected to the tests of observation, analysis, and experiment. The whole country was roused into activity, and philosophy and science took advantage of it. In 1660 the Royal Society was founded and a charter granted to it by Charles II. in 1662. The "*Philosophical Transactions*" began to be published in 1664.

From this time forward the history of the evolution of medicine is a record of progress—at first rapid, then slow for a time, afterwards more rapid again. During the next 150 years, that is down to about fifty years ago, it is a history of the gradual building up of science and art upon the solid foundations laid by Sydenham, Harvey, and their contemporaries. During this time many famous physicians, surgeons, anatomists, and physiologists lived, and each added something to the progress of medical knowledge. Amongst the anatomists and physiologists were Valsalva, Santorini, Morgagni, Peyer, Brunner, Puccinotti, Meckel, Scarpa, and especially Sir Charles Bell, all of which names are familiar to everyone who has studied human anatomy. The chief physicians of the period were Drs. William and David Pitcairn, Heberden, Edward Jenner, Radeffius, Lemme, Cheyne, and others. This was also the period in which surgery made enormous advances, for there lived and worked such men as Chiselden, the famous lithotomist, Percival Pott, John Hunter, Abernethy, and Astley Cooper. The great strides which surgery made at this time were due largely to the more accurate and careful study of anatomy. Chemical and physical science also began to be more thorough and practical. Priestly discovered oxygen in 1772, Dalton propounded the atomic theory and the law of multiple proportions, Gay Lussac discovered the composition of water, and other chemists, such as Sir Humphrey Davy, Berzelius, Lavoisier, and Cavendish, contributed much to establishing the main principles of the science as we now know it. Galvani and Franklin lived in this period and laid the foundations of electrical science.

In general terms, it may be said that during the eighteenth century the sciences of Zoology, Botany, Physics, and Chemistry, branched off, as it were, from the parent stem, and began to take up distinct positions of their own. They owe their origin to medicine, but as soon as they had become established as distinct sciences, they reacted with enormous influence on the more recent stages in the evolution of medicine itself, the effect of which we are at the present time experiencing in our medical thought and teaching.

We have now reached the age in which have taken place the greatest advances in medicine that the world has ever seen, viz., the period in which we now live and work. It is only necessary to mention a few of these advances to show you how great has been the extent of the progress made. Sixty years ago there were no anaesthetics, and anti-septic surgery is of still more modern growth. The germ theory of disease and the whole science of bacteriology, and nearly the whole of pathology are of quite recent origin. Sixty years ago, when Sir James Paget, as a first year's man, discovered *Vibrio Spiralis* in the dissecting room of this School, it was difficult to obtain the use of a microscope. What a contrast now, when every first year's man has a microscope of his own! The advances made in histology, morbid anatomy, and other biological sciences, by the aid of this instrument are incalculable. The whole of entomology is new. Physiological knowledge has advanced enormously as the result of experimental research. Our knowledge of the physiological action of drugs has enormously improved during the last twenty five years. Nor must we

forgot how Darwin's teachings have revolutionised zoology, comparative anatomy, and botany, and are now modifying our views as to the causation of disease.

What has been the cause of this enormous progress in medicine during the past sixty years? The present position of medicine has been the result of the steady and onward march of human progress which has characterised the nineteenth century. The changes which have taken place in this comparatively short period—particularly the spread of general education and the technical applications of science—have not been equalled in any previous period of the evolution of the world. Scarcely a year of that time has passed by without leaving its mark on the forward march of civilisation. Conspicuous for a moment the far-reaching results of the application of the powers of steam in our railways, manufactures, and oceanic navigation. Think of such engineering feats as the Severn Tunnel, the Manchester Ship Canal, and the Forth Bridge. Reflect on the results which must have followed the electric telegraph and the submarine cables, the telephone, and the countless other applications of physical science which we now take so much as a matter of course! Look, too, at the effect of all this on the diffusion and spread of knowledge! What must have been the effect of such popularisation of science as is expressed by the work of the British Association, the system of science and art classes for artisans all over the country in Mechanics' Institutes and Technical Schools, the establishment of School Boards, and the foundation of the University of London!

What, you may ask, has all this to do with advancement of medicine and medical teaching? It has much to do with it, for this general progress has acted on medicine in two ways—*first*, we have the *direct* effect of scientific advance and discovery in biology, chemistry, and physics, which have led to the introduction of scientific methods into medical study and research, and tend to bring it into line with other branches of technical science; and *secondly*, there is the *indirect* action of *public opinion*. The diffusion of knowledge amongst the masses of the people which became possible by the increased facilities for intercourse and exchange of ideas afforded by the telegraph, railways, and steam-ships, has been one of the most important factors in the formation of public opinion, and it in its turn has had an enormous influence on medical progress.

But time presses, and I fear I weary you with these commonplace topics, which have been so often told before.

Now let me say a few words on medical education. In ancient times, the physician was supposed to be born a doctor, and to have inherited his powers from his ancestors by transmission.

Our information as to the method of medical education in the ancient school of Alexandria, and in the Arabian schools, is only scanty, but there would appear to have been some sort of hospital and practical work.

In the dark ages, medical teaching consisted, as I have already said, in a study and explanation of ancient authors, with but little study of actual disease.

In the seventeenth century, a new method of teaching was introduced into England by Sydenham, as Dr. Norman Moore told you in his introductory lecture on medicine. This was the method of the study of disease in actual patients. It was at first carried out by the "apprenticeship system," which meant that the student was for a period an apprentice to some practitioner, and followed this up by "walking the hospitals," where he picked up empirically, and by watching the work of the physicians and surgeons, odd scraps of medical theory and practice, without any particular guiding principles.

Then, about one hundred years ago, the "lecture system" was introduced into the large London hospitals, and from this arose gradually the medical schools of the metropolis. Under the lecture system the students during their period of walking the hospital were required to attend compulsorily certain courses of lectures on Medicine, Surgery, Anatomy, and other subjects.

From the lecture system has grown up the method of education now adopted, which I will call the "method of practical laboratory and clinical teaching." This method is now fairly established in the best equipped schools, and is the method on which we proceed here. With it, we combine a modification of the lecture system. The lectures are more practical than they were, and run *pari passu* with laboratory work, and so serve as introductory to the practical teaching. The student's work now may be divided into three stages, *first*, the study by lectures and laboratory work, of the elements of the sciences of biology, chemistry, and physics; *secondly*, the study by lectures, dissecting and laboratory teaching of anatomy, physiology, and pharmacology; and *thirdly*, the study of pathology, and the application of it in medicine, midwifery, and surgery, as taught by lectures, practically illustrated in the P. M. room, the pathological laboratory, the wards and O. P. rooms.

Although only fourteen years have elapsed since I entered here as a first year's man, yet the extension of this system of practical teaching has been so great that I envy the student of to-day, for there is now no

excuse if he does not obtain a thorough scientific knowledge of medicine, and at the same time learn the practical applications of the art.

And now, gentlemen, let me in conclusion give a word of warning. It is now fully recognised that evolution does not always result in progress, and the production of the more highly organised from the less complex; but there is also the principle of degeneration—evolution, as it were, in backward direction. Degeneration has played a part in the production of many of the existing forms of life, and the most important causes of this degeneration are the sessile and parasitic mode of life. When a species begins to be parasitic on another—*i.e.*, to acquire the habits of indolence, it is placed in a new environment, which speedily leads to degeneration. Let me warn you to beware that degeneration does not take place in yourselves.

It has often been said by the older physicians, in criticism of our modern methods of education, that we are teaching the students too much, and giving them no time to properly assimilate and apply their knowledge. To some extent this is true—or, rather, there is danger that it may become true. All those who are engaged in medical teaching should beware lest their teaching becomes too much of the nature of cram, too much the mere teaching of facts, and too little the real education of their pupils. Teachers should teach their students how to observe, to think, and to reason for themselves—teach them, in fact, how to learn. So long as this is done there is no danger of the student's degenerating. But if the teachers forget this and merely teach without educating, and if the students obtain the idea that all they have to do is to remember what their teachers tell them, and suppose that this will do, instead of exercising their own observing and thinking powers, then, believe me, there is danger ahead—danger that intellectual degeneration may set in amongst you, and when this begins we shall be face to face with the first signs of the decay of medical science.

Amalgamated Clubs.



WE are now in a position, to officially state that the Medical School Authorities have entered into a contract for the purchase of ten acres of land at Winchmore Hill, on the Great Northern Railway (Enfield branch), to form a recreation ground for the members of the Amalgamated Clubs. The piece of land purchased forms part of the Highfield House Estate of about forty acres, and the plot which in future will be the headquarters of our Football, Cricket, and Lawn Tennis Clubs, lies close to the Green Lanes, and within four minutes' walk of Winchmore Hill Station. The rail service is a very good one, trains running on the average every twenty minutes from Farringdon Street Station, and the time distance from station to station is thirty minutes. Arrangements are now being made by a special committee of the Medical School for the levelling and preparation of the ground, for fencing, and for the erection of a pavilion. It is proposed to provide two football fields, one for Rugby and the other for Association matches, to prepare a first-rate cricket-pitch in the middle of the ground, and to lay out about six or eight tennis-courts. Special arrangements are also being made by which members may obtain return tickets at reduced fares. When all the arrangements have been made the ground will be rented by the Amalgamated Clubs, at a rental of four per cent. on the capital outlay. There is, of course, some uncertainty as to when the ground will be ready for use, but the arrangements are to be carried out as expeditiously as possible, and the Committee of the School have already invited the representatives of the Clubs to draw up a statement of the requirements of the new pavilion. We shall from time to time make announcements

of the progress of the work, and heartily congratulate our members on the acquisition by them in the very near future of a suitable permanent home.

At the last meeting of the Finance Committee of the Clubs, the subject under discussion was the question of the requirements as to space and accommodation in the new pavilion. The whole question was thoroughly gone into, and a report to be submitted to the Special Committee of the School was drawn up, as a definite statement of what the Clubs would like to have. Amongst other matters it was recommended that the building should be mainly of brick, and should have a verandah and balcony. It is, of course, too early to say to what extent our ideal can become a fact, as the whole question of cost has yet to be gone into.

RUGBY FOOTBALL CLUB.

BART'S v. WICKHAM PARK.

On the 13th of January the following represented Bart's, *v.* Wickham Park, at Lee:—Bond, back; Burrows, Calverley (captain), Nunn, threequarter-backs; Marrack and Gwynne, half-backs; Andrew, Stephens, Martin, Cruddas, Bennett, Richards, Wells, Dunn, and Codrington, forwards.

At the start it looked as if we were going to win; the forwards, rushing away, kept the ball well in the Wickham twenty-five; the threequarters had several chances of getting in, but were too slow in passing. On the point of half-time Wickham scored a try through Cockle, which they converted into a goal. After half-time the forwards, although they had the advantage of downhill, did not seem to shine as much as they did in the first half; the back and three-quarter-backs were engaged in defensive tactics; the half-backs were not in good form,—at times they seemed to think that they were forwards, and for the greater part of the time forgot to tell their forwards where the ball was. The only good piece of play was that from which we obtained a try; Nunn caught the ball from a kick, and passed to Marrack, Marrack passing to Wells, who got in. Bond took the kick, but failed to convert. Calverley played a good defensive game, Andrew and Martin a good forward game.

Result—Wickham Park, 1 goal (5 points); Bart's, 1 try (3 points).

BART'S v. EAST SHEEN.

On the 17th of January the same team, with the exception of Burrows, Gwynne, Dunn, and Codrington, who were replaced by Cautley, Maturin, Rigby, and Fleming, represented Bart's, *v.* East Sheen, at Richmond; the addition of Maturin and Rigby strengthened the team considerably. The play throughout was good, and we had hard luck in not winning. Our forwards worked splendidly. Here, again, owing to our slow passing, we failed to take advantage of any chances which we had of scoring. Just before "no side" the ball was kicked into our goal, and in a

general scramble Snowden touched the ball down for East Sheen, who consequently won by a try, which they failed to convert.

Bond, Maturin, Rigby, and Andrew, were conspicuous for good play.

Result—East Sheen, 1 try (3 points); Bart's, 0.

BART'S v. LENNOX.

On the 20th of January the following team represented Bart's, *v.* Lennox, at Dulwich:—Bond, back; Cautley, Calverley (captain), Nunn, threequarter-backs; Marrack and Gwynne, half-backs; Andrew, Stephens, Martin, Cruddas, Bennett, Richards, Wells, Fleming, and Dunn (forwards). The less said about this match the better; the ground, it is true, was not in the best condition possible, but this does not account for the forwards and half-backs being so off colour. The threequarters and backs were engaged in defence the whole time.

Result—Lennox, 2 goals, 1 try (13 points); Bart's, 0.

CUP TIE—v. ST. THOMAS'S.

On the 25th of January we met St. Thomas's, in the first round of the Cup Tie, at Richmond.

Winning the toss, we played against the wind, facing the pavilion, on the upper ground. The game started with a series of scrums on our line; during one of these Ashford managed to scramble over and score a try; taking the kick, he converted it into a goal. Soon after this, Marrack being off-side, Thomas's got a free kick, which Ashford improved upon. Rotherham next scored a try, but Ashford failed to improve. Another free kick was given to Thomas's, but this not reaching our goal, was caught by Bennett, who ran and gained a good deal of ground before he was held. Scrums followed; Thomas's pressed hard; Montague and Bingham scored tries in quick succession, but Ashford again failed to improve upon either of them. Half-time was then called.

After half-time Andrew kicked off. Thomas's touched down and returned. Play then took place in their twenty-five. At this point we looked like scoring, but Thomas's gradually worked the ball back to the centre, where even play followed for some time, till Thorman, gaining possession of the ball, ran in; Ashford took the kick, and secured a goal. Kicking off, we pressed again, but Thomas's, getting the ball in the loose, took it up again into our territory; Montague passed to Thorman, who again ran in, and Ashford landed a splendid goal. Soon after this "no side" was called.

Result—Thomas's, 4 goals (1 penalty), 3 tries (27 points); Bart's, 0.

Our forwards in the first half were completely out-classed by the Thomas's men, although Rigby tried to rally them. In the second half they seemed to wake up and play with vigour; Andrew was probably the best of the forwards. Our threequarters seemed utterly unable to cope with their opponents, consequently the brunt of the work fell on Bond,

who tackled and picked up well; his kicking seemed slow at times, though the wind and the rain may have had something to do with this.

Maturin played a sterling game; his collaring was remarkably good throughout.

Team 1—H. Bond, back; H. V. Gwynne, J. E. G. Calverley (captain), J. W. Nunn, threequarter backs; H. F. Maturin, G. C. Marrack, half-backs; P. O. Andrew, J. W. W. Stephens, J. C. A. Rigby, T. Martin, H. M. Cruddas, J. K. S. Fleming, W. F. Bennett, J. C. S. Dunn, F. G. Richards, forwards.

The Thomas's forwards played an excellent game, screwing ours continually in the first half; in the second half, and especially during the earlier part of it, the play was much more even. Their kicks were followed up in first-class style, giving our backs little chance of returning.

Rotherham was excellent at "half," while Thorman played a splendid threequarter game; Ashford's kicking deserves mention, especially when one considers the weather in which the match was played.

ASSOCIATION FOOTBALL CLUB.

FIRST ELEVEN MATCHES.

January 17th, *v.* Casuals.—Played at Hornsey on a very heavy ground. During the first half the Hospital team played very well together, and scored three goals in quick succession. In the second half the Casuals played up, and scored four goals, thus winning a fast game by four goals to three.

January 20th, *v.* Reigate Priory, at Reigate.—This annual fixture attracted a large crowd, when the Hospital team, after a hard game, gained a victory by three goals to one.

January 24th, *v.* Surbiton Hill.—This match was played at Surbiton, when the home team were outplayed, the Hospital team scoring five goals in rapid succession. The game resulted in a victory for Bart.'s by five goals to one.

January 27th, *v.* Marlow, at Marlow.—Both teams were fully represented, and a fast and exciting game, much interfered with by a strong wind, ended in a draw of two goals each.

SECOND ELEVEN MATCHES.

January 20th, *v.* Civil Service, at Norbury.—Won by five to two.

January 27th, *v.* Barnes Incogniti, at Barnes.—Won by seven to two.

CUP TIES.

The Inter-Hospital Cup Ties were drawn as under:—

FIRST ROUND.

a. Charing Cross *v.* Middlesex. *b.* Guy's *v.* St. Mary's. Byes: University, St. Thomas's, London, St. George's, King's, St. Bartholomew's.

To be played on or before February 1st.

SECOND ROUND.

c. St. Thomas's *v.* University. *d.* Winner of *b.* *v.* St.

Bartholomew's. *e.* St. George's *v.* Winner of *a.* *f.* King's *v.* London.

To be played on or before February 15th.

THIRD ROUND.

g. Winner of *d.* *v.* Winner of *c.* *h.* Winner of *e.* *v.* Winner of *f.*

To be played on or before March 1st.

FINAL ROUND.

Winner of *g.* *v.* Winner of *h.*

The first-named have choice of ground.

The Semi Final and Final Rounds to be played on the Essex County Ground, Leyton.

Guy's played St. Mary's on Thursday, February 1st. A very fast and exciting game ended in a win to St. Mary's by one goal to none, the goal being scored during the last fifteen minutes of the game.

Thus we shall meet St. Mary's in the second round. Judging from past experience, our ultimate victory over St. Mary's in the Final having been preceded in 1892 by two draws, and in 1893 by one draw, this match is likely to be an extremely good one; doubtless there will be no falling off in the attendance or the enthusiasm of the spectators.

The Association record for this season is up to the present as follows:—

FIRST ELEVEN MATCHES.

Played, 20; won, 10; drawn, 3; lost, 7. Goals—42 for and 30 against.


SECOND ELEVEN MATCHES.

Played, 13; won, 8; lost, 4; drawn, 1. Goals—38 for and 23 against.

BOXING CLUB.

We understand that a meeting of the United Hospitals has been held to arrange the preliminaries for a Boxing Entertainment to be held later in the season. We will give fuller particulars in our next issue.

The Abernethian Society.

 ON January 11th, Mr. A. A. Bowlby, F.R.C.S., delivered the mid-sessional address on "Recreation," before a large assembly, amongst whom were the matron and the nursing staff. A verbatim report of the address has already appeared in the JOURNAL.

ON January 18th, Dr. Shore read a paper before the society on "The Evolution of Medicine and Medical Teaching." The paper, which was much appreciated by all present, is printed in full in another column.

ON January 25th, Mr. Shuter showed a boy with cholesterol crystals in the vitreous, resulting from an old injury to the eye.

Mr. W. McAdam Eccles then read his paper on "Acute Intussusception." After defining the condition as one of prolapse of one part of the bowel into another with subsequent symptoms of acute intestinal obstruction, he dealt with its causation. The essential cause was, undoubtedly, irregular contraction of the muscular wall of the intestine, chiefly of the circular coat, and in evidence of this he quoted the results of Nothnagel's most interesting experiments. Stress was laid on the fact that the intussusciptions were rather drawn over the intussusceptum than that the latter was forced into the former. Exciting causes would probably be found in enteritis, polypi, ascariides, and ejected food, &c. The reasons for the frequency of the ileo-cæcal invagination were stated. Passing to signs and symptoms, Mr. Eccles said that the onset was usually sudden, and that pain was one of the earliest symptoms and was of the nature of colic. Vomiting was common, but might not occur till late if the obstruction was only partial. The vomited matters were rarely feculent. Constipation, evidenced by the obstruction being complete, was the exception, and diarrhoea with the passage of the almost pathognomonic blood-stained mucus the rule. Tenesmus and collapse were frequently marked symptoms. The presence of a tumour, observable in at least half the cases of intussusception, was most suggestive. It should be felt for in the interval of the attacks of pain, and preferably with the patient under chloroform. The most usual seat of the swelling was somewhere about the transverse or descending colon, and not in the cæcal region, except quite early. The prognosis in these cases is at present very grave.

The treatment, Mr. Eccles remarked, fell practically under three headings: (1) Merely giving opium and leaving the patient to a bare chance of spontaneous cure; (2) employment of injections of liquid or gas—more usually the former. That this method may be successful the case should be an early one, and it is best that the injection be given whilst the patient is under an anæsthetic; (3) performing laparotomy, which should always be done without delay if the symptoms continue after a thorough trial of reduction by injection. No pains should be spared to protect the young subject from a chill during manipulative procedures.

Mr. Eccles advocated an incision large enough to allow the intussusception being brought out of the wound if possible. If reduction be effected, he strongly advised the subsequent administration of opium by mouth. In cases where reduction was impossible, he thought the best plan was merely to establish an artificial anus if the child was at all collapsed.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette*; *The Student*, Edin.; "Doxall's Antiseptics" (H. K. Lewis); Correspondence, R. C. J. S.; Papers, F. W. G.; "On Diet in Schools," Henry Power, F.R.C.S.

St. Bartholomew's Hospital Smoking Concert Club.



HAT an undertaking which depends to a great extent on the efforts of a few individuals should continue always up to the same standard of excellence, reflects no small credit on the organisers.

But that a definite improvement should take place at each successive concert of the club seems to be their *sine qua non*, and the last one, held at the St. James' Restaurant on January 20th, was no exception to that rule.

Mr. P. Furnivall was in the chair, being supported by the secretaries, Messrs. D. L. E. Bolton and P. W. G. Shelley. Mr. St. Cyr was the first to appear on the platform, and played very cleverly a pianoforte solo, "Polish Dance." He was succeeded by Mr. N. B. Baker, who was in most excellent voice, and gave "Quaff with me the Purple Wine," and that delightful old favourite, "Friar of Orders Grey." Then Mr. Gale sang to his own accompaniment "The St. R. H. Ball" and "The Great Take Ine." Mr. A. G. Haydon followed with a violin solo, "Reverie," and his legato style was much admired. As an encore he played "The Serpentine Dance Music," which most of the audience seemed fully competent to follow. The pleasing voice and clear enunciation of Mr. Miller in "The King's Own," was duly appreciated, the audience joining heartily in the chorus. Then came Mr. R. Birdseye with "I'll say no more," etc. It was very funny, and sang remarkably well, his clever by-play being quite the feature of his performance; his rollicking encore, "Down the Waterchute," was very fine. Mr. Attfield gave a banjo solo, which was encored. Mr. Pimbury, whose name appeared on the programme, was unfortunately unable to come, but an excellent substitute was found in Mr. Gale, who gave "O what an Alteration" and "Sailor Boy," and the hits in the first of these pieces were thoroughly enjoyed. The first part of the performance closed with a selection of popular tunes arranged for the piano, by Mr. St. Cyr. After the interval, Mr. Miller sang "The Beacon," and Mr. Attfield, who followed him, abandoned the banjo in favour of the ucrina, in playing which he excels. Mr. Gale then gave "In the Glorious Days to Come," which was both original and clever, and also "I was One of Them," and "In the Days when I was a Girl." Quite the feature of the evening was Surgeon-Major Brander's rendering of Raff's "Cavatina" on the violin. His finished execution elicited an encore. Mr. Birdseye kindly took the place of an intending performer who was absent through illness, and then with Mr. Gale he sang "The Missing Word," which seems to be very popular. Mr. Lawrence sang "Eighteenpence" to his own accompaniment on the banjo, and Messrs. Haydon and Attfield also reappeared. All present joined in "Auld Lang Syne," and "God Save the Queen" terminated a very pleasant evening.

This concert was fully attended, indeed, it must be a

source of pre-occupation to the secretaries as to how long the French Room will be sufficient to hold the members and guests if the numbers go on increasing at the present rate.

Among those present were: Drs. Calvert, Cautley, and Herringham, and Messrs. Walsham, Waring, Berry, Gill, Roughton, and Bailey.

The next concert, the last one of the present season, will take place on February 17th. We learn on good authority that only a limited number of tickets will be issued; so those who may require them had better make an early application to the secretaries.

A. G.

The St. Bartholomew's Amateur Dramatic Club.

President:

Mr. W. H. Cross.

Vice President:

Mr. Stephen Townesend.

Committee:

Mr. C. W. Emlin, *Stage Manager*, Mr. J. Boyan, *Assistant Stage Manager*, Mr. F. W. Clowes, *Acting Manager*, Mr. B. W. Holmes, Mr. S. P. Cornish, and Mr. A. W. C. Lindsay.

The Club provides the dramatic portion of the Christmas entertainment at the Hospital.

It gives an "outside" performance annually in aid of a charity, at St. George's Hall, and also an entertainment at Swanley Convalescent Home, as well as short entertainments for the nurses. These, which are numerous, are given on Saturday evenings in the inquest room, and they consist of dramatic representations, recitations, and vocal and instrumental music.

The entrance fee is 5s. The annual subscription is 5s., payable to the acting manager either at the annual general meeting or on election as member.

The committee are elected annually by ballot, at the general meeting, which is held at the President's house in October.

The St. Bartholomew's Hospital Amateur Dramatic Club was formally inaugurated in the year 1884, though the first dramatic performance took place on January 3rd, 1883, at the Hospital Christmas Entertainment. Since that date the Club has had the major portion of this entertainment on its shoulders, and year by year we are glad to say the Club has grown in popularity.

This is due partly to the kind offices of its President, Mr. W. H. Cross, partly to the cordial feelings which have always existed between the members, and partly to the excellent example of thoroughness and attention to details which was set by the early stage managers.

The Amateur Dramatic Club has risen, simply by hard work, to a prominent position among the recognised hospital institutions, and where we hope it will be maintained by the present and future members.

To give a complete account of its work for the twelve

years of its existence would require more space than we have at our disposal, but a list of the plays presented at the annual Christmas entertainments may not be without interest:—

- 1883. "Little Toddlekins." "A Regular Fix."
- 1884. "He's a Lumatic." "The Critic."
- 1885. "The Secret Agent."
- 1886. "A Regular Fix." "The Post of Honour."
- 1887. "The Turned Head." "Comfortable Lodgings."
- 1888. "A Suit of Tweeds." "David Garrick."
- 1889. "The Heir at Law."
- 1890. "The Merchant of Venice." "The Critic."
- 1891. "Chiselling." "Vice Versâ"
- 1892. "The Duchess of Bayswater & Co." "Tom Cobb."
- 1893. "The Tinted Venus." "Engaged."
- 1894. "Freezing a Mother-in-Law." "Not Such a Fool as He Looks."

In addition to the above the Club has given two performances in St. George's Hall, one in 1891, when "On Guard," by W. S. Gilbert, was produced, the proceeds (over £50) being given to the Rebuilding Fund of the Royal Free Hospital, and the second in 1893, when "The Two Roses," by James Albery, was played for the benefit of the Samaritan Fund of our own Hospital, to the trustees of which was handed between £70 and £80.

A performance set on foot in 1892 fell through owing to some misunderstanding with the authorities of the North London Hospital, for which it was to be given.

The Christmas entertainment of 1891 was taken by request to Brentwood Asylum, and that of 1892 was repeated at Swanley, and as a similar invitation has been received this year, an annual performance at our Convalescent Home bids fair to become an annual fixture.

The Inquest Room Entertainments have been very numerous, and at them many farces, recitations, and original sketches have been produced.

A short time since one of the very few who were opposed to the Club, expressed his opinion that the members of the Amateur Dramatic Club were only saved from the mischief that Satan finds for idle hands to do by rehearsing for the Christmas Entertainment.

We are happily in a position to refute this charge, for we have gone carefully through the careers of past members, and find that many of them now hold high positions both at our own and other hospitals, that gold medals, scholarships, and honours have by no means infrequently been gained by our members, and that 95 % of the past members have qualified.

How much the efforts of the Club are appreciated by staff, nurses, patients, and guests, is amply shown by the crowded and enthusiastic attendance in our fine old hall at Christmas, and the kind way in which the Hospital authorities support the Club in their efforts outside the Hospital.

In conclusion, we would like to remind our readers that

the Club will extend a cordial welcome to all, of whatever year, who may like to join, and although parts in the larger entertainments cannot be given to everyone, yet the scope of the Club's work enables all the members to take some active part in the entertainments given throughout the year

S. E. N.

Testimonial to Dr. Andrew.

A meeting of the subscribers to the testimonial to Dr. Andrew was held in the Great Hall of the Hospital at 3 o'clock, on January 29th, 1894. Sir Trevor Lawrence, Bart., Treasurer of the Hospital, presided, and amongst those present were Dr. Church, Mr. Smith, Mr. Cross, Dr. Shore, and the secretaries, Dr. West and Dr. F. W. Andrewes. Dr. Church, as treasurer to the fund, made a financial statement, which showed that a little over £300 had been subscribed. It was ultimately decided that the testimonial should take the form of a portrait, to be presented to the Hospital, and an executive committee, consisting of Dr. Church, Mr. Thomas Smith, Dr. Alder Smith, with Dr. West and Dr. Andrewes, was appointed to make the necessary arrangements for carrying this into effect. With a vote of thanks to Sir Trevor Lawrence, the proceedings terminated.

Notes.

We beg to offer an apology to those subscribers who had to pay excess postage on the last Number of the JOURNAL. We had made arrangements that the Number should be under two ounces in weight, which was the case with most of the copies, but we were sorry to find that some were overweight, due to the printers using a different class of paper than that accepted. We have taken steps to prevent a like occurrence in the future.

We understand that a movement is on foot amongst the members of the Musical Society to become a constituent institution of the Amalgamated Clubs.

At a general meeting of the Smoking Concert Club, held on January 30th, it was unanimously resolved to approach the Amalgamated Clubs with a view to entering into the amalgamation, provided that a satisfactory agreement can be arrived at.

DR. LAUDER BRUNTON, F.R.S., will be the next Harveian Orator of the Royal College of Physicians.

DR. THORNE THORNE, C.B., F.R.S., and Dr. LAUDER BRUNTON, F.R.S., have been elected to the Council of the Royal College of Physicians.

The vacancy among the Crown nominees to the Senate of the University of London, created by the election of Lord Herschell as Chancellor, has been filled by the appointment of Sir W. S. Savory, Bart., as a Fellow of the University.

DR. A. A. KANTHACK has been appointed one of the Executive Committee of the Association for the Advancement of Medicine by Research.

THE GENERAL COUNCIL of the Royal British Nurses' Association has conferred the Princess Helena Gold Medal of Merit for Nurses upon Mrs. Bedford Fenwick, late Matron of St. Bartholomew's Hospital, in recognition of her services to the Corporation in the advancement of nursing in this country, and of the success with which she filled the position of President of the British Nursing Section at the World's Exhibition at Chicago.

MR. W. KENT HUGHES has been appointed Medical Tutor to Trinity College, Melbourne. Since his arrival in Melbourne he has been Assistant Demonstrator of Anatomy to the Medical School there.

We are glad to hear that B. C. Green is looking extremely well after his voyage out to Australia. He is on his way to Sydney; we hope his present good health will continue.

MR. T. H. FOULKES, I.M.S.C., has been moved from the Madras Presidency to Burma.

DR. J. W. PICKERING, late Assistant Demonstrator of Biology, has been elected to the George Henry Lewis Studentship in Physiology, vacated at Christmas by Dr. J. S. Edkiss.

DR. W. J. COLLINS has been placed on the roll of the Justices of the Peace for the County of London.

DR. EDINGTON, Pathologist to the Government of the Cape of Good Hope, has been appointed Chief Officer of Health for the Colony, and has a seat on the Leprosy Commission just appointed by the Cape Government.

MR. F. C. WALLIS, F.R.C.S., M.B. (Cantab), late Assistant Demonstrator of Anatomy, has been appointed Surgeon to the Orthopaedic Department at Charing Cross Hospital.

DR. W. H. R. RIVERS, whose appointment as Lecturer on Psycho-Physiology at Cambridge we announced in November, will lecture during the Lent term on the Physiology of Sensation in relation to Psychology.

MR. EDWARD B. ORMEROD, M.R.C.S., L.S.A., has been appointed Surgeon to the employes of the Appantoo Gold Mining Company, Gold Coast, Africa.

Not the Head.

"Not the head!" 'Tis on a label
In that grim post-mortem room,
Tied around her slender ankle
To explain her early doom.

"Not the head!" And as I read it
Tears unbidden gently fall;
Sternly dashed away the moment
That they my attention call.

"Not the head!" And here my fancy
Sees the mother's tender care,
Thinks how much she must have loved her
Loved that face so young and fair.

"Not the head!" The operator
Sacred holds the mother's prayer;
Earth should move its biggest mountains
E're he touched a single hair!

"Not the head!" And now 'tis over,
In her shroud the little dove
Still looks mild, and sweet, and gentle,
Tho' her spirit's flown above!

K.

Test Paper for those Entering for the Final College Exam.

1. Describe and enumerate the structures in relation with the heart in the mouth.
2. What is a blue funk? Give its pathology and differential diagnosis.
3. Give the symptoms, prognosis, diagnosis, and treatment of conjoint diarrhoea and polyuria.
4. What signs in the body of a man would lead you to suppose that he has recently been up for an examination?
5. Comment on the following symptoms, and give your treatment of the case:—

A man *æt.* 23, seen for the last three days to have become extremely restless, takes up a book, and after reading for five minutes throws it down, and stands talking in front of the fire, laughs loudly, but very suddenly becomes grave—suddenly propounds anatomical questions to his neighbour, and does not listen to his answer. Hands tremulous, voice rather husky.

Births.

PETERS.—Jan. 5, at Midhurst, the wife of Albert E. Peters, M.R.C.S., L.R.C.P., of a daughter.

NICHOLLS.—Jan. 9, at Monkland, Longton, Staffordshire, the wife of Hubert Nicholls, M.A., M.B., Cantab, M.R.C.S., of a son.

POWER.—Jan. 6th, at Bloomsbury Square, the wife of D'Arcy Power, M.A., M.B., F.R.C.S., of a son.

Marriage.

BARKER—HULKE. Jan. 18, at St. John Baptist's, Kensington, by the Rev. Shirley Woolmer, vicar of Sidcup, Kent, assisted by the Rev. J. Barker, father of the bridegroom, and vicar of Havering, Essex, and the Rev. W. Spencer, vicar, John Collier Barker, M.R.C.S., L.R.C.P., of Elm-hurst, Hampton Hill, Middlesex, to Mabel Backhouse, fourth daughter of the late F. T. Hulke, M.B., Lond., of Deal, and Mrs. F. T. Hulke, of 162, Holland Road, Kensington.

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY.

- Feb. 22—E. H. E. Stack, M.B., "Diseases of Animals."
March 1—J. A. Hayward, M.D., "Diphtheritic Sore-throat."
" 8—C. H. Roberts, F.R.C.S., "The Present Position of Symphysotomy."
" 15—J. Morrison, M.R.C.S., "Medical Curiosities."

ATHLETICS.

RUGBY FOOTBALL, 1ST XV.

- Feb. 17—Old Cheltonians, at Kensal Rise.
" 24—Eastbourne, at Eastbourne.

ASSOCIATION FOOTBALL, 1ST XI.

- Feb. 17—London Welsh, at Wormwood Scrubbs.

- " 21—
" 24—Gravesend, at Gravesend.
" 28—

- Mar. 3—West Kent, at Chislehurst.

- " 7—Maidstone, at Maidstone.
" 10—Ealing, at Wormwood Scrubbs.
" 14—
" 17—Dorking, at Dorking.
" 21—
" 24—Chiswick Park, at Chiswick.

ST. BARTHOLOMEW'S HOSPITAL SMOKING CONCERT CLUB.

Feb. 17—French Room, St. James' Restaurant, Piccadilly, W. Tickets one shilling each. Members are given one ticket to admit a friend. To be had from the Honorary Secretaries, P. W. G. Shelley and D. I. F. Bolton.

ST. BARTHOLOMEW'S HOSPITAL STUDENTS' CHRISTIAN ASSOCIATION.

MEETINGS: On Thursdays in the Inquest Room; tea and coffee 4.45 p.m., address 5 p.m.

- Feb. 15—T. B. Miller, Esq.
" 22—Rev. H. C. G. Moule, M.A., Ridley Hall, Cantab.

March 1—Missionary Meeting.

- " 8—Rev. G. F. Head, M.A.
" 15—Rev. Prebendary Webb-People, M.A.
" 22—E. W. Groves, Esq., B.Sc. A Paper, entitled "Criticism and Compromise."

St. Bartholomew's Hospital



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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH. The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, MESSRS. RICHARDS, GLANVILLE & CO., 114, Fenchurch Street, E.C.

St. Bartholomew's Hospital Journal.

MARCH 14th, 1894.

"Aquam memento rebus in arduis
Servare mentem."—Horace, Book ii., Ode iii.

A Teaching University for London.

AS all our readers are aware, the above topic has been for some time under the consideration of a Royal Commission, which has recently reported. The outlines of their report are already well known, having been published in abstract some three or four weeks ago. The subject of founding a Teaching University in London is one of great interest in relation to higher education in the Metropolis, and, at the same time, is of such enormous importance to medical students and to the medical colleges in London, that it may not be out of place to present in this Journal a short history of the events which have led up to the present state of things. The movement for the promotion of a Teaching University in London has passed through so many phases that only those who have made some special study of it can be in a position to fully appreciate and estimate at their correct value the many important recommendations contained in the Report of the Gresham University Commission; and for this reason a summary of what has already been done may perhaps be of interest and value to those junior men

and students who feel that their interests are in some way or other involved, but who might otherwise not be able to take a broad and impartial view of the present situation.

I. From the Commencement of the Movement to the Report of the First Royal Commission.

Ten years have elapsed since, in May, 1884, The Association for Promoting a Teaching University for London was formed. The agitation which led up to the formation of this Association arose from several distinct sources, and the first of these, chronologically considered, was the dissatisfaction of the teachers in the Medical Schools in London at the very small proportion of their students who obtain degrees in medicine in the present University of London, when compared with the total number of students and the vast opportunities for scientific and clinical study which the large London hospitals afford. In December, 1879, Dr. Bristowe pointed out that an annual average of only nineteen men had then proceeded to the M.B. Degree, and that at that time only 554 living medical graduates of the University of London existed out of between 20,000 and 25,000 medical practitioners holding British qualifications. At about the same time the Annual Committee of Convocation of the University of London recommended, for the encouragement of advanced study and research, the foundation of University Lectureships in various branches of literature and science, and pointed out that lectureships might be established in such subjects as the history of medicine, public health, forensic medicine, human and comparative anatomy, pathology, or chemistry. The same topic was prominently insisted upon in an address on "Medical Education" to the Hunterian Society, by Dr. Pye Smith, in 1880. There also arose amongst those interested in higher education, and the teachers in the larger London colleges, a desire to have a direct influence in the government of the University of the City in which they teach; and it was pointed out that there exist in London several institutions for higher education on the one hand, and on the other hand a University which examines and does not teach, and that it would be a great gain to establish direct relationships between these two parts of the

educational machinery, and to bring them into organisation with each other. The Association for the Promotion of a Teaching University for London had the following objects:—

1. The organisation of University teaching in and for London in the form of a Teaching University with faculties of Arts, Laws, Medicine, and Science.

2. The association of University examination and University teaching and the direction of both by the same authorities.

3. The conferring of a substantive voice in the government of the University upon those engaged in the work of University teaching and examination.

4. Existing institutions in London of University rank not to be abolished or ignored, but to be taken as the basis or component parts of the University, and either partially or completely incorporated with the minimum of internal change.

5. An alliance to be established between the University and the professional Societies or Corporations, the Council of Legal Education as representing the Inns of Court, the Royal College of Physicians of London, and the Royal College of Surgeons of England.

In July, 1884, the Council of the Metropolitan Counties Branch of the British Medical Association appointed a sub-committee to consider the subject of University Degrees for London medical students, and this sub-committee in their report pointed out strongly the contrast between the enormous field for clinical teaching afforded by the Metropolitan hospitals and the small proportion of medical graduates of the University of London. They also pointed out that, whilst of the total number of British medical graduates 64·1 per cent. hold Scotch Degrees, only 7·1 per cent. are London graduates. The Metropolitan general hospitals have about 5,000 beds and about 60,000 in-patients per annum, and the special hospitals have about 3,000 beds. With such an enormous field for clinical work, to say nothing of the hospitals of the Metropolitan Asylums Board, the various Lunatic Asylums and the Poor Law Infirmaries, London ought to be not only the largest, but also the greatest centre for medical teaching in the world; and it was rightly urged that any deficiency in organisation—such as the inaccessibility of a University Degree—which has the effect of driving students to places where degrees can be more easily obtained, and with far inferior opportunities for acquiring professional knowledge, does an injury not to London only but to the whole empire, and to the whole profession of medicine.

The soundness of arguments such as these cannot be denied, and to meet the want some urged that the standard of the degrees should be lowered, some that the teaching ought to be raised, others that reorganisation is required to bring the teaching and examining elements into intimate association, whereby the teaching power could be concentrated and organised by some system of intercollegiate

action, and the examinations be made more practical and become more adapted to the requirements of the times.

Various schemes were naturally proposed to remedy the defects mentioned. One of the earliest proposals was that those who have passed the Conjoint Examinations of the Royal Colleges of Physicians and Surgeons should receive the title of "Doctor." This arose from the feeling on the part of "Conjoint" men that they have passed examinations equal to the majority of the examinations for which degrees are given elsewhere. At the same time, it was obvious that they regarded the title of "Doctor" not so much as an academic distinction, but rather as of the nature of a trade-mark, which they desired to possess to put themselves on an equality in practice with those possessing the M.D. of inferior Universities.

In January, 1885, the Council of the British Medical Association adopted the recommendations of their Special Committee, and proposed that, failing concessions from the University of London, steps should be taken by the Royal Colleges of Physicians and Surgeons, or by some other body in direct association with the Medical Schools of London, to obtain powers to grant M.D. Degrees for London students. Very soon this took the form of a request to the Royal Colleges that they should proceed to obtain power to grant a Medical Degree to all those who had passed the examinations for the M.R.C.S. and L.R.C.P. This request was favourably received by the Royal Colleges, and in the absence of any signs that the University of London would be so remodelled as to meet the want, they resolved to present a petition to the Privy Council for power to confer a degree upon their licentiates and members.

There were, naturally, many serious objections raised to this proposal. In the first place, it was urged that the proposition, if carried into effect, would destroy the distinction between Academic Degrees and Licences to practise. Secondly, if the Medical profession is to be permitted to grant degrees in Medicine, then the Legal profession—the Inns of Court and Incorporated Law Society—might fairly be allowed to confer degrees in Law upon barristers and solicitors. Thirdly, such a plan would obliterate the evidence which a degree now affords, that the holder has studied in an Institution which deals with higher education in all its branches. Fourthly, the establishment of a *de facto* Medical University, granting Medical Degrees alone, would be foreign to the primary idea of a University, and would tend to place the Medical profession in an inferior position, by separating its degrees from the academic and liberal education which other degrees would carry.

Meanwhile, a move had been made by the University of London, for in January, 1885, Convocation appointed a Special Committee to consider the objects and proposals of The Association for Promoting a Teaching University. In February, 1885, this Committee reported, and Convocation adopted, the resolution: "That in the opinion of Convo-

cation, the objects of The Association for Promoting a Teaching University in London would, if carried into effect by this University, add to its usefulness and importance." The Special Committee was reappointed to draw up a scheme, and in July, 1885, the first scheme of the University of London was presented to Convocation by Lord Justice Fry. It is not necessary, here, to enter into the details of this scheme, for although it was not rejected, it was never adopted by Convocation, but after discussion at two meetings, it was referred for consideration to a second Committee of twenty-five members. This was on December 8th, 1885, and Sir Philip Magnus was Chairman of the second Special Committee. The next step was the presentation by this Committee of an amended scheme, which was received and approved by Convocation. It proposed that the University should consist of: (a) Senate, (b) Convocation, (c) Constituent Colleges, (d) Council of Education. The Senate was to include certain *ex-officio* members, such as the Chancellor, Vice-Chancellor, Chairman of Convocation, Chairman of the Council of Education, and Chairman of each of the four Boards of Studies; and ordinary members, appointed, 6 by the Crown, 8 by Convocation, 4 by the Council of Education, and one by each of:—University College, King's College, Royal Society, Royal College of Physicians, Royal College of Surgeons, Council of Legal Education, and Incorporated Law Society. Constituent Colleges were to be Educational Bodies of University rank, in and near London. They were to be assigned to their various Faculties of Arts, Law, Science and Medicine, and to be represented on the Council of Education. This Council was to be constituted of representatives of Convocation, representatives of Constituent Colleges, and the Examiners of the University. Its functions were to advise the Senate on all matters connected with the subjects of examination and the teaching thereof; and Boards of Studies or Standing Committees of the Council were to be constituted, one for each faculty.

By this time the Senate of the University had begun to move, for a Committee of the Senate was appointed in April, 1886, to consider the matter; and the scheme of Sir Philip Magnus, after its adoption by Convocation, was by the Senate referred to its Special Committee. This Committee reported in March, 1887, in favour of a scheme which differed in some important particulars from that of Sir Philip Magnus. In the first place, it proposed that the Senate should consist of 37 Fellows—16 nominated by the Crown; one, the Chairman of Convocation; 12 elected by Convocation; and 8 by the four faculties. The 12 elected by Convocation were to consist of 3 elected by the graduates in each of the four faculties, in Convocation. There were to be four faculties, as in the other scheme, each with a Board of Studies and Associated Colleges. The faculties were to consist *entirely* of representatives of the Associated Colleges, who were to declare their opinions on any subjects submitted to them by the Senate. The Board of Studies for

each faculty was to consist of members elected by the Faculty, *i.e.*, the representatives of the Colleges, with representatives of Convocation, and one of the Examiners in each subject included in the Faculty. Each Board of Studies was to have power, (a) to consider and report upon matters referred to it by the Senate; (b) to represent to the Senate its opinion on any matter connected with the degrees, examinations, and teaching of the subjects of its Faculty. Under this scheme, it was proposed that the list of Associated Colleges should be decided on by a Committee of Selection, formed equally of members elected by the present Senate and present Convocation. After the first list of Associated Colleges had been decided on, it was proposed that other Colleges could be admitted by the Senate, after submitting the proposal to Convocation, and after consulting the faculties interested. Further, instead of the Associated Colleges consisting of those of University rank in and near London, they might be selected from amongst teaching institutions in any part of the United Kingdom. The general outlines of this scheme were approved by the Senate, but the whole matter was referred back to their Committee, to confer with a Committee of Convocation.

We now come to a new phase of our subject. An attempt had been made by the present University to devise a plan for the carrying out of the objects of The Association for Promoting a Teaching University in London, and three schemes—that of Lord Justice Fry, that of Sir Philip Magnus, and the scheme of the Committee of the Senate—had been proposed, all agreeing in the admission of certain Colleges and Schools as Constituent or Associated Colleges, but differing in the degree of representation and voice in government to be accorded to them. On the other hand, all these schemes failed to hold out any hope of satisfying the demands of the teachers in the Medical Schools, and the Royal Colleges of Physicians and Surgeons had matured their petition to the Privy Council to obtain power to grant degrees in medicine, in response to the "medical grievance." The next step was taken by University College, the Council of which, early in 1887, finding that the proposals of the University of London were not likely to satisfy the aims and aspirations of the teaching element, to have the greater share in the government of the "Teaching University," resolved, in conjunction with King's College, to endeavour to carry out the objects of The Association for Promoting a Teaching University in London, themselves. In March, 1887, accordingly, University and King's Colleges resolved to petition the Privy Council in favour of "a Teaching University." A petition was drawn up and finally decided upon in May, 1887. This action on the part of University and King's Colleges led to the resignation of a considerable number of the Council of University College—chiefly members who were also connected with the government of the University of London. The scheme of University and King's Colleges proposed to establish a Teaching University

for London under the name of the "Albert University of London." University and King's Colleges were to be the only Colleges in the University, but the existing Medical Schools were to be allowed the claim to be admitted as "Medical Schools in the University," without any direct representation on the "Council," although, in spite of this, the Council was to have power of taxation—*i.e.*, of requiring contributions from the Medical Schools towards University expenses. Provision was made for the Royal Colleges of Physicians and Surgeons to come into this scheme if they desired, and to elect direct representatives to the Council. The Assemblies of the Faculties consisted of all the professors or lecturers in the subjects of the Faculty, as might be designated by the governing bodies of the Colleges or Medical Schools. The Board of Studies for each faculty consisted of members elected by the Faculty and the Examiners.

In August, 1887, the Senate of the University of London addressed the Privy Council in opposition to the petition of University and King's Colleges, and early in 1888 a petition from 201 teachers in the Medical Schools of London, other than University and King's Colleges, was presented to the Privy Council.

In this petition, the Medical Schools pointed out that the draft of the Charter to the proposed Albert University gave great advantage to the Medical Schools forming parts of University and King's Colleges. They further pointed out that "each of the recognised Medical Schools in London is in itself a complete Medical College, giving instruction in every branch of medical education and providing abundant opportunities for the improvement of medical science, and that, therefore, each deserves recognition as a College, inferior to none in any University to which it may please your Majesty to grant a Charter," and they asked to be admitted into the constitution of any proposed University on terms of equality with the Medical Schools of University and King's Colleges.

Matters now seemed to be at a deadlock—there were three rival schemes: (1) Some modification of the existing University. All schemes so far proposed failed to satisfy the Professors of University and King's Colleges, and at the same time did not meet the just demands of the medical teachers and students. (2) The foundation of a new University around University and King's Colleges, as the centre, under the name of the "Albert University of London." (3) The conferring of power on the Royal Colleges of Physicians and Surgeons to grant a degree in medicine. At this juncture the first of the two Royal Commissions was appointed, and began its sittings in June, 1888. This Commission consisted of Earl Selborne, Sir James Hannan, Dr. Ball, Professor Stokes, Sir William Thompson, and Rev. J. E. C. Weldon, and reported in April, 1889, in favour of one University in London—*i.e.*, that the present University should be reconstituted. They considered it more likely that modifications of the existing University would satisfy

the requirements of the Royal Colleges and the Medical Schools than the new Teaching University proposed by University and King's Colleges. They therefore advised that a reasonable time should be given to the present University to apply for a modified Charter.

In our next article we propose to deal with the events which followed the report of the first Commission, and which led to the appointment of the second one, which has just reported.

The Treasurer's Research Studentship in Pathology and Bacteriology.



THE announcement, which was made on February 23rd last, that the Treasurer of the Hospital, Sir Trevor Lawrence, would appoint annually a qualified man to a Research Studentship in Pathology and Bacteriology, came as a most pleasant and agreeable surprise to all the students of the Hospital. It was particularly welcome to those who wish to engage in some research work after they have become qualified, but who, from want of opportunities and funds to meet the necessary expense, are unable to carry out their ideas, if unaided. We are sure that old Bart's men will be pleased to hear of the new departure, and will join with all present students in recording their thanks to Sir Trevor Lawrence for his munificent and generous offer of a "Research Studentship." The first appointment will be made this month, and applications are invited from qualified men desirous of holding it. The conditions which are attached to the studentship are stated below. It will be observed that they follow the lines of the conditions of similar studentships at Cambridge, *viz.*, the George Henry Lewes and the John Lucas Walker Studentships. We hope that the present is the first of a more extended system of Research Fellowships in other branches of medical science in connection with our grand old Hospital:—

1. Candidates must be students of St. Bartholomew's Hospital who hold a recognised qualification to practise, and of at least two years' standing at St. Bartholomew's.

2. Every candidate for the studentship must have worked as a clerk in the Pathological Department, and must show familiarity with ordinary methods of pathological and bacteriological investigation. Each candidate must state in writing the work he has already done, the qualifications he holds, and what research he proposes to engage in. A practical examination in pathology or bacteriology may be held if considered necessary.

3. The student elected must engage in research work in the Pathological and Bacteriological Laboratory of the Hospital, under the Lecturer on Pathology.

4. The studentship shall be tenable for one year, but the holder shall be eligible for re-election for not more than a second year.

5. The student shall be appointed annually in March, his year's work to commence on May 1st.

6. The student shall not hold any other paid appointment except with the approval of the School Committee, and shall be called upon to resign his studentship if he fails to satisfy the School Committee.

7. The student elected shall receive £80 annually in quarterly instalments. If necessary he shall receive also grants not exceeding £20 per annum for the purchase of such more expensive materials and instruments as may be required in his work. Applications for such grants must be made through the Lecturer on Pathology. Any instruments purchased through such grants shall, at the expiration of the studentship, become the property of the Pathological Department. The student shall defray all ordinary expenses of his research.

8. The subject of each research must be submitted to the Lecturer on Pathology for approval by the School Committee. The student shall at the expiration of each quarter send, through the Lecturer on Pathology, a report of his work. This, with a report from the Lecturer on Pathology upon the student's work, shall be presented to the School Committee quarterly. The publication of the results of the student's researches shall be at the discretion of the School Committee.

9. The election to the studentship will be made by Sir Trevor Lawrence, Treasurer of St. Bartholomew's Hospital, on the recommendation of the School Committee.

10. An annual report shall be submitted by the School Committee to Sir Trevor Lawrence, Treasurer of the Hospital, on the research work of the student.

Duties of Dressers and Tenure of Office of Dresserships.



NOTICE has been posted on the School Notice Board calling the attention of students to certain alterations in the duties of dressers and the tenure of office of dresserships. All those who have been dressers know how great is the pressure of work under the present regulations, and how difficult it is to efficiently carry on both the work in the Surgery in the morning, and the Ward Dressing at the same time. Moreover, there is absolutely no time for a dresser to do anything else whilst holding his dressership; such as the attendance on lectures or private reading. For these reasons we are sure that the new regulations, which are to come into force on and after the 1st of August next, will be cordially welcomed by the students as a most valuable improvement. The new regulations are as follows:—

"1. That six dressers be appointed to each surgeon every three months, for a six months' term of office; that for the first three months they be called 'Surgery Dressers,' their duties comprising the morning work of the Surgery and the

dressers' work in Coborn Ward, and that for the second three months they be called 'Ward Dressers,' their duties comprising the Surgical Ward Work (except Coborn), and when their surgeon is 'on duty,' the 'Surgery work' after 12 midday and until 9 a.m.

"2. That the 'Surgery Dressers' be eligible to hold concurrently out-patient appointments.

"3. That students who have been 'Ward Dressers' be eligible for a second term of ward duty without the necessity of serving as 'Surgery Dressers,' and that House Surgeons be required to have dressed for nine months in all, six months as 'Ward Dressers.' The number of Ward Dressers is not to exceed eight—*viz.*, the six ex-Surgery Dressers and two re-appointed Ward Dressers."

As in August next there will be no "Ex-Surgery Dressers," we suppose that the six Surgery Dressers then appointed will be for the first three months both "Surgery" and "Ward Dressers," and that, after serving in this capacity for three months, they will come on as "Ward Dressers" in November, for a second three months. We think, also, that the separation of the work in Coborn Ward from the rest of the "Ward" Dressing is a most salutary change.

Part of the First Lecture of the Course on Surgery.

By HOWARD MARSH, F.R.C.S., Joint Lecturer on Surgery.



GENTLEMEN,—Year after year when I meet a new audience in this Theatre I feel there is a particular question which you may wish to ask, and to which I may be expected to give a satisfactory answer. What is the use of lectures? That you should ask this question is quite a reasonable thing. It does not necessarily indicate that you have your doubts. It may do so with some, for perhaps there are cynics amongst you; but cynics are harmless, and often amusing people on their road to a higher grade of mental development. I should regard the question as merely conveying a wish for information on a subject which is of great personal importance and interest to you all; for if you believe that lectures are useless they will do you very little good: while, if you feel they are valuable, you will not grudge the mental effort which they involve. My reply would be that they are not only a useful, but an essential part of the medical curriculum, because they do what no other part of our machinery will effect. I do not say they are superior to other methods of teaching. They are merely parts of a whole, and complementary to the rest. Surgery is a very wide and complex subject, which must be studied from many points of view, and therefore in many different ways, and the arrangements for teaching it vary accordingly. In the Hospital and School there are no less than twelve sections, or departments, in which surgery is taught. The wards, the operating theatre, the Thursday's consultations,

the special departments (which now include six sub-sections), the out-patient room, the museum, the post-mortem room, classes for practical and for operative surgery, surgical demonstrations, clinical lectures, and lectures on the principles of surgery. A moment's reflection will show that these sections are in no sense rivals, but that each serves a particular purpose in the general scheme, and is of importance to all the rest.

In the wards you meet with, and, as Dressers, have under your own daily observation, the more grave forms of disease, and the more severe injuries, and their results. These serious cases are exhaustively examined and critically studied in all their different aspects, and you are able to see them through their whole course.

In the out-patients' room you enter upon a different field, and upon a different kind of training. The cases are, for the most part, examples of common forms of disease, such as you will constantly meet with in your future practice. Syphilis in all its various phases and multiplicity of forms, tuberculosis of the joints, bones, and spine, rickets in all its aspects and effects, the different kinds of hernia, and of hydrocele, diseases of the testis, various skin eruptions, various small tumours, epithelioma, naevi, stricture, osteoarthritis, &c. Such cases are, as far as possible, thrown into groups, so that they may be seen together, and be used to illustrate and supplement each other; but they often occur as isolated examples, and are then valuable for the study of diseases which you may not have seen before. I still remember, although it is thirty years ago, that, on one occasion, in the out-patient room, I saw for the first time in my life molluscum contagiosum, congenital dislocation of the hips, onychia maligna, and a case of arrested growth of the lower extremity, following disease of the end of the femur.

The out-patient work will teach you to transfer your attention rapidly from case to case as you will have to do in practice, and will also afford you the opportunity of training your faculty of attention, and your senses of touch and sight. Cases in the out-patient room will keep your mind on the alert and your senses keen. The patient whose disease you have to diagnose is one whom you have never seen before, and you must study both his general and his local condition. Suppose he has an ulcer on his foot, you must note all its characteristics: but this is by no means enough. You must also note whether he is prematurely old, or a drunkard, whether he is the subject of Bright's disease, gout, syphilis, tuberculosis, or tabes dorsalis, whether he has been resident abroad, or whether he is on his club, and is keeping the ulcer open with some irritant, as I have occasionally seen. In the out-patient room you will also cultivate the faculty, which in those who have had much practice may seem to you almost intuitive, of separating the important from the comparatively unimportant, the essential from the indifferent and inconclusive; the symptoms which may be lightly passed over from those which are the key to the situation. A child, for example, is suspected to have hip-disease,

and on examination you find that he is lame, that his limb is somewhat flexed and everted, that he has slight apparent lengthening, some muscular wasting, and some pain in his knee. Now these are six symptoms, all of which are met with in hip disease. Yet, inasmuch as they are all present in other conditions also, they are none of them conclusive, and in spite of them all no hip-disease may exist. Possibly the case is one of spinal disease. To determine the nature of the affection you must go further, for there are some points which are crucial and conclusive still to be considered: (1) Can you exclude spinal disease combined with psosas or iliac abscess, and also disease in connection with the pelvis? and (2) Do you find that the hip is fixed or still moveable? A fixed condition of the joint—so that the pelvis rocks and enarthrodial movement is lost—combined with the symptoms I have mentioned, will in all but the most exceptional cases be conclusive that hip-disease is present.

Unless you are always thorough in your examination, and take every available fact into account, you may go absurdly wrong, especially if you have not seen the patient before. I remember a man who was believed by his Dresser and others to have tabes dorsalis, for his gait seemed characteristic of this condition, and when he was told to stand with his eyes shut he was very unsteady. When, however, the Dresser was asked to investigate the knee-jerks and other symptoms, he found that the patient had undergone amputation of both legs just below the knee, and had a pair of artificial limbs. In another case an elderly woman, who had long suffered from obstinate constipation and abdominal pains, brought a concretion which she said she had passed with great suffering on the previous evening. This concretion was evidently not a gall-stone, which it resembled neither in shape, size, nor consistence, for it was crescentic, about three inches long, and three-quarters of an inch broad, and apparently completely calcareous. How it had originated it was difficult to say, nor was its exact nature by any means apparent to the gentleman who was taking the notes. Indeed the case seemed to be one of a very unusual kind, and well worthy of being recorded and illustrated by a woodcut. One point at least seemed obvious: the patient was to be congratulated on having at last got rid of the cause of her prolonged suffering. When, however, the concretion was thoroughly washed and more carefully examined, it was found without doubt to consist of a portion of cement which had been used to fix the pan of the closet. In the out-patient room you will meet with good illustrations of many sides of human nature, and gain experience which you will afterwards find very useful. You will find that some people are so hopelessly stupid that they mistake the plainest directions. Others are the victims of strange prejudice or superstition. The child of an Irishwoman was dying slowly of tuberculous meningitis. On the seventeenth day a lady visitor calling at the house found that the mother, who was, as usual, somewhat the worse for drink,

had covered up the clock, for she said that the child (who, no doubt, had been blind for several days) could not die while she had a clock to look at. You will have no better chance than in the out-patient room of seeing how great an effect the patient's temperament and mental state may have on some local ailment. For instance, you may sometimes cure a woman of the pain of which she is complaining by assuring her that her fears of cancer of the breast are entirely groundless. You will meet with many neurotic and hysterical patients, and a knowledge of these cases will be very useful if you are to avoid mistakes. A girl of eighteen had complete ptosis of the right eyelid, accompanied, however, with no other symptom of disease that I could detect. Believing that she was merely hysterical, I strapped down the opposite eyelid, and told the mother on no account to remove the strapping, because to do so would lead to inflammation. I asked the Dresser to follow the girl out of the room, and see what occurred. He found that before she was half-way across the Hospital Square she had opened the affected eye. I need scarcely say that the ptosis did not recur. Some people make mountains of mole-hills, or complain in the most nonsensical manner of some trivial defect, while others are careless to the verge of foolhardiness. A sturdy policeman of nearly forty asked me to cure him of blushing; while a man who was asked what kind of water he passed, said he could not tell. In explanation of this strange circumstance he stated that five years before, his urine, which must have contained blood, was such horrid stuff, worse than muddy beer, that he made up his mind that he would never see it again; and, in spite of the difficulty of keeping to this determination, he had never done so. What he now passed, with carefully averted eyes, proved to be perfectly healthy. If you use the experience you may gain there, and if you study your patients as well as their diseases, you will find your work in the out-patient room as profitable as any you do while you are at the Hospital.

In the special departments you will study various forms of disease in concentrated groups, and will learn the use of special appliances, which are required for diagnosis or treatment. The value of such departments as those for the eye, skin, ear, throat, and deformities, is obvious. Clinical lectures give the occasion for a full discussion of single cases, very much on the lines of the Clinical Society of London, or of some particular subject of clinical interest. I need say nothing of the objects to be gained by witnessing operations. The Thursday consultations afford advantages which could not be otherwise obtained. A large proportion of all the more obscure and important cases are shown and discussed, and these amount to about two hundred in the course of the year. You will often meet with cases there which you will have no other opportunity of seeing or knowing anything whatever about, and the proceedings will make you familiar with the manner in which consultations are conducted in practice. I am glad to say that the post-mortem

room does not offer you so wide a field of study as was formerly the case. Yet there is still enough material there to supply much essential knowledge. I will say nothing of the different School Classes, or of work in the Museum, for I know that they are thoroughly appreciated by you all.

Now here are just under a dozen departments in which, with a special purpose in each, you may study surgery, but none of them either singly or in combination, can fulfil the intention with which systematic lectures on surgery are given. (1) The other sections of your work are almost entirely clinical. You deal with individual cases, and the details of diagnosis and treatment which they happen to illustrate, and there is not time to go through the subject as a whole. Take for instance a carbuncle. In the wards you notice its situation, and its local characters, its induration, the condition of its surface, the manner in which it spreads and sloughs, and the amount of pain it causes; you examine the urine for sugar and for albumin, you note the general condition of the patient, and you watch the treatment and its results. This is all you have time to do, and it is generally all that the case illustrates; but there are many other points that must be studied if you are to go thoroughly through the subject of carbuncle. The pathology of the disease and its relations with other conditions, the explanation of the association of carbuncle with diabetes, general prognosis, the situation in which carbuncle is most dangerous, the causes of death, the question of cutting a carbuncle, why this was formerly done, and why it has been largely given up. These are chiefly matters either of pathology or of the natural history of carbuncle, and they can be quite as well studied in a theatre as in a ward.

2. There are many points of a disease which can only be properly discussed in a lecture, illustrated by museum specimens, diagrams, drawings, and tables. In fact, lectures rest upon the principle of the division of labour, and, in this, correspond with the other sections. They relieve the rest by undertaking that part of the work which they alone are qualified to discharge in an advantageous manner.

3. Lectures are a great economy of time, for they convey to a large class that which would otherwise have to be repeated by each of the surgeons to his much smaller class in the wards at a sacrifice of time that he would find impossible, especially as the Dressers and most of the men who go round with a particular surgeon change every three months.

4. Lectures, I believe, are of great assistance in this. It is much easier to remember what you hear (provided it is clearly stated) than what you read, and especially when it is illustrated by specimens and drawings. Besides, lectures give you a systematic scheme, which will help you to read with advantage.

5. Lectures, if you attend them, employ you for an hour three times a week, and thus they ensure a certain amount of regular work which you might not otherwise find

time for. Moreover, they bring the most important parts of the subject prominently before your attention.

These are some of the grounds on which I believe myself, and always have believed, that lectures are valuable. No one is more willing than I am to allow that lectures are often tiresome, and that they involve hard work; but I confess that I have little sympathy with this latter complaint. Our profession is one in which work, and hard work, too, is the order of the day. Work is the indispensable condition of success. If not before, you will find what work is when you get into practice, and for the work that you do while you are at the Hospital you will be abundantly repaid. Besides, let me remind you that it is your bounden duty to work to the utmost (within an inch of your life used to be Sir James Paget's rule), in order that you may be qualified to discharge the heavy responsibilities you will have to undertake. However, I believe you all like work, and I am sure it will do you all a great deal of good.

On Medical Practice and Original Research. II.

By LOUIS J. ROBINSON, M.D. (Dur.), M.R.C.S.



IR THOMAS BROWNE, the author of "Religio Medici," somewhere says that "every man must be his own Ædipus," and must solve the riddles of existence for himself. In speaking of those who would excel in research work, we may push the parable drawn from the classic legend one stage further, and declare that every man must be his own Sphinx; for it is a very noteworthy fact that those who succeed in widening the field of knowledge are, in the majority of cases, the very men who first propound the queries which they afterwards aid in solving.

It is obvious that no mere journeyman, however conscientious, can compete in the race with the strenuous enthusiast who is possessed by a fixed idea. He has not the necessary mental impetus to carry him beyond the ruck of the crowd, or to enable him to ignore the tramways of convention when it becomes needful to pursue his quarry off the beaten tracks of knowledge. And it is, of course, the very essence of original research that the chase should be followed beyond those boundary lines of custom and precedent which limit the thoughts and actions of most people. This has been exemplified again and again, and it is this fact which must for ever dash the hopes of those who think that discoveries will come thick and fast when research is organised and endowed in State laboratories. One might as well expect new departures in theology from the bishops or a revolution in military tactics from the War Office! Edison, in his splendidly-equipped laboratories at Menlo Park, employs many able chemists and mechanical experts in making new experiments; but practically every invention brought to light there has been the outcome of his own

genius. The comparatively barren results of recent attempts at collective investigation in Medicine show that the same rule prevails in our own department of science.

It is a general, but I believe an entirely erroneous, idea that the scientific discoverer must be a man of brilliant and exceptional talents. A perusal of the biographies of Dalton, Brewster, Edward Jenner, and Charles Darwin will make it plain to anyone that, as far as general intellectual ability is concerned, these illustrious men did not stand far apart from their more obscure fellows. Their achievements are attributable to such every-day gifts as good powers of observation, abundant patience, a memory which preserved such facts as bore upon their special work, and that power to think liberally, logically, and soberly about the subjects immediately occupying the attention, which is popularly called "common sense." The real secret of their success is found in the fact that these widely-distributed faculties were, in their case, sharpened and made trenchant by the untiring enthusiasm which urged each of them on in his chosen pursuit. In fact, the pioneer of science must have the *sporting instinct* quite as much as the hunter of big game or the explorer of unknown regions. The impulse which urges him forwards in spite of hindrances and disappointments is very nearly akin to the excitement which makes a comparatively timid horseman ride across country at the risk of his neck when in pursuit of a fox.

Now it appears to be a law that we regard the offspring of our minds with the same uncompromising affection as that which characterises the animal parental instinct. Just as a woman will make any sacrifice for her own child, but will manifest all the hireling's perfidiousness in attending to the wants of a nurse-brat, so the human mind will cherish and fight for its own theories, and expend its utmost asset in their support, but will retain a sentiment of semi-hostile indifference towards the notions begotten by another.

This shows how useless it would be for me or anyone else to endeavour to point out in detail the spots in the *hinterland* of knowledge which seem likely to repay the labour of those who thirst to penetrate the untrodden regions of this philosophical "dark continent." Any attempts which I may presume to make in such a direction, must be considered as merely suggestive; for probably the young ideas which are the petted occupants of my own mental nursery will appear, according to the above law, but sorry specimens to most of my readers.

But since, as teachers of morality tell us, better results can be obtained by the inculcation of general principles of right conduct, than by descending to particulars as to the special vices which are to be guarded against, so, perhaps, more can be done by assisting students to understand and enter into the spirit of research than by trying to place a finger upon this or that spot in the blank map as a guide to specific endeavour.

Now, there appear to be some minds which are, in this respect, absolutely sterile: like the working bees, they per-

form many useful functions, but new conceptions are a physiological impossibility to them. These, however, are in a minority. In many other cases new ideas start into being, but abort, or fade away in early infancy, owing to the indifference or ineptitude of their psychic progenitors. Those only come to fruitful maturity which are nursed and cherished in a proper manner in their tender and hypothetic state; which are exercised, fed, and tested during their growth; and which are finally launched on the world with a sufficient capital of carefully hoarded evidence, gathered for their support with parental toil ever since the first moment of their existence.

In our profession, men who go through life looking on Nature with the unwondering gaze of brute beasts, are happily rare. But there are many who are content to wonder at phenomena which present themselves to their attention in the course of their daily work, and who make little or no attempt to solve, or even to define, the problems thus vaguely recognised. I wonder how many country doctors, before Edward Jenner's time, had had their curiosity aroused by the immunity from small-pox among dairymaids, but were content to remain puzzled as to the explanation of this suggestive fact? How many practitioners in crowded cities had had their attention drawn to a certain oft-recurring diversity in the symptoms of "continued fever" before the other illustrious Jenner demonstrated the difference between typhus and typhoid?

I make bold to say that, not only does the future contain discoveries as great and as practically far-reaching as these, but that the clues leading to them are, even at this moment, in the hands of many of us, did we but know it!

Given the student of medicine (qualified or unqualified), by what process can he become an original worker and discoverer?

The one primary essential is a mind which is not willing to take things for granted, but which, automatically it may be, is continually theorising upon, and seeking an explanation of, the phenomena presented to it in the course of professional work. It is wonderful how soon this ruminating curiosity will become a passion, a positive thirst, if it is given a little play. We may compare it to a hound in the leash, straining this way or that as some whiff of scent reaches its nostrils, but which, when the word is given, becomes transformed into a very demon of pursuit.

When once the curiosity is awakened, and has been "blooded" by the capture of a suggestive fact or two which have been snapped up early in the chase, what follows seems to come as a matter of course, like the successive acts in the satisfying of a natural appetite. Everything which we come across in the course of our reading or practical work which has a bearing on the problem which we are hunting down, seizes the attention and takes a foremost place in the memory without any mandate from the conscious will. By-and-bye, what was at first a merely inchoate and nebulous idea, begins to take shape; and, as the

object of pursuit becomes more definite in outline, the desire to capture it becomes keener. Nothing will now satisfy us but the fullest knowledge attainable, and the literature of the subject is ransacked with an absorbent avidity which we did not think ourselves capable of. Now comes, as a rule, one of the checks which never fails to surprise a young student. He is astonished to find how little has been written, and how inept that little is in affording a satisfactory explanation of the phenomena. At this crisis, if he is of the stuff of which discoverers are made, he begins to sift his evidence, and to enlarge it or correct it by direct experiment. The line of the scent being interrupted (to continue the sporting simile) he begins to "make casts forward" on his own account, and to watch, with heightened keenness of vision, for fresh clues. He is now fairly across the border, and has entered the *terra incognita*. His pursuit may henceforth receive the proud title of "original research," but it is well for him to recollect that it is one thing to search, and quite another to find. He is without a guide in a trackless and hostile country, and to traverse this with success requires the exercise of new faculties. Pit-falls, *cul de sacs*, and mares' nests abound, awaiting the hasty and unwary, and the ranks of the aspirants are rapidly thinned. It is needful to follow many a doubtful path in the endeavour to pick up the spoor of the elusive quarry, but, however tempting a theory may be, it must be scrutinised with a critical and even sceptical vigilance. To change the simile again, we must guard most carefully against being led into any conclusion by parental affection for the offspring of our minds until it has proved its own worth.

Like Edward I. at Crecy, when the Black Prince was in the thick of the Frenchmen, we must be prepared to hold sternly aloof and say, "Let the lad win his spurs."

I fear that, in this article, the promise made in the January number has scarcely been fulfilled. Most of my readers, however, will recognise the difficulty that there is in particularising as to the most promising fields of research. On another occasion, if the Editor, in his wisdom, thinks fit, I will venture on a few more direct suggestions which may perhaps prove useful.

Amalgamated Clubs.

THE CLUB GROUND.

WE are informed that the important work of levelling and preparing for play a sufficient area of ground for two football fields and a cricket pitch will probably be entrusted to Mr. George Hearne, the Kent cricketer, by whom all the best grounds in and near London have been laid down. We understand that the opinion has been expressed that our ground can be made one of the best near London, for the present slope is a very gradual one, the turf is good and the drainage excellent. It is furthermore mainly of gravel subsoil.

At the meeting of the Finance Committee on February 26th, 1894, a proposal was received from the Musical Society to enter the Amalgamation, and after a short discussion it was decided not to consider the proposal until a similar proposal, which it is understood will be made by the Smoking Concert Club, has been received, so that the two can be considered together. A request by the Cricket and Lawn Tennis Clubs for a grant to hire a ground at Herne Hill for practice during the coming summer, was brought up, but the consideration of it adjourned for a week, pending further information.

At the meeting of the Finance Committee held on March 5th, a letter was received from the Smoking Concert Club proposing to enter the Amalgamation. After some discussion it was resolved to ask the Musical Society and the Smoking Concert Club to meet and to lay before the Amalgamation a joint scheme and proposal for consideration by the Finance Committee. A grant was made to the Cricket and Lawn Tennis Clubs to enable them to hire a ground for cricket practice and for tennis during the ensuing summer session. A sub-committee was appointed to carry this out, and we understand that it is probable that a ground at Herne Hill will be rented for the season.

ASSOCIATION FOOTBALL MATCHES.

In our last issue we spoke of the interest which attached itself to the prospecting match between Bart's and St. Mary's. Shortly before the match, however, we learned that St. Mary's were playing Moon in their Cup-team for the sixth time. On inquiry we ascertained that Moon had played in Inter-hospital Cup Ties—contrary to rule—prior to registration as a student, and that in consequence, though the obvious meaning of the rule was that no man should play in a Cup-team for more than five years, St. Mary's were endeavouring to play a man for six.

This being the case, we laid the matter before the United Hospitals' Committee, with the result that though the representatives of Bart's, Guy's, and Mary's did not vote, a resolution was passed by the other representatives that Mary's should not be allowed to play Moon.

Mary's then, naturally, cancelled the result of their match with Guy's, since, if Moon's presence in the team was unfair in their match against Bart's, it was obviously so in their match against Guy's.

On the match being re-played, Guy's proved victorious by four goals to none.

Thus, instead of coming against Mary's, we came against Guy's,—as events turned out—with a most unfortunate result for us. We give an account of the match below.

BART'S v. BECKENHAM.

Played at Beckenham before a good crowd. Although

we had not a full team, a close and fast game ended in favour of Beckenham by one goal to nil.

BART'S v. LONDON WELSH.

This match was played at Wormwood Scrubs in very wet weather. The ground being extremely soft, good play was out of the question, and a somewhat slow game ended in a victory for London Welsh by two goals to one.

BART'S v. GRAVESEND UNITED : March 24th.

Played at Gravesend, on a fast ground. Mackintosh, unfortunately missed the train, and we were obliged to play with only ten men for the first quarter of an hour, which undoubtedly was the cause of our losing the match. Gravesend won the toss and played with the wind, scoring in the first minute. Bart's, however, immediately equalised, Fernie scoring with a grand shot; but Gravesend quickly added three goals, the score being 4-1 in their favour when Mackintosh arrived. The game was then very equal, and half-time was reached without alteration in the score. Playing with the wind, after half-time, we had all the best of the game. The defence, however, was good, and we only scored twice, thus being beaten by four goals to three.

CUP TIE.

SECOND ROUND.

ST. BARTHOLOMEW'S v. GUY'S.

This Tie, owing to the peculiar circumstances described above, caused a large amount of interest and excitement. Guy's had choice of ground, and decided to play at Brockley, on their own ground. The tie was played on Thursday, March 1st, in wretched weather. The ground was in a bad state, and boisterous wind and rain entirely prevented scientific play. We won the toss and played with the wind,—the ball was in the Guy's half nearly the whole time, and our forwards had many opportunities of shooting. Nothing, however, was scored, and at half-time our prospect of winning looked bad. Early in the second half, during a scrimmage in front of goal, the ball was passed back to Cooper, who took advantage of a good opening and scored with a hot shot. This was the only goal of the match. Our forwards tried hard to equalise, and Fernie was very near scoring once, but—owing principally to the grand play of the Guy's back division—we were unable to score, and had to retire beaten by one goal to nothing.

TEAMS.

St. Bart's.—E. H. Fryer, goal; J. S. Mackintosh and R. P. Browne, backs; H. J. Pickering, C. C. Q. Costin, and W. H. Pope, half-backs; E. W. Woodbridge, G. R. Fox, L. E. Whitaker, A. Hay, and J. F. Fernie, forwards.

Guy's.—J. Lavere, goal; F. J. Lidderdale and A. B. Carter, backs; A. E. Crosby, N. C. Cooper, and A. M. Daniel, half-backs; R. B. Stamford, H. Hewetson, R. T. Fitzhugh, F. E. Walker, and C. E. Hibberd, forwards.

INTER-HOSPITAL RUGBY CUP TIE.

St. Thomas's have again won the Rugby Cup, having beaten University College Hospital to the tune of one goal and twelve tries to nil, in the final round.

BOXING CLUB.

A Boxing Competition, open to Bart's men, is being arranged; the date will be announced shortly.

The Abernethian Society.



On February 1st Dr. Garrod read his paper on "The Causation of Rickets," the factors in the production of which disease he stated to be very complex. Amongst the most important of the exciting causes are errors of diet. These may be of two kinds, negative or positive—such as excess of food, good though it may be in quality, and the too early administration of starchy foods, which, not being digested by the saliva of very young children, act as foreign bodies and irritants to the stomach. Amongst the negative errors are poor quality of the mother's milk, over-suckling, feeding on skimmed milk and habitually substituting condensed for fresh milk. Dr. Garrod thinks that the various artificial foods for children are often of great use temporarily, but he strongly advocates that they should not be used habitually to the exclusion of fresh milk.

Amongst the other exciting causes were included chronic diarrhoea, which, though not in itself necessarily the result of improper feeding, is an agent in the production of rickets inasmuch as it may prevent the proper assimilation of the child's food.

In order to correct as far as possible these errors of diet, Dr. Garrod makes the following suggestions:—

(1) If the child be breast-fed, the mother's general condition should be rendered as perfect as possible, and the child should certainly be weaned before it is ten months old.

(2) Fresh milk should be used instead of condensed, and if the child be under seven months of age, the starchy foods should be entirely withheld.

(3) The quantity of the diet and the hours at which the child is fed should be regulated.

(4) If the child be brought up by hand,

(4) Barley water and sugar (varying in proportions according to the age of the child) should be added to the cow's milk, and all deficiencies in the fatty elements should be made up by cream or cod liver oil, and deficiencies in the proteids by raw meat-juice.

(5) The child's bottle should always be examined most carefully and be kept perfectly clean and sweet.

(6) Even children eighteen months or two years of age should have plenty of milk at their meals.

The chief predisposing causes are bad hygienic con-

ditions, such as want of light or fresh air, or bad ventilation; ill-health of the mother during pregnancy; disease of the child which impair its nutrition, such as congenital syphilis; and, lastly, the effects of locality. Under this last head Dr. Garrod points out the frequency of the disease in Europe, especially in the large towns and cities of England, and its comparative rarity in America and Australia.

On February 8th, Mr. A. E. Cumberbatch, F.R.C.S., read a paper before the Society on "Intra-cranial complications following middle ear suppuration." We hope to make a full report of this paper in our next issue.

On February 15th, Dr. Herringham read his paper on "The Pulse." In many cases the frequency of the pulse, though useful, is rather supplementary to other sources of information. It is sometimes, however, of very considerable importance, as for instance in the diagnosis of an erythematous rash, which certainly is not scarlet fever unless the pulse-frequency is greatly increased, and in cases of acute peritonitis, where it is together with increased frequency of respiration, the best evidence of the gravity of the disease.

Irregularity in time Dr. Herringham does not consider to be, of itself, of much importance, as both in children and in adults there may be great differences in the rates during inspiration and expiration. Irregularity of the pulse in force and in volume, however, are of much greater import, as they are present, together with irregularity in rhythm, in all the graver forms of heart-disease, though they are less serious in valvular disease than in other forms of heart affections.

Dr. Herringham next discussed the importance of the examination of the size of the pulse, and of the character of its impulse, both as regards its force and its duration. Examination of the condition of the arterial system is, he considers, of great importance, and in all cases the tortuosity and thickness of the arterial walls should be noted. Amongst the clinical causes of thickened arteries were mentioned old age, high living, and especially the influence of lead. Dr. Herringham then stated the various theories as to the more immediate cause of arterio-sclerosis.

Great stress was laid both upon the method of examination and upon the interpretation of the tension of the pulse; the theories as to the cause of high tension of the pulse in granular kidney were enumerated, and the more frequent causes of death mentioned.

In conclusion, Dr. Herringham pointed out that the frequency, the regularity and the force of the pulse have reference chiefly to the condition of the heart itself, its tension and the thickness of the wall of the artery, to the condition of the arterial system, and that, *à priori*, more could be learnt about the general condition of a patient from careful examination of the pulse than from the observation of any other single organ in the body.

man of the Athletic Union at Owens, and himself no mean performer in the gymnasium there.

wooden, or steel, Holt, of Leeds. No cards.

To these we reply that the intention of those who started the Hospital Journal

On February 22nd, Dr. F. E. Batten read a paper before the Society on "Some unusual manifestations of tubercular meningitis." Having briefly enumerated the symptoms which might be considered as the more usual manifestations of the disease, Dr. Batten first discussed the great variations in the pulse met with in the affection. Hemiplegia in tubercular meningitis was mentioned as an interesting condition, whose cause, when not due to a cerebral tumour or to thrombosis of the middle cerebral artery—and Dr. Batten had seen cases in which the hemiplegia had been due to one or other of these conditions—was exceedingly difficult to ascertain. Dr. Batten mentioned a case in which the hemiplegia was at first on one side and then later on the other, but at the post-mortem, though there were definite signs of tubercular meningitis, there was no definite lesion to which one could point as the cause of the hemiplegia. Hemi-anesthesia and hemi-hidrosis were also sometimes to be found.

Amongst the other unusual manifestations were mentioned, tubercle in the choroid, often not visible during life, a post-mortem specimen of which Dr. Batten showed; hallucinations, glycosuria and great variations in temperature. In a chart that Dr. Batten passed round for inspection, there was a marked sudden drop of ten degrees in temperature within twenty-four hours.

St. Bartholomew's Hospital Smoking Concert Club.

THE last concert of the season was held on February 17th, at the French Room, St. James's Restaurant. It was a great success, and worthily closed the list of concerts. At 8.30, Mr. Furnival in the Chair, and Mr. Greenwood at the piano, introduced the programme provided for the evening's entertainment. The first song was sung by Mr. J. F. Gladwin—"A Bedouin Love Song." His encore, "Queen of the Earth," showed his well-trained voice to great advantage. The honorary secretaries both appeared on the platform during the evening, Mr. D. L. E. Bolton getting up first to sing "I Dreamed a Dream," and later in the evening Mr. P. W. Shelley played a banjo solo.

Mr. J. Miller sang "Lads in Red" in easy and pleasant style, and as an encore "A Merry Monk." He was followed by Mr. Dick Welch, who gave "They all take after Me," also, "And the Verdict Was"; this comic element being very gratefully received. Mr. A. Lawrence, to a banjo accompaniment, sang a negro ditty, "Under the Old Umbrella," with a pretty plantation refrain. "Tommy Atkins," sung by Mr. R. G. Hogarth, was a great success, and Mr. F. Lane's "Travesty on After the Ball" was greeted with roars of laughter.

Mr. J. Valery sang "Mandalay" with great expression,

and, changing from the pathetic to the ridiculous, gave that amusing ditty "It Came Off" as an encore.

Mr. W. Parker with a "Gipsy song" and Mr. Shelley's banjo solo closed the first part of the entertainment.

After the interval Mr. St. Cyr, who had replaced Mr. Greenwood at the piano, and who played most of the accompaniments during the evening, gave a selection of popular tunes, which was loudly chorused by the audience. Mr. Bolton, Mr. Gladwin, Mr. Parker, and Mr. Shelley reappeared. Mr. Dick Welch came on again and sang "Now he's Found Out where 'e Are," and "Liza's Tootsies," which brought forth great applause. The rather diagrammatic pictorial representation of the "tootsies" added to the general effect of the song.

After Mr. F. Lane had sung "I'm in the Chair," "Auld Lang Syne" was joined in by all present, and a very pleasant evening closed about 11.30.

There was a very good attendance of members and guests. Among those present were noted Dr. Champneys, Kanthack, Fletcher, Gow and Hayward, and Messrs. Walsham, Bruce-Clarke, Jessop, and Roberts.

Volunteer Medical Staff Corps.

No. 3 (LONDON) COMPANY SMOKING CONCERT.

THIS Company, which is composed of students of St. Bartholomew's and St. Thomas's, gave an invitation Smoking Concert at "The Salutation," in Newgate Street, on the 7th of February last.

The expenses of the concert were defrayed by the Committee, who, ably seconded by the management of the hotel, managed to make the guests very comfortable.

At about 7.45 Staff-Sergeant Olding took the Chair, Surg.-Capt. H. Work Dodd, the Chairman of the evening, being unable to appear till later on.

Proceedings commenced with a pianoforte solo by Mr. Collingwood Banks, who played very cleverly a "Marche Militaire," his own composition, and which we hear on good authority he intends to dedicate to the Corps. Mr. Birdseye next sang "The Tipperary Christening," a most amusing song. Mr. St. Cyr accompanied him at the piano, and had to return there again for an encore, when Mr. Birdseye sang "I did laugh." In parentheses, we might remark, so did his audience, who thoroughly enjoyed it.

Major Woolmer Williams was down on the programme to "relate a few yarns," and he did so most successfully.

A remarkable addition to the talent of the evening was Mr. Tom Browne, the champion whistler of the world, who quite justified his claim to the title. It took the Chairman all he knew to restrain the somewhat noisy applause of the large audience who packed the room to overflowing. As it was Mr. Browne kindly gave four encores.

Mr. E. J. Read gave a clever recitation, "The Wail of

the Banner Bearer," which eloquently described the sorrows of a fever. It is to be regretted that owing to the number of turns this talented artist only appeared once. The comic element found worthy exponents in Messrs. Joe Lilley and Chas. Oliver, who were most kind in their encores to an appreciative audience. As a set-off to them, Mr. Lindo gave imitations of popular actors, which were excellent.

The event of the evening was the appearance of Miss Louie Humann, who replaced Miss La Mara, who, through illness, was unable to appear. Her songs, "I shan't," "The Mountain Maid," &c., were well received, proving the success of the Committee's experiment in introducing one lady into the programme.

Mr. Dick Welch gave "That's his Gal," and "Liza's Tootsies" in his well-known style,—full of life and go. Mr. F. W. Gale followed with a "Volunteer Song," specially composed for the occasion. He had to give an encore.

Mr. D. L. E. Bolton was the last to appear on the platform, singing, in good swinging style, "The King's Own," and "The 7th Royal Fusiliers."

The proceedings closed with a speech by the Chairman, who, in mentioning that this was the first Smoker of the Company, hoped it would not be the last nor least successful of the occasions when we should meet again.

The officers present were:—Surgeon Captains, W. E. Raw, H. Matthews, Openshaw, D'Arcy-Power, G. Sims-Woodhead; Lieutenant-Quartermaster Bennet, and Surg.-Capt. J. P. S. Hayes (A. M. T.), Adjutant. Mr. H. J. Waring, who has lately been gazetted to the Corps, was also present in muff.

Notes.

MR. J. HOWELL GRIFFITH, M.B. (Lond.), has been appointed Second Assistant Medical Officer to the Greenwich Union Infirmary.

MR. H. J. WARING, M.S., M.B. (Lond.), has been gazetted as Surgeon Lieutenant to the London Companies Volunteer Medical Staff Corps.

MR. W. E. MILES, F.R.C.S., has been appointed Assistant Electrician for six months.

AMONGST those who have been successful in the Competition for Commissions in the Indian Medical Service, held on February 9th and following days, we note the names of two Bart's men: Messrs. W. Selby, and A. W. F. Russell. Mr. Selby obtained the third place in order of merit, with 2,606 marks; and Mr. Russell was ninth, with 2,384 marks.

E. G. D. DRURY, S. P. Huggins, J. P. Maxwell, and R. Waterhouse have passed the intermediate M.B. Examination of the University of London. P. W. Brigstocke, D. H.

F. Cowin, L. F. Marks, A. L. Box, and A. B. Tucker have passed in all subjects except Physiology; and T. Chave, M. W. Coleman, J. H. Hugo, and A. R. H. Skey have passed in Physiology only.

A. L. SCOTT has passed the Preliminary Scientific Examination of the University of London in the First Division; R. Hatfield and E. P. H. Dudley have passed in Biology, and W. H. Cazaly, W. G. D. Miller, and H. J. Hutchens have passed in Chemistry and Physics.

HERBERT PULFORD, M.A., and Arthur M. Mitchell, M.A., were admitted to the degree of M.B., Cantab, on February 15th.

THE Special Board for Medicine in the University of Cambridge reports that the number of candidates for Parts I. and II. of the Third M.B. has largely increased during the past three years, and they recommend the appointment of additional Examiners. They advise that there shall in future be four Examiners each in Medicine and Surgery, in addition to the Regius Professor and the Professor of Surgery, and that there be two Examiners in Midwifery.

A MOVEMENT is on foot in Manchester to raise a memorial to the late Professor Milnes Marshall. It is understood that the Executors of Professor Marshall have presented his large Zoological Library to Owen's College.

Dr. W. J. RUSSELL, F.R.S., has been elected President of the Institute of Chemistry.

PROFESSOR CHARLES STEWART, Curator of the Museum of the Royal College of Surgeons, will give a course of nine lectures on "Locomotion, &c.," on Mondays, Wednesday, and Fridays, from February 26th, to March 16th inclusive, at five o'clock, in the Theatre of the College.

In a Lecture at the Royal Institution on February 15th, on Cholera, Dr. Klein, F.R.S., remarked that the prevention of Cholera ought to be less difficult than that of some other communicable diseases. He referred to the excellent results of stringent sanitary precautions in preventing the spread of Cholera at the great religious festival at Harwar. The sum of the precautions necessary is to prevent the contagious matter being swallowed, and this is to be effected by isolating the patient, disinfecting or destroying all articles of clothing or bedding soiled by him, and thoroughly cleansing the hands of all persons coming into contact with him. In this way the infection through water or food or directly ought to be prevented. Much had been done, he said, in this country in the way of improving the sanitary condition of localities, but he urged that every local authority ought to have the necessary appliances for isolation of patients, and for the disinfection

of clothes and dejecta, and we ought not to rest until this desirable result has been obtained.

In consequence of the ill-health of Dr. Sheridan Lea, F.R.S., we hear that Dr. L. E. Shore has been appointed to examine in Physiology, for the Natural Sciences Tripos and Second M.B., Cambridge.

MR. J. A. GRAY, late Surgeon to His Highness The Amir of Afghanistan, read a paper before the Society of Arts, on February 15th, on his "Experiences at the Court of Afghanistan."

F. E. A. WEBB has passed in Surgery, Medicine, and Midwifery, at the final L. S. A. Examination. T. W. W. Burgess and B. L. G. Skipworth have passed in Surgery, and F. W. Rock has passed in Medicine, Forensic Medicine, and Midwifery.

We hear that it is probable that some alterations in the drainage of Christ's Hospital will be agreed to by which it will be possible for the present buildings to be temporarily occupied again until the new school is ready.

DR. A. A. KANTHACK will begin his next course of Bacteriology on April 9th next. Gentlemen wishing to attend this course should communicate with him before March 22nd. Days and hours of work will be arranged subsequently to meet the convenience of those attending. We may remind candidates for the D. P. H. diploma, that this course counts as a month's attendance in the D. P. H. course. The months of May and June will further be devoted to practical instruction in Bacteriological Analysis, so far as is required for the D. P. H.

There are several vacancies for Clerks in the Pathological Laboratory for May, June, and July. Those wishing to Clerk should communicate with Dr. Kanthack as soon as possible.

A VERY representative committee has been appointed for the purpose of getting up a hall, in connection with the Samaritan Fund. Their demands and aims seem to us high, but we wish them every success.

A CORRESPONDENT calls our attention to an epitaph on a tombstone in Bunhill Fields Cemetery, City Road, which runs as follows:—

Here lies Dame Mary Page,
Relict of Sir Gregory Page, Bart.
She departed this life March 11, 1728,
In the 56 year of her age.
In 07 months she was tap'd 66 times,
Had taken away 240 gallons of water,
Without ever repining at her case,
Or ever fearing the operation.

THERE will be a smoking concert given in connection

with the Australasian Students Club, in London, on March 17th, at "The Salutation," in Newgate Street.

We hear that the Senate of University College have passed a resolution approving of the scheme suggested by the Gresham University Commission for the reconstitution of the University of London.

Cases Worth Seeing.

SURGICAL.

The following cases are worth seeing in the surgical wards:—

Henry, 15, extensive epithelioma of tongue.
Sitwell, 21, congenital tumour of face.
Sitwell, 12, extensive lupus of face.
Coleson, 2, ununited fracture of tibia.
Charity, 13, necrosis of a large portion of the skull.
Kenton, 9, multiple malignant tumours.
Henry, 10, popliteal aneurysm.

MEDICAL.

The following cases are worth seeing in the medical wards:—

M. 63, Mark Ward, No. 9.—Pemphigus.
M. 21, Mark Ward, No. 20.—Cerebral Tumour.
M. 39, Luke Ward, No. 13.—Cerebral Syphilis.
F. 25, Mary Ward, No. 1.—Multiple Tumours of Abdomen.

Specimens added to the Museum during the Year 1893.

(Continued from page 79.)

ANEURYSM OF LEFT VENTRICLE.

1261a.—A Heart in which a large Sacculated Aneurysm has formed in connection with the outer side of the Left Ventricle. The Sac has been laid open from behind; it lies directly to the outer side of the Posterior Musculus Papillaris. Careful inspection of the walls shows that they are largely composed of layers of Fibrin. The outer surface of the Heart, particularly in the neighbourhood of the Aneurysm, is covered by a sluggy coat of coagulated Fibrin, due to Pericarditis.

NEVUS.

1779b.—The Left Half of a Tongue removed by operation, and showing a large Nevus occupying nearly the whole of the Dorsum. The Epidermis is much thickened, and the Papillae are unduly prominent. From a man aged forty-six. The growth was congenital, but had only caused trouble for nine weeks.
Presented by H. T. Butlin, Esq.

NEVUS OF LIVER.

2224a.—A Longitudinal Section through a portion of the Right Lobe of a Liver. At the Inferior Border there is a large Nevus; it was more or less globular, and measured nearly two inches in diameter.

GENERAL PARALYSIS OF THE INSANE.

2511b.—The Brain of a woman who died from General Paralysis. The Lateral Ventricles are dilated. Other characteristics of the disease are also seen in this Specimen, viz., (i.) thickening of the Pia Mater, (ii.) shrinking of the Cortical Substance of the Convolution, thus rendering the Sulci unduly prominent, (iii.) the presence of small Cysts on the Choroid Plexus, (iv.) the dilated perivascular spaces, seen in the cut surface as minute orifices, not larger than those caused by the point of a fine needle.

From a married woman aged thirty-seven, who died in the Banstead Lunatic Asylum eighteen months after her admission. She had well marked signs of the disease, which steadily increased until her death.
Presented by T. Clave Shaw, M.D.

ATROPHY OF CONVOLUTIONS AFTER TREPHINING.

2523d.—The Anterior Portion of a Brain, showing marked Atrophy of the Right Frontal Convolution.

Twelve years previously he sustained a compound comminuted fracture of his right frontal bone, for which at Guy's Hospital he was trephined, and several fragments of bone were removed; this left a considerable depression over the seat of injury, with atrophy of the corresponding convolutions.

FIBROUS DEGENERATION OF PLACENTA.

3044a.—A Portion of a Placenta to which the Umbilical Cord is still attached. The Uterine Surface is broken up into irregular rounded masses, measuring from one to two inches in thickness. The largest of these has been cut across, and shows a solid white surface. Microscopical examination showed that it is composed of fibrous tissue.
Presented by W. S. A. Griffith, M.D.

MADURA DISEASE OF HAND.

3382d.—The Radial Half of a Right Hand, divided by a longitudinal incision. The whole hand is much increased in size, and swollen. The cut surface shows that the bones of the carpus are the most affected. These are enlarged, and have a spongy appearance, with here and there a few small sinusoidal cavities. The tendons and muscles are affected in the same way. On the skin are a few small superficial ulcers, which communicate by means of sinuses with small cavities in the subcutaneous tissue. The cavities, when examined after a fresh section, are found to contain numerous small pale yellow ros-like masses, which are composed of pus and the special fungus. The fungus closely resembles that of Actinomyces, if the two are not identical.

From a middle-aged native of Madura, a cultivator by occupation; he had suffered from the disease in one hand and one foot for many years; the hand was amputated.

For notes, see *Pathological Society's Transactions*, vol. xlv.
Presented by A. A. Kanthack, M.D.

HYPERTROPHY OF SINGLE KIDNEY.

2331f. A Right Kidney and Ureter with the Bladder. There is a congenital absence of the Kidney, Ureter and Vesicula Seminalis on the left side, with compensatory Hypertrophy of the Right Kidney. This weighs nine ounces. It is rather more lobulated on the surface than usual, otherwise quite normal. Microscopically there is no pathological change.

From a young man aged 21, who died from acute peritonitis after herniotomy for right inguinal hernia. The left supra-renal body, as well as the right, was of normal size and appearance.

2331g. In this case the development of the Right Kidney, and Ureter has been arrested, the Kidney being represented only by a small amount of fibrous tissue, flattened and oval in shape, about one and a half inches in its longest diameter. A small Renal Artery and Vein enter the undeveloped Hilum, from which the Ureter emerges by three distinct channels, which coalesce. At a point two inches nearer the Bladder, the Right Ureter becomes imperforate, and is continued for another two inches as a solid fibrous cord. Below this point it again becomes pervious, and is continued on as a hollow tube as it reaches the base of the Bladder, where it enters the Right Vesicula Seminalis, which is much larger and more convoluted than usual. The Bladder and Prostate Gland are both asymmetrical, the right half of each being distinctly smaller than the left.

The Left Kidney shows less compensatory Hypertrophy than is usual in these cases. It is normal in appearance, and weighs seven ounces. From a man aged 20.

2331h.—A specimen from a Child, aged 11. The Left Kidney is represented only by a small flattened mass of fibrous tissue, one and a half inches long by half-an-inch deep. The first two inches of the Left Ureter are not pervious.

The Right Kidney shows compensatory Hypertrophy, and weighs four ounces. Its outer surface is lobulated to an unusual extent.

CONGENITAL DEFICIENCY OF OESOPHAGUS WITH IMPERFORATE RECTUM.

3639b.—The Alimentary Canal of a full-term Male Infant in which there is a congenital deficiency of the Oesophagus. The Pharynx ends blindly in a pouch of greater calibre than a normal Oesophagus at a point one inch below the opening of the Larynx. The Stomach and Intestines are well developed. That part of the Oesophagus immediately above the Stomach is also well-developed, and measures two inches in length. Above this point it is attached to and communicates directly with the Trachea at the Bifurcation. The Rectum is imperforate; it lies on the right side of the Pelvis, and together with the Sigmoid Flexure and the rest of the Large Intestine is greatly distended with Meconium. The Pelvis and Ureters of both are dilated, due no doubt to the pressure of the distended Rectum. (Cf. specimen No. 2373a).

This specimen is of especial interest as illustrating the failure, both of the Buccal and Anal Involution, to join with the middle portion of Alimentary Canal.

The child lived two days. He also had a patent septum ventriculorum and the right radius was absent.

Correspondence.

DEAR SIR,—It is with much pleasure that I notice the heading, "Cases Worth Seeing," in the current number of the *St. Bartholomew's Hospital Journal*.

Not only is this a great advantage to the present students, but an immense boon to old students in general practice. Would it not be possible to start a "Clinical Club" in connection with the Journal, which should have for its object the notification by postcard once a week of "cases worth seeing"; and also the institution of fairly frequent Clinical Evenings, once a week or once a fortnight. The Hospital is so rich in material that I feel confident the scheme would be a successful one, and, I think, much appreciated by old Bart.'s men in London and the suburbs.

I am, dear Sir,

Yours faithfully,
REGINALD POULTER.

17th February, 1894.

Reviews.

DIPHTHERIA AND ITS TREATMENT, by Martin (Ballière, Tindall, & Cox), 32 pages.—This small book recommends the author's treatment for diphtheria, which consists in frequent and repeated insufflation with sulphite of magnesium, together with general tonic and hygienic measures. He states that he has not lost a single case in five years under this treatment. It is a very great pity, considering the immense and growing importance of the subject, that physicians who advocate novel modes of treating diphtheria, do not do themselves the justice of publishing their results in a convincing form. It would be a work of the greatest value to produce an exact and detailed account of fifty or a hundred cases treated on this method, recording age, state of throat, temperature, pulse, laryngeal and pulmonary symptoms, and so forth. Without this no treatment is likely to be often or seriously tested, whereas by this addition the author might have proved his case. Diphtheria differs so much in its severity that without giving details no statement of results is worth, for evidence, the paper upon which it is written.

AIDS TO THE TREATMENT OF DISEASES OF CHILDREN, by McCaw (Ballière, Tindall, & Cox), 3s. 6d.—This small manual of 181 pages is extremely well got up, and contains briefly, but very fully for such a work, all the latest information about the diseases of children. There are many good tables of differential diagnosis, and four and a-half pages of well-tested prescriptions. It is written for the use of the student and busy general practitioner from the best known works. One of the reasons why we recommend it, if for no other, is the chapter on the "Feeding of Infants and the Choice of a Wet Nurse," which subjects are so vaguely dealt with in ordinary books on midwifery.

AIDS TO OTOLGY, by W. R. H. Stewart (Ballière, Tindall, & Cox), 2s. 6d.—This is a book of the same series as the above, consisting of 105 pages. It is really a second edition to a book entitled the "Epitome of Ear Diseases."

To these we reply that the intention of those who started the HOSPITAL JOURNAL.

man of the Athletic Union at Owens, and himself no mean performer in the gymnasium there.

Holt, of Leeds. No cards.

It is extremely well arranged. The first chapter on the Anatomy of the Ear is very good. Chapter II. on the Physiology of the Ear, is, we think, too brief and scanty. Chapter III. deals with the instruments required, and the examination of the patients. It has good illustrations. The rest of the book is devoted to diseases in the several regions of the ear and their treatment. It is extremely full of detail, and, as the author intimates in his preface, gives all that is required to get up such a subject in a short time after having read the larger text-books.

FAULKNER'S GUIDE (H. K. Lewis), demy 8vo, 2s.—This is a guide to the Public Medical Services, comprising Home, Naval, Army, West Coast of Africa, Indian and Colonial Medical Services, compiled from official sources, and is most replete with all the necessary information, giving in detail where application is to be made, the necessary forms to be filled in, examinations to be gone through, remuneration, the methods of promotion, and the amounts of pension and age limits. It consists of 72 pages, and in a small compass gives all the necessary and reliable information for each service. This is a great advantage and a saving of time and labour, which everyone who has taken the trouble to obtain the information for himself in the many official papers separately, will fully appreciate.

Surgical Cases in the Oldards.

By THE SURGICAL REGISTRAR.

Fractured patella—opposite patella broken ten years previously.

Joseph D., aged 44, admitted under the care of Mr Butlin for simple transverse fracture of the left patella. The patient had sustained a similar fracture of the right patella ten years before, and was then in Rahere Ward, under the care of Mr. Smith. The interest of the case is chiefly in the excellent present condition of the right knee. The fragments are about a quarter of an inch apart but firmly united by fibrous tissue, which allows of slight lateral movement. Much of the original gap between the fragments has been filled up by new bone. The patella as a whole can be moved freely from side to side. The knee can be bent within a right angle. Extension of the knee can be performed against all the resistance that a man of average strength can employ with two unaided hands. Before the recent accident the patient could "run up and down stairs just as if there was nothing wrong with the knee." The treatment adopted ten years ago consisted in a simple, short, back splint with indiarubber bands above and below the knee. This was worn for six weeks; the patient was then allowed to get about, wearing a leather apparatus fixing the knee. This was worn for a whole year.

Sarcoma of muscles of leg.

John M., age 15, was admitted into the hospital under the care of Mr. Butlin. About a fortnight before admission

he first noticed a lump, "as big as a pigeon's egg," on the inner side of the calf of the right leg. This gradually increased in size, but did not cause him any pain.

On admission, the patient was a healthy-looking boy. An oval, slightly nodular, fairly hard, tense swelling was situated deeply in the muscles behind the middle third of the tibia. The diagnosis of sarcoma having been made, and permission to amputate having been refused by the patient's friends, the tumour was dissected out. It was found to be very close to the tibia, and to the posterior tibial nerve, although not actually involving either. The wound did well, but a month after the amputation recurrence was noticed, and consent was then obtained to amputate the leg just below the knee. This was done, and the patient is now making a good recovery.

Case illustrating the value of the microscope in the diagnosis of a difficult case of epithelioma of the tongue.

Thomas W., aged 55, was admitted under the care of Mr. Bowly. For ten years he has had soreness of the tongue and occasional ulceration. Six months ago a small ulcer appeared on the tongue, opposite a jagged tooth. The tooth was drawn, but the ulcer continued to spread. For three months the patient has been taking iodide of potassium. On admission, he was in good general health. Over a large part of the dorsum and left side of the tongue were seen scars of old glossitis, evidently due to syphilis.

On the right side of the tongue was a deep excavated ulcer, an inch and a half long and three-quarters of an inch deep, with slightly overhanging edges. There was almost complete absence of the induration usually accompanying an epithelioma. The lymphatic glands were not enlarged. At consultations opinions were divided between epithelioma and tertiary syphilitic ulceration.

A small portion of the edge of the ulcer was accordingly excised and found to be undoubtedly epitheliomatous. One half of the tongue was removed, and the patient made a good recovery, leaving the hospital on the thirteenth day after the operation.

Births.

HARRIS. Feb. 8, at 31, Wimpole-street, Cavendish-square, W., the wife of Vincent Dormer Harris, M.D., F.R.C.P., of a daughter.


SCOTT.—Feb. 27, the wife of Dr. T. W. Scott, Benham Cottage, Winchester, of a daughter, stillborn.

Death.

GARR.—Feb. 24, at St. Arvans, Abergavenny, Alfred William Gabb, M.R.C.S.E. and L.S.A., aged 74.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette*; *St. Thomas's Hospital Gazette*; *St. George's Hospital Gazette*; *The Student*; "Medical Pathology" (Ballière, Tindall, & Cox); "Psychopathia Sexualis" (Rebman).

St. Bartholomew's Hospital



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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C., BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, Messrs. RICHARDS, GLANVILLE & CO., 114, Fenchurch Street, E.C.

St. Bartholomew's Hospital Journal,

APRIL 14th, 1894.

"Æquum memento rebus in arduis
Servare mentem."—Horace, Book ii., Ode iii.

BEHOLD the seventh number of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL! Having nurtured and supported our *protégé* for the first half-year of its existence, we think it fitting that we should make a general survey of its progress.

That the Journal has not been all that could be desired we are well aware, but considering the slender support which it has received from present members of the Medical School, the marvel is that it still exists.

Many and varied have certainly been the criticisms which have tickled, not to say amused, our editorial ears from time to time. We will mention one or two, because we think that no one who has not been in a position similar to ours can imagine what wide divergence of opinion they embrace.

One man asks for "Some scandal about the Nurses and the Junior Staff"—we wonder whether any is obtainable. Another asks for "a full report of Clinical Lectures," while a third wants us to "Caricature the Visiting Staff," and a fourth thinks we should do well to "get someone to write a Novel for it."

To these we reply that the intention of those who started

the journal on its course was not to create a rival for either the *Pink 'Un* or the *Lancet*, but to secure a STUDENT'S JOURNAL.

Obviously it is impossible to please everyone, but amongst Bart.'s men, where everyone is ready to cavil and condemn, and few,—very few indeed,—are prepared to put their shoulders to the wheel, we have come to the conclusion that we may feel gratified if we succeed in pleasing anyone at all.

On the other hand, however, ready as we always are to receive criticisms and advice, and where possible—when we regard it as the representative opinion of the School—to act upon it, we would point out to our readers that if the Journal is not all that they would wish it to be, the remedy is in their own hands. The Journal is your own property, and is managed by an Editorial Staff elected by your representatives, the Finance Committee, and that Staff will gladly welcome your assistance in the shape of "Copy." Your share of the responsibility lies with you whether you like it or not, and obviously it is unfair for you to stand by and condemn what is done, while you yourself have done nothing whatever.

We have no patience with those men whose answer to every appeal for work *pro bono publico*, is, "I'm awfully sorry, but I really haven't got time." To them we would commend—though with a recollection of the "pearls before swine" incident,—Wordsworth's excellent lines:—

"Yes! they can make who ne'er can find
Brief leisure, e'en in busiest days."

This being the present condition of affairs, it is our intention to pursue our course regardless of adverse criticisms, placing in our readers' hands each month the best Journal which our time and our resources enable us to put together; trusting that as time goes on the present lack of *esprit de corps* may die away, and that each student will feel that on entering his name on the Hospital Register he not only binds himself to obey the Rules of the Hospital, but that he also morally binds himself to do what he is able to support every club in the Hospital and, together with the clubs, their own periodical—the ST. BARTHOLOMEW'S HOSPITAL JOURNAL.