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 Wards.

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 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. Bowlby. 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.

GABB.—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 Journal.

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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.

"Æquam 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 STUDENTS' 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.

This number of the Journal is probably the first one which will be read by the "Freshers" who will join us on the first of May: to them we offer a hearty welcome and advise them—if they wish their student course to be anything other than five years of drudgery—to lose no time in joining the Amalgamated Clubs; this step having been taken, we recommend them to study the Amalgamated Clubs' Year Book, and to make themselves known as soon as possible to the secretaries of the Clubs they intend to become active members of, viz., Cricket, Tennis, Boating, Swimming, or Athletic.

This, we can assure them, is the only certain *entrée* to the social life of the Hospital and to a share in those "joys of life" which are none too plentiful in the career of a present day Student of Medicine.

As regards their work we will not endeavour to advise them, since this is done *ad libitum*, if not already *ad nauseam*, by their teachers.

We must not forget, however, to draw their attention to the temporary absence of the Athletic Shield from its old haunt, the Library table, and to remind them that we look to them for the assistance which will enable us to restore the shield to the only table on whose surface it has scored scratches for seven years in succession.

We hope to print a list of "Freshers" in our next issue.

A Teaching University for London.

II. *The Events which Followed the Report of the First Royal Commission.*

IN our previous article we endeavoured to place before our readers a summary of the chief considerations which led to the agitation for a Teaching University in London, and of the various schemes which were proposed by different interested parties. As we have seen, the Commissioners of 1888 reported in favour of one University in London. It was thought that if there were two Universities, one examining only, the other teaching as well as examining, some rivalry between them would scarcely be avoidable, and that competition might have a detrimental effect on one or both. Again, it was urged that if there were two Universities bearing the name of London (however they might be differentiated) it would be hardly possible, at any rate, at first, to avoid confusion and encroachment by one upon the reputation of the other. They therefore strongly recommended that a reasonable time should be given to the present University to formulate a scheme by which the Teaching Institutions of University rank could be brought into proper relations with each other and with the University. The rest of their recommendations favoured in the main the scheme of the Committee of the Senate, the outlines of which were mentioned in our last article; but there was one important difference: The scheme of the Committee of the Senate proposed to admit, as Constituent Colleges, Schools of University rank *in any part of the United Kingdom*, whilst the Commissioners made it an essential condition that only Teaching Institutions in or near London should be so admitted.

Immediately after this Report in 1889, a Committee of the Senate began their labours, and in November, 1889, the Senate adopted the scheme presented by their Committee "as a basis of conference with University College, King's College, the Royal Colleges of Physicians and Surgeons, the Council of Legal Education, and the Incorporated Law Society." It is not necessary to enter into the details of this, which may be distinguished as the Scheme of 1889, for, before it took final shape in 1891, it was very considerably modified. It, however, contained provisions for the carrying out of the recommendations of the Royal Commission by proposing to establish a new M.D., Lond., *pass* degree, and to change the existing into an *honours* degree.

This was the first sign of any concession on the part of the University of London to meet the just demands of Medical Students and teachers that there should be in London a degree reasonably accessible to the average student; but, at the same time, it is obvious that it mean an alteration in the value which, rightly or wrongly, the public as well as other Universities had hitherto attached to the Medical Degree of the University of London.

There now began a long series of conferences between the Committee of the Senate and the educational and other bodies concerned. University and King's Colleges wished for more direct control over the Examinations, and proposed that in the Constituent Colleges, the courses of instruction, so far as they form the basis of University Examination, should be approved by the Senate, and subject to that approval, the examinations should be conducted by the College professor in each subject acting with a second examiner appointed by the Senate.

These negotiations resulted in the production of a "revised scheme," which was adopted by the Senate in March, 1890.

Throughout the whole of the deliberations upon the various schemes for modifying the University of London to meet the wants of a Metropolitan Teaching University, there has always been the difficulty that the present University is *an Imperial and not a local Institution*, and hitherto the Provincial Colleges have opposed any modification which does not place them in a position of equality with the London Colleges.

Although the revised scheme of 1890 made certain concessions to the Provincial Colleges, yet they were not content, and decided to oppose it. Accordingly, a deputation from these colleges waited upon the Committee of the Senate; and at about the same time, viz., in June, 1890, the Medical Schools of London sought an interview with the Committee of the Senate to urge their claims for admission as Constituent Colleges of the University under any scheme of reconstitution from the commencement. This interview was accorded to them, and the Schools not only asked to be admitted as Constituent Colleges from the first, but also to have direct representation on the Senate.

The Senate now had before them a statement of the most important of the various and conflicting interests involved, and after lengthy and careful consideration their "Final Revised Scheme" was brought forward in 1891.

This "Final Revised Scheme" of 1891 is by far the most important of those prepared by the Senate, for it was upon this one that the Draft Supplementary Charter, which was rejected by Convocation in May, 1891, was founded. Furthermore it is this scheme, somewhat modified in detail, which now, three years later, receives most support in the recommendations of the second Royal Commission. We therefore propose to analyse it somewhat closely to enquire into the reasons for its rejection by Convocation, and to discuss how far these reasons can be urged as objections to the proposals *now* before the educational world of London.

The *Senate* under this scheme would consist of fifty-two members: ten elected by the Crown; ten by Convocation; six by University and King's Colleges; four by the Royal Colleges of Physicians and Surgeons; two by the Law Societies; four *representing the Provincial Constituent Colleges*; twelve by the London Faculties; and four by the *Provincial Faculties*.

Standing Committees of the Senate were to be constituted as follows:—

1. A Committee for the Faculties of Arts and Science in connection with the London Constituent Colleges.

2. A similar Committee for the Provincial Constituent Colleges.

3. A Committee for the examinations in the Faculties of Arts and Science other than those conducted under arrangements with Constituent Colleges.

4. A Committee for Medicine; consisting of the Senators elected by the Royal Colleges, the five Senators elected by the Faculty of Medicine, and one chosen by the four Provincial Senators and those elected by the Provincial Faculties conjointly, together with nine others elected by the Senate.

5. A Committee for the London Faculty of Law.

London Constituent Colleges to be University and King's Colleges in all Faculties, with all the Metropolitan Medical Schools in the Faculty of Medicine.

Provincial Constituent Colleges to be admitted by the Senate on terms and conditions identical with those regulating the admission of London Colleges.

The *Faculties* would be distinguished into *London* and *Provincial*, each to consist of such a number of teachers of the London or Provincial Colleges as may in each case be determined by agreement between the Senate and the Constituent Colleges.

The *Boards of Studies* to be similarly distinguished into *London* and *Provincial*.

In reference to Matriculation and Degrees in Arts and Science it was proposed that "The Senate shall have power to enter into arrangements with the Constituent Colleges in Arts and Science jointly or any of them separately upon the following basis:—

1. "The approval of the Senate of syllabuses of courses of instruction proposed to be given in the Colleges to Candidates for Matriculation and for the Pass Examinations for the Degrees of B.A. and B.Sc.

2. "Production of evidence satisfactory to the Senate of diligent attendance at such College Lectures, and for such times as may from time to time be prescribed by the Senate.

3. "Examinations of students, being Candidates for Matriculation and the Pass Examinations for the Degrees of B.A. and B.Sc., by a College professor or teacher in the subject, or other person appointed by the College and an examiner to be appointed by the Senate, with power to the Senate to make regulations or bye-laws from time to time for dealing with any cases in which the examiners may be unable to agree upon their report.

4. "The conferring of the Degree on the foregoing conditions."

In regard to *Degrees in Medicine*, the scheme proposed that:—

"The Senate shall have power to enter into arrangements with the Royal Colleges for conducting the Examinations in Anatomy, Physiology, Medicine, Surgery, and Midwifery for the Pass M.B. Degree by a Board of Examiners, consisting of the Examiners appointed by the University and Examiners to be appointed by the Royal Colleges, who shall join in the reports to the Senate on such Examinations. The Examiners appointed by the University may be called upon, if the Senate so think fit, to make in addition separate reports. These Examinations may, if so agreed upon, be conducted in combination with Examinations for the Royal Colleges. The arrangements for giving effect to this clause shall be carried out under the direction of a Committee to be appointed in equal numbers by the Standing Committee for the Faculty of Medicine and a Committee to be appointed by the two Royal Colleges. Such arrangements to be subject to the approval of the Senate and of the two Royal Colleges. This arrangement for joint Examinations shall not lessen or interfere with the duty of the Senate to be satisfied as to the adequacy of the Examinations in all respects.

"Candidates for Degrees in the Faculty of Medicine to show that they have passed through the required courses of instruction in one or more of the Constituent Colleges in that Faculty or of the recognised Medical Institutions."

The proposals contained in this scheme were accepted by University and King's Colleges (though only in a half-hearted way), by the Royal Colleges of Physicians and Sur-

geons, and by the Medical Schools of London. The Provincial Colleges, however, were not satisfied, and Convocation declined to concur with the Senate in applying for a supplementary Charter founded upon it. They rejected the scheme by 447 to 197. The more important of the objections raised fall under three heads:—

1. The scheme did not constitute a local Teaching University in and for London, but rather a university for London *and the provinces*. Residence in London and attendance on courses of instruction at London Colleges was not made essential for graduation.

2. Power was given to the Senate to enter into arrangements with each Constituent College in Arts and Science *separately* for conducting examinations for Matriculation and Pass B.A. and B.Sc. Degrees by College Professors and University Examiners conjointly. Thus it was objected there might be as many varieties of standard for these degrees as there may be Constituent Colleges.

3. The most serious check in the existing University to candidates for Medical Degrees is the Preliminary Scientific Examination, which, under the above scheme, was to remain in the hands of the University alone. If this remained as before, it was contended the "Medical grievance" would remain unredressed, and the degree would be as inaccessible as before. On the other hand the Graduates in Convocation looked with suspicion on the establishment of a Conjoint Board formed partly by the University and partly by the Royal Colleges of Physicians and Surgeons, and felt that there was danger that in time the degree would come to be the equivalent of M.R.C.S. and L.R.C.P.

Immediately after the rejection of this draft Supplementary Charter by Convocation, University and King's Colleges applied to the Privy Council for a grant of a Charter to them under the name of the "Albert University."

In July, 1891, the various Institutions concerned having been heard through counsel by the Privy Council the draft Charter was considerably modified, and the claims of the Medical Schools were conceded, so that they were to be admitted as Constituent Colleges in the Faculty of Medicine on equal terms with the Medical Schools of University and King's Colleges, and were each to elect a representative to the Council of the University.

The Royal Colleges of Physicians and Surgeons were to be allowed to elect representatives to the Council of the University, but in that case the number elected by the Medical Schools was to be reduced. The Royal Colleges, however, declined to accept this position, and resolved to stand aloof from the new University.

The "Albert University" Charter thus modified by the Privy Council now only required the sanction of Parliament to become a fact. Before, however, it was laid before Parliament, negotiations were entered into by which the new University could absorb the City foundation known as Gresham College, which has certain endowments and other property, as well as a building which could become the nucleus of the new University. The result of these negotiations was that the whole of the interested Institutions agreed to a change of name from "Albert" to "Gresham," and under this name the Charter was laid on the tables of the two Houses of Parliament.

Opposition, however, was too strong. The provincial Colleges and Scotch Universities as well as the members of the existing University of London, made a dead set against the Charter. The objection also was strongly raised from one quarter that a University containing King's College, requiring as it does that all its Professors shall be members of the Church of England, would be a contravention of the Universities' Test Act. The consequence of all this opposition was that the Government of the day withdrew the "Gresham" Charter, and referred it, as well as the whole subject of University teaching in London, to a second Royal Commission. This Commission was appointed in April, 1892, and consisted of Earl Cowper, Lord Reay, Bishop Barry, Sir Lyon Playfair, Sir W. S. Savory, Sir G. M. Humphry, Professor Ramsay, Professor Browne, Professor Sidgwick, Professor Burdon Sanderson, Mr. Anstie, Mr. Palmer, and Mr. Rendall.

This Commission has, like the first, reported in favour of one University, *i.e.*, some reconstruction of the present University which shall enable it "To carry on thoroughly and efficiently the work which may be properly required of a Teaching University for London without interfering with the discharge of those important duties which it has hitherto performed as an examining body for students presenting themselves from all parts of the British Empire." They further recommend that these changes shall be carried out by the appointment of a Statutory Commission.

A Case of Peliosis Rheumatica, or Erythema Multiforme.

Reported with Dr. Church's kind permission.

James M., 22, gasworker, was admitted to Mark Ward on March 17th with a peculiar rash on his arms and legs.

H.P.C.—On March 10th he noticed that he was sweating a good deal, had a headache and sore throat, and vomited twice; felt very sick afterwards but did not vomit; no pain except on movement, when he had pains all over him.

On March 11th his knees and ankles felt stiff; a rash began to show on his arms; he was weak and unable to work, so took to his bed; hot and thirsty.

March 13th.—Rash appeared on both feet and legs; noticed that he was still feverish; was sweating a great deal; felt weaker.

March 14th.—Pain in knees, knuckles, and toes; knees swollen, was advised to come up here.

There is no previous history of rheumatism or scarlet fever, and he has always enjoyed good health; knows but little of his family history.

P.C.—On admission he was seen to be a fairly well-nourished man; face flushed, rather purple, tongue slightly furred on dorsum; not distressed.

P. 88, regular, good volume, soft; R. 28. Eyes injected.

Chest.—Good shape, thinly covered; movements and percussion note equal and good. Good air entry all over. Some rhonchus at both bases.

Heart.—Soft systolic murmur heard at apex. Conducted into axilla but not heard behind; heard less distinctly over pulmonary area. Aortic sounds clear.

Abdomen.—Soft; not distended. Liver not enlarged. Edge felt just below costal arch; no tenderness; splenic dulness not increased; spleen not felt.

On the face and arms (especially extensor surfaces) from elbow downwards, is a raised papular discrete reddish purple rash, fading on pressure; papules seen in groups of two or three; skin seems erythematous; rash much more general on face, causing it to become purple-coloured; the same condition occurs on feet and legs especially on inner side above the knee; not seen on abdomen or back; most marked on feet and legs; over the right patella is a single small bleb.

There is some swelling and effusion in both knees, more especially the left; pain only on movement; no œdema of his legs. His bowels have been always regular.

On Saturday 17th his temperature rose to 104·2; he seemed rather distressed, and the rash on his arms and legs became much brighter and more intense.

On the 18th he had a temperature of 100°; rash had not altered. Pulse 92, regular. Some headache, and throat was still sore; no joint pains; more fluid in left knee; takes and sleeps well. Bowels regular.

On the 19th the temperature was lower (102·6 to 99·8). Face was less red, and the rash on his arms fading; the fluid in his knee-joints seemed rather less.

Next day the rash had faded considerably, especially on his arms; his temperature was lower, not rising above 99·2.

Three days later temperature was subnormal; rash almost gone, there being no pigmentation left. There was still considerable fluid in both knees; takes and sleeps well. Bowels regular.

On March 27th he had improved very much; the rash had completely gone; there was no fluid in his knee-joints, but some thickening about the left and no pain on movement; he got up but was rather weak; after this he improved at a rapid rate, and in three or four days was practically well.

The temperature on admission would point to some more acute disorder than the one diagnosed, and the question of typhus was raised at one time; but the subsequent symptoms settled this question. Also there was no history of his having eaten shell-fish except, indeed he had a fresh haddock the day before being taken ill, but this could not have caused such an acute disturbance.

There have been, I believe, one or two somewhat similar cases in some of the medical wards lately.

Fagge mentions this rash as occurring sometimes in rheumatism, and it is from him that the name Peliosis Rheumatica is taken.

This case was treated with salicylate of soda.

P. O. A.

The Manufacture and Composition of Opium.*

At the present time a Royal Commission is engaged with the investigation of the Opium question in India, and in connection with this topic an interesting article by Dr. Maynard, of the Indian Medical Service, and one of the official opium examiners, is of considerable importance. Dr. Maynard is an old Bart.'s man, and we congratulate him on the clearness and scientific value of his paper upon opium manufacture. The opium factories are under Government control, and the cultivators of the plant are licensed and are known as "ryots" or "assamis." The petals of the opium-plant are first gently removed, and made to adhere together into circular plates by the aid of gentle heat. These are subsequently used in making the shells of the opium cakes. At the proper time the assamis incise the poppy capsules and collect the juice which exudes. When first collected, this juice is a granular rose-red liquid containing about 46 to 49 per cent. of water. It is then kept in shallow earthen vessels to allow the separation of a substance called *pasewha*, which is often in considerable excess, especially if at the time of collection there is rain or much atmospheric humidity. This substance having been removed, and the opium allowed to become properly inspissated, the assamis bring it to the district factories. The rest of the plant is broken up to form *trash*, used for packing the opium when finally sent out. When brought to the factories, the drug is tested and the percentage of water estimated—for upon this the assamis are paid. Opium of 70° consistency means that there is 30 per cent. of moisture, of 80° that the moisture is 20 per cent., and so on. It is also examined for adulterations such as starch, treacle, raw sugar, vegetable matter containing gum and mucilage, charcoal, &c., &c. It is then stored and classified according to its strength and purity. Each class has a distinctive name, thus: *ăwal* has the consistency of 70° to 72°; *dărawal*, 73° to 75°. In addition to pure opium of varying degrees, there are to be distinguished: *Khurchan*, the scrapings of the earthen pots in which the assamis bring their opium to the district officer; *dhoi* is the washing from all vessels in which opium has been placed, dried and evaporated in the sun. This mixed with *pasewha* is used to make *lewa*, with which

* "Opium—its Manufacture and Composition," by Surgeon-Captain F. P. Maynard, M.B., I.M.S.—*Indian Medical Gazette*, February, 1894.

the leaves are pasted together to form the shells of the cakes of opium. *Assamiwar* is the opium about which the assami is dissatisfied with the district officer's classification. The fact that opium manufacture is a Government monopoly, affords the best possible guarantee of its purity, and if the production of this drug were left to private enterprise, and the official certificates abolished, disastrous results would follow. The opium of the Patna factory with which Dr. Maynard is connected is of three kinds: (1) That which is manufactured for the China market. This consists of opium of various degrees mixed to the uniform standard of 75°. It is made into cakes of uniform weight, covered with leaves allowed to dry and packed in chests. (2) *Abkari*, or excise opium for use in India. This is dried in the sun until it rises to 90° degrees consistency. (3) Medical opium. The cakes are of 90° consistency, and the powder is dried to 100°.

The rest of the opium which is not suitable for any of the above purposes is used for extraction of alkaloids.

Dr. Maynard's article, from which we have abstracted the above facts, contains also a very valuable account of the chemical composition of the drug, and comparative tables of the alkaloidal strength of the various kinds of opium.

Alchemy.

THE word Alchemy is supposed to have been derived from *Al* (Arab.) the, and *χημεία*, Chemistry. Alchemy is the pretended art of transmuting inferior metals into gold or silver by the aid of the so-called Philosopher's Stone, or the powder of projection—a red powder which had a peculiar smell. According to some, Alchemy originated amongst the Arabians. One of the earliest books on the subject extant is that of Geber, an Arabian physician and alchemist of the seventh century. Although at first Alchemy had the object of changing inferior metals into gold, there was subsequently added a second aim—that of discovering the universal medicine, *Elixir Vitæ*, intended to impart perpetual life, health, and youth. Some say that the ancient Egyptians practised Alchemy; and whether this be so or not, it is certain that they had acquired a considerable knowledge of chemical art. It is said that the name Chemistry is derived from the word *Khem*, which was applied to Egypt, and that the Greek word, *χημία*, for Egypt, was given on account of the blackness of the soil of that land. There is no doubt that the ancient Egyptians possessed a good knowledge of chemistry and chemical manufacture, for they could make glass, and produced several very fast pigments which they used in dyeing, &c. They also had some practical acquaintance with metallurgy. According to the researches of Dr. Russell, the blue pigments used by the Egyptians as early as 2,500 B.C. were artificial substances which must have required considerable chemical skill to produce, and the ingredients—chiefly silica, lime, alkali, and copper ore—must have been very carefully selected, and used in very definite proportions. Great skill must also have been exercised in their manufacture by the employment of suitable furnaces and a correct temperature. It is highly probable, therefore, that these ancient people practised Alchemy. Paulus Diaconus, who wrote in the eighth century, asserts that Diocletian burned the Library of Alexandria to prevent the Egyptians becoming too learned in the art of producing at will the precious metals which might be employed in war against himself.

The earliest English writer on Alchemy was probably St. Dunstan, Archbishop of Canterbury, in the tenth century. Alchemy was much studied in convents, by learned doctors and scholars, by the highest church dignitaries, and even by kings and popes. Albertus Magnus—a German—born in 1282, wrote seven treatises on the subject; and Thomas Aquinas, his pupil, wrote three books upon it. Roger Bacon, who was born at Ilchester in 1214, and who, as a scientist, was far in advance of his time, and wrote against the folly of believing in magic, necromancy, and charms, nevertheless had great faith in the Philosopher's Stone and in Alchemy. He, however, had a keen idea of the value of experiment, and wrote eighteen treatises on chemistry. Perhaps the best of these is his "Myrrour of Alchemy," which gives a good account of the history of the art, and of the arguments by which it has been attacked and defended. Raymond Lully, born at Majorca in 1235, was a physician of great repute, well acquainted with Arabian writings. He wrote also on Alchemy, compiling in all nineteen books. Arnoldus de Villa Nova, who was born in 1235, wrote the "Rosarium," which was a complete compilation of the whole of the Alchemy of the time. Pope John XXII. professed and described the art of Alchemy, and said that he had made 200 ingots of gold, each weighing 100 lbs. Cremer, Abbot of Westminster, a pupil and disciple of Lully, was a well-known Alchemist of the fourteenth century. In the fifteenth century, George Ripley, Canon Registrar of Bridlington, wrote "Medulla Alchymiæ." In the sixteenth century, Dr. John Dee, born 1527, and Warden of Manchester College, and Edward Kelly, his assistant, were both Alchemists. Dr. Dee wrote a "Treatise of the Rosie Crucian Secrets; their excellent methods of making Medicines and Metals, &c." Dr. Dee is referred to in the following passage from the comic opera "Wapping Old Stairs," lately on at the Vaudeville Theatre, in which the Quack sings:—

> "I've read Gerard and Dr. Dee, herb-dealers astrologic,
> I've studied hard Histology, a subject hypnogogic,
> I've also been a teacher of caliginous Psychology,
> And make a special feature of phytophagous Zoology:
> I lecture, when requested, on the purifying oxidants,
> I've personally tested all the best known intoxicants," &c., &c.

In the sixteenth century, Alchemy had begun to fall into disrepute amongst the most learned, although it still held its own in popular credulity. Bacon relates the following story:—"Sir Edward Dyer, a grave and wise gentleman, did much believe in Kelly, the Alchemist, that he did indeed the work and made gold; insomuch that he went into Germany, where Kelly then was, to inform himself thereof. After his return, he dined with My Lord of Canterbury, where at that time was at the table Dr. Brown, the physician. They fell in talk of Kelly. Sir Edward Dyer, turning to the Archbishop, said: 'I do assure your Grace that that I shall tell you is truth; I am an eye witness thereof; and if I had not seen it I should not have believed it. I saw Master Kelly put of the base metal into the crucible; and after it was set a little upon the fire, and a very small quantity of the medicine put in, and stirred with a stick of wood, it came forth in great proportion, perfect gold to the touch, to the hammer, and to the test.'—My Lord Archbishop said, 'You had need take heed what you say, Sir Edward Dyer, for here is an infidel at the board.'—Sir Edward Dyer said again pleasantly, 'I would have looked for an infidel sooner in any place than at your Grace's table.'—'What say you, Dr. Brown,' said the Archbishop.—Dr. Brown answered after his blunt and huddling manner, 'The gentleman hath spoken enough for me.'—'Why,' saith the Archbishop, 'what hath he said?'—'Marry,' saith Dr. Brown, 'he said he would not have believed it, except he had seen it; and no more will I.'"

At various times Alchemy and its followers received encouragement from English Kings and Parliaments. Lully, the Alchemist, visited England at the invitation of Edward I.; and in 1329, Edward III., hearing that John of Rous and Master William of Dalby knew how to make silver by Alchemy, and considering that they "may be profitable to us and our Kingdom," commanded that these men should be brought to the King "together with all the instruments of their art." In the reign of Henry IV. an Act was passed making it a felony "to multiply gold or silver or to use the craft of multiplication." Henry VI., a weak and credulous King, was much imposed upon by Alchemists, and granted to them protections against the penalties of the Act of Henry IV.

Even down to the seventeenth century, some belief in Alchemy remained. Amongst the works of Robert Boyle, who died in 1691, and who in many ways may be regarded as the founder of Modern Chemistry, we find a book entitled "An Historical Account of a Degradation of Gold made by an Anti-Elixir: a strange Chemical Narrative." In this book he says: "To make it more credible that other metals are capable of being graduated or exalted into gold by way of projection, I will relate to you that by the like way gold has been degraded or imbased. . . . Our experiment plainly shows that gold, though confessedly the most homogeneous and least mutable of metals, may be in a short time (perhaps not amounting to many minutes) exceedingly changed both as to malleableness, colour, homogeneity, and (which is more) specific gravity."

This shows that even such a scientist as Boyle was imposed upon by some unscrupulous persons, and that even then a lingering belief in Alchemy existed. Of Boyle and Alchemy we may truly say with the author of *Lacon*, "Man is an embodied paradox, a bundle of contradictions; and as a set-off against the marvellous things that he has done, we might fairly adduce the monstrous things that he has believed. The more gross the fraud, the more glibly will it go down and the more greedily will it be swallowed, since folly will always find faith where impostors will find impudence."

VIATOR.

The International Medical Congress at Rome.

FROM what we read in the Medical Journals, and hear from those who have had the good fortune to have been in Rome during the late International Medical Congress, this appears to have been a most successful and interesting, not to say valuable and instructive *réunion* of medical *savants*. It would be out of place, even if it were possible, for us to give a full and elaborate description of the proceedings, many of which have already been and many more doubtless will be, reported in the recognised medical periodicals. We cannot, however, allow so important an event to pass without notice. There is something peculiarly appropriate in a meeting of so important a Congress being held at Rome, the Capital of Italy, for in that country and in that city much of what has preceded our day in medicine and has contributed largely to the building up of our art, took place. Many were the famous physicians and anatomists who lived and worked in the Italian Universities and Schools in mediæval times. It was to Rome that Galen came from Pergamos, and by his rationalistic methods stimulated medical thought, though not without much opposition and jealousy from the Empirical School which then flourished there. Although Hospitals at first were little more than rests for pilgrims and the aged poor, yet in Rome it was that the first Hospital in Europe was founded nearly fifteen hundred years ago, in A.D. 400. The earliest and certainly one of the most famous of mediæval Schools of Medicine—that of Salerno—flourished in Italy long before Schools in other parts of Europe existed. Thither, down to the thirteenth century, students flocked from all parts to study medicine, and thence emanated all the great physicians of the time. It was Italy that produced the first great anatomist of Europe—Mondino—who taught in Bologna early in the fourteenth century. His demonstrations of Human Anatomy made Bologna famous, and in his description of the Heart he was wonderfully accurate. He, too, came very near to Harvey's discovery of the true course of the circulation

of the blood. In Italy, again, the great anatomists of the sixteenth century lived and worked. Vesalius, who may be said to have founded the Science of Modern Anatomy, after demonstrating in Padua and Bologna, lived in Rome. Splendid and accurate were his researches and writings, but more valuable still was the stimulating effect of his teaching upon others, who, urged by him, took up various anatomical enquiries. Contemporary with him was Eustachius, who is identified with descriptions of the internal and middle ear. Fallopius, who described arterial anastomoses, and Fabricus, who discovered and described the valves in the veins, were both pupils of Vesalius. In Bologna, there lived and worked Varolius, who described the Brain and gave his name to the "Pons." Nor must we forget how much minute anatomy owes to Malpighi, who in Italy discovered the capillary circulation and described the histology of the deeper layers of the epidermis, of the spleen, and of the kidneys. He died in 1694, and is buried at Rome. At about the same time Valsalva taught at Bologna, and was followed by Morgagni, his pupil, who, by founding morbid anatomy, marked an epoch in the history of Medicine.

Amidst such historical and glorious associations as these, the eleventh International Medical Congress has been held, and fortunate are those who were present to take part in it. The next Congress is to be held in three years' time in Russia.

The Abernethian Society.

THE following officers of this Society have been elected for the year 1894-95 :—

Presidents : Mr. W. H. Maidlow ; Mr. E. W. Cross.
Vice-Presidents : Mr. J. S. Sloane ; Mr. R. C. J. Stevens.
Secretaries : Mr. F. A. Smith ; Mr. A. Pain.
Additional Committee Men : Mr. H. D. Everington ; Mr. R. H. Bremridge.

Cases Worth Seeing.

SURGICAL.

THE following cases are worth seeing in the surgical wards :—

Sitwell Ward, Bed No. 6, abdominal tumour (old radical cure).
Kahere Ward, Bed No. 22, removal of superior maxilla for naso-pharyngeal growth.
Abernethy Ward, Bed No. 5, conical stump.
Kenton Ward, Bed No. 23, left sacro iliac disease.

MEDICAL.

THE following cases are worth seeing in the medical wards :—

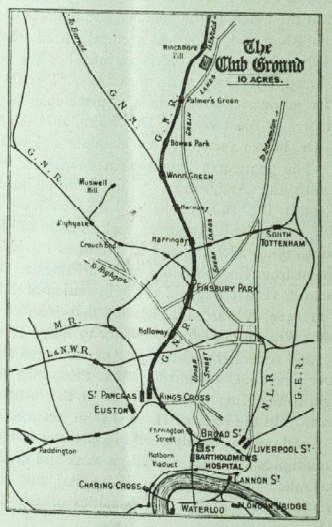
John Ward, No. 1, M. æt. 9, peripheral neuritis.
" No. 6, M. æt. 16, lymphadenoma.
" No. 20, M. æt. 12, " "
" No. 16, M. æt. 50, pernicious anæmia (recovering).
Hope Ward, No. 16, I. F. pernicious anæmia due to arsenic.
" No. 13, F. æt. 49, myxoedema and paralysis agitans.
Mary Ward, No. 8, F. æt. 21, probably lymphadenoma.
Matthew Ward, No. 23, M. æt. 30, probably lymphadenoma.
Luke Ward, No. 4, M. æt. 39, disseminated sclerosis.

Amalgamated Clubs.

THE CLUB GROUND.

THE purchase of the Club Ground has now been completed, and the work of preparing it for use has begun. We print the accompanying map so as to guide members desirous of visiting the ground, and show them its exact position. They should book from Farringdon Street Station to Winchmore Hill, taking the Enfield trains on the Great Northern Railway.

On arrival at Winchmore Hill Station, the way to reach the ground is to turn to the left and proceed down the hill for about 300 yards, until a gate on the right-hand side is



reached. This leads to a foot-path across a field into another road (Compton Road).

On proceeding down this road, the main road to Enfield (Green Lanes), running at right angles will soon be reached, and on turning to the right along Green Lanes towards London, a long, rather broken tarred fence is found on the right-hand side. On the other side of this fence is the Club Ground. We hope that all members will take an early opportunity of visiting the ground, and that they will give us the benefit of any suggestions on the laying out of it, and of what they consider would be the best site for the pavilion, &c.

RUGBY FOOTBALL CLUB.

The reports of the following matches were sent in too late for insertion in our last issue :—

ST. BART.'S *v.* CIVIL SERVICE.

This match was played at Richmond on February 7th, and resulted in a win for us by 3 tries (9 points) to nil. The tries were obtained by Wells, Kay, and Andrew. The first two once more showed our want of place-kickers, since, despite the wind which prevailed, at least one of them should have been converted ; the third was more difficult. The game was entirely a forward one and of a very rough-and-tumble description.

ST. BART.'S *v.* EALING.

Played at Kensal Rise on February 10th, and won by Bart.'s by 3 tries (9 points), to a penalty goal (3 points). The tries were scored by Bennett (2) and Marrack (1).

ST. BART.'S *v.* LEICESTER.

On February 12th we played our second annual fixture with Leicester, at Leicester. We were extremely unfortunate as regards our team, Andrew, Maturin, and Rigby being unavoidably absent. Our men played up excellently, but were no match for the Leicester team, who had the best of the game throughout. Cornish once looked very like scoring by a pass from Calverley, but was unsuccessful. Bennett played an excellent game, as did Calverley as centre, and Burrows as half, whose saving tactics throughout were exceedingly useful. The result was a win to Leicester by 2 goals and 3 tries (19 points) to nil. The thanks of the Bart.'s team are due to the Staff of the Leicester Infirmary, who very kindly entertained them at lunch.

ST. BART.'S *v.* OLD CHELTONIANS.

Rain fell heavily throughout this match, which was played on February 17th at Kensal Rise, and prevented good play on either side. The match, which was little more than a scramble at any period of the game, resulting in a draw, the score being one try (Burrows) each.

ST. BART.'S *v.* EASTBOURNE.

Played at Eastbourne on February 24th, resulting in a draw, neither side scoring. Our weak point was undoubtedly in our three-quarter department, and but for this we should most certainly have won the match. Our forwards were very much better than the Eastbourne forwards, and towards the end completely outclassed them. Calverley played a very good game at half. After the match the team was very kindly entertained at dinner by Dr. C. O'B. Harding, whose name figures in the Bart.s' Honour Cap List for the year 1880-81.

On March 6th the Election of recipients of Honour Caps took place. Caps were awarded to P. O. Andrew and T. Martin.

The annual meeting of the Rugby Club for the election of officers for 1894-95, was held on March 19th. The following officers were elected :—

President : MR. ANTHONY A. BOWLBY.
Vice-Presidents : Dr. Hayward, H. B. Meakin, S. P. Cornish, J. E. G. Calverley.
Captain : P. O. Andrew.
Vice-Captain : H. Bond.
Captain 2nd XV. : T. Martin.
Secretaries : P. W. James, H. M. Cruddas.
Committee : J. C. S. Dunn, T. Chave, G. C. Marrack, H. W. Lance, F. G. Richards, J. W. W. Nunn, A. J. W. Wells, H. Burrows.

BOXING COMPETITION.

On Friday, 16th March, 1894, the Bart.'s Boxing Club held their Annual Boxing Competition at the Club rooms in the St. Bartholomew's School, Cloth Fair. The two rooms are excellently suited for gymnastic purposes, they are lofty, the flooring is parquet, there is a capital boxing ring 16 by 10 ft., and all the usual gymnastic appliances. The Rev. Borradaile Savory kindly allows the Club the use of these two rooms. There was a large attendance of students who applauded the combatants with much vigour, if not with much discrimination. The boxing throughout was highly creditable to the members of the Club and their excellent instructor, Alec Roberts ; indeed, we have seldom seen a more spirited bout than the final of the Catch Weight Competition, and we feel sure that if the winner, Mr. J. E. G. Calverley, will only train on, the highest honours ought to be within his reach. The prize for the "Catch Weights" was presented by the President, Mr. H. T. Butlin, F.R.C.S. The prize for the "Novices" by the Amalgamated Clubs.

Mr. P. Furnivall acted as M.C., timekeeper, and referee. Mr. S. R. Douglas and Alec Roberts seconded the competitors.

CATCH WEIGHT COMPETITION.

First Bout.—Mr. T. Martin *v.* Mr. C. M. Welburn. Martin, although giving away several inches in height and about a couple of stone in weight, made matters very warm for his opponent, indeed, during the second round getting the right well home on the jaw, he nearly knocked Welburn out. In the third round both men were very tired ; but Welburn, served by his superior reach, made up a lot of ground, and with a straight left raised a nasty "mouse" on Martin's left eye. At the call of time, Martin held the majority of points, and gained the verdict.

Second Bout.—Mr. J. H. Hugo *v.* Mr. C. G. Meade. A poor bout, both were apparently loth to get to work, and only three or four real exchanges took place. Hugo did the most leading off, and won.

Third Bout.—Mr. J. E. G. Calverley *v.* Mr. Hughes. Calverley proved the stronger of the two, and doing pretty well what he liked with his opponent, won easily.

Mr. T. Martin having wisely retired as he is in nothing like condition, Mr. Calverley and Mr. Hugo were left in to compete for the final.

Final Bout.—Mr. J. E. G. Calverley *v.* Mr. J. H. Hugo. A finely contested bout, both being evenly matched as to length of reach and height. The hitting was clean and hard.

The men got to business directly, and some heavy exchanges in the first round left Hugo with a much discoloured left eye. In the second round Hugo got in a hard left-hander flush on his opponent's nose, and drew "claret" freely; in this round Hugo's left knee was evidently giving him a lot of trouble. Calverley had the best of the third round, and won handsomely.

NOVICE'S COMPETITION.

First Bout.—Mr. S. Foster *v.* Mr. Andrews. Foster has a peculiar style, holding his head very much forward and moving with a stealthy, cat-like spring; but he proved too good for his antagonist, and won with something in hand.

Mr. Baker sparred a bye of the very lightest description with Mr C. M. Welburn, practising in-fighting on his smiling opponent.

Final Bout.—Mr. Baker *v.* Mr. S. Foster. Baker, who is a taller and more powerful boxer, never gave his antagonist a chance, and following him round the ring, swung right and left alternately to such good effect that Foster was all but knocked out when the referee stopped the bout and gave the verdict to Baker.

BOAT CLUB.

It was decided, at a meeting of the Committee of the Boat Club, that a crew should this year represent the Hospital in the competition for the Inter-Hospital Challenge Cup. There is no reason why, with industry and care, we should not secure the cup, and if our men are well coached and will only pull themselves together a little, we shall make a show which will be highly creditable considering that the Club has only just been resuscitated after three years' slumber. Notice will be given of the dates of the trial races, and all rowing men should communicate with the Captain as soon as possible.

The Annual Football Dinner.

IF the special reporter told off to give readers of the Journal the felicity of eating their sumptuous (*sic*) repast over again, and with it to again chew the cud of uproarious enthusiasm, had not been untimely seized by that dread leveller Influenza, those gentlemen would doubtlessly have before them a glowing account of the beauty of the scene, of the reality of the excitement, and the richness of the repast; how beautiful was the music that filled the gilded rafters of the Holborn Restaurant, and how, fervid even if bucolic, voices rang again to the eloquence of the orators.

But truly such a report would have been a gross falsehood. Not only was the food bad and meagre, the speeches little better, but music was conspicuous by its absence. Truly, indeed, there were bucolic voices, but their clang would have risen on any occasion, and enthusiasm would have corresponded to a temperature reading of 99° F.

Even the stirring quotation of "*Mens Sana*" failed to evoke its usual recognition.

Seriously, however, whatever little enthusiasm there was seemed artificial, and in need of much stimulation, and the symposium contrasted unfavourably with those held since the first in 1888.

Mr. Jessop, as usual, was an efficient and genial chairman, as happy in word as in deed, and the thanks of all are due to him for his help on these occasions, and he was ably seconded by Mr. Bowlby.

But, in the writer's opinion, the secret of the matter would seem to lie in the nomenclature. Founded in 1888, when the Association F. C. first won the Hospital Cup, the dinners have since been too much associated with the Football Clubs and their victories, so that when defeat comes, and seasons are unsuccessful, proceedings to commemorate their doings naturally fall somewhat flat.

"At all times," said Froissart of us, "we take our pleasures sadly and after our fashion," and now we are losing sight of the real cause of our meetings. Are they not to review our results, to hope for better things, to see where failure arises, to join hands of fellowship with our companions in the "Auld Lang Syne," the companions whom the busy toil of to-day keeps apart, and will keep apart till the next meeting?

Holding this view, the writer cordially agrees with Mr Bowlby's suggestion that in future the dinner should be promoted by the Amalgamated Clubs, and the first be held when the new Recreation Ground is opened—not so far distant as the Greek Kalends. In conclusion, absolute success is not an essential to a justifiably cheerful, festive gathering; the business we undertake is only that which is possible, and, as a speaker said, "It is duty and one's best which we aim at." The absence of many whose presence would have been relished recalls the memory of those most admirable, they who are most weighty in reasoning, device in council, considerate in sickness, genial and joyous at a feast. "*Mens sana in corpore sano*" does not cover all this, it implies too much selfishness.

An ascetic or sensualist would indulge in sport for health's sake.

Is it not rather that we seek sport to expand our views and to more thoroughly appreciate nature, finding happiness from consequent health and good comradeship, distrusting the wisdom of asceticism as much as that of sensuality, Simeon Stylites no less than Sardanapulus—in a word, to make us men and *gentlemen?*

M.

ACCORDING to all accounts the catering of the new College Manciple is a very considerable improvement on the old condition of affairs.

The Australasian Students' Club, 69, Chancery Lane.

THE annual Smoking Concert of the above Club took place on Saturday evening, March 17th, at "The Salutation Tavern," Newgate Street. The members of this Club are mainly composed of law and medical students, most of the latter being Bart.'s men. Mr. J. Miller, M.R.C.S., L.R.C.P., presided, and was supported by Mr. P. O. Andrew (Hon. Sec. of the Club), and Mr. C. N. C. Walch. The programme, which was an excellent one, was arranged by Mr. D. L. E. Bolton (Hon. Sec. of St. Bart.'s Smokers), and Mr. Wilfrid Giblin (Hon. Sec. of the Club). After a pianoforte solo by Mr. Collingwood Banks, Trooper Moody sang, with much expression, "The Yeoman's Wedding." Next came a violin solo, "Reverie," admirably rendered by Mr. A. G. Haydon, after which Mr. D. L. E. Bolton sang "I Dreamed a Dream," giving, in response to the encore, "The Seventh Fusiliers." Mr. W. Styles made a decided hit in "I had Dozens of 'Em," and in his encore, "Always be Cheerful." Mr. Charles Monkton gave "The Last Bullet" with admirable expression, and was accorded an encore. One of the best performances of the evening was the singing of Mr. A. Selby, whose magnificent voice was heard to great advantage in "Sunshine Above" and "I Am So Sleepy" (encore). Mr. Stanley Gibson then gave a very good instrumental entertainment, his execution of sleigh-bells selections gaining great applause. Mr. R. H. Lindo gave some very clever imitations of leading actors, while Mr. H. G. M. Kinney was very funny in his modern sermon. Mr. Frank Lane sang in fine style a travesty of "After the Ball," and was encored. Special mention must be made of the songs rendered by Messrs. Maurice Moscovity, who sang "The Wolf" in fine style and were encored, Bert Graham and Charles Clark are too well known to need any mention. Amongst other well-known singers who appeared were Messrs. Dick Welch and J. F. Gladwin. Other acceptable contributions were given by Mr. J. Miller, who met with flattering reception, Mr. Conrad Vrint, whose violin solos were excellent, Mr. D. St. Cyr, pianoforte solo, and Mr. Louis Breeze, "Tempest and The Heart." A most enjoyable and successful evening was brought to a close by singing "Auld Lang Syne" and "God Save The Queen."

"THE WANDERER."

Awards of Prizes and Scholarships.

JUNIOR PRACTICAL ANATOMY.—The Examination for the Treasurer's Prize and the Certificates in Practical Anatomy for first year's men was held on March 19th, with the result:—

1 G. E. Gask. (*Prize.*)
2 L. A. Baiss. } *Æq.*
W. T. Rowe. }
4 J. H. Thursfield.
5 H. D. Everington.
6 H. Davies.
7 H. E. Waller.
8 R. S. F. Hearn. } *Æq.*
R. Raines. }

SENIOR PRACTICAL ANATOMY.—The Examination for the Foster Prize took place on March 20th, with the result:—

1 H. Mundy. (*Foster Prize.*)
2 J. H. Churchill.
3 J. Brock.
4 W. R. Gibson.
5 Litler Jones.
6 D. L. Beath.
7 M. G. Dyson.
8 J. A. Dredge.

HARVEY PRIZE IN PRACTICAL PHYSIOLOGY.—There were fewer candidates than usual for this Prize, the Examination for which took place on March 16th and 17th. The result is:—

1 J. H. Churchill. (*Prize.*)
2 H. C. Bennett.
3 W. R. Gibson.

HICHENS PRIZE.—A larger number than usual competed for this Prize, with the result that it has been awarded to:—

J. A. O. Briggs; *prox. acc.* A. Heath.

Junior Staff Appointments.

HOUSE PHYSICIANS.—The following appointments have been made:—

	Senior.	Junior.
Dr. Church	W. Jobson Horne, M.A., M.B., B.C., Cantab.	R. Sevestre, M.A., M.B., B.C., Cantab.
Dr. Gee	P. Horton-Smith, M.R.C.P., M.A., M.B., B.C., Cantab.	L. C. Thorne Thorne, M.R.C.S., L.R.C.P.
Sir Dyce Duckworth.	C. S. de Segundo, M.R.C.S., L.R.C.P.	G. C. Garratt, M.B., B.C., Cantab.
Dr. Hensley	H. L. Brooksbank, M.A., M.B., B.C., Cantab.	R. A. Walter, M.R.C.S., L.R.C.P.

HOUSE SURGEONS.—The following have been elected:—

	Senior.	Junior.
Mr. Smith	Martin Jones, F.R.C.S., D.P.H.	H. J. Walton, M.R.C.S., L.R.C.P.
Mr. Willett	W. H. Maidlow, M.B., Durham, F.R.C.S., Eng.	J. S. Sloane, M.R.C.S., L.R.C.P.
Mr. Langton	N. O. Wilson, M.R.C.S., L.R.C.P.	J. B. Christopherson, B.A., M.B., B.C., Cantab.
Mr. Marsh	T. R. Smith, M.A., M.B., B.C., Cantab.	E. W. Cross, M.R.C.S., L.R.C.P.
Mr. Butlin	P. Furnivall, M.R.C.S., L.R.C.P.	F. E. A. Colby, M.B., B.C., Cantab.

MIDWIFERY ASSISTANT—H. J. Paterson, M.A., M.B., B.C., Cantab.

EXTERN. MIDWIFERY ASSISTANT.—J. Attlee, M.A., M.B., B.C., Cantab.

OPHTHALMIC HOUSE SURGEON—L. G. Glover, M.A., M.B., B.C., Cantab.

G. P. Shuter, M.A., M.B., B.C., Cantab, remains as Senior Assistant Anæsthetist.

C. Buttar, M.A., M.B., B.C., Cantab, has been appointed Junior Ass. Anæsthetist, *vice* N. H. Hobart, M.B., B.C., Cantab, resigned.

Notes.

DR. J. CALVERT has been appointed Demonstrator of Materia Medica and Practical Pharmacy, and will, it is announced, give a course of demonstrations on Wednesdays, at nine o'clock, in association with the Practical Class in Pharmacy.

* * *

DR. H. M. BOWMAN has been elected Assistant Demonstrator of Materia Medica and Practical Pharmacy.

* * *

MR. W. MCADAM ECCLES has been appointed Assistant Surgeon to the City of London Truss Society.

MR. E. FRANCE, M.B., B.S. (Dur.), has been appointed House-Surgeon to the Belgrave Hospital for Children.

* * *

MR. R. C. TWEEDY has been appointed Medical Officer to the Kenilworth District of the Warwick Union.

* * *

THE drainage of Christ's Hospital is now under reconstruction, the proposals of the Governing Body for making such alterations as may serve temporarily having been approved by the Sanitary Authorities of the City.

* * *

DR. E. F. TREVELYAN, B.Sc., M.D., Lond., has been elected Professor of Pathology in the Yorkshire College, Leeds.

* * *

DR. REGINALD DUDFIELD, M.A., M.B., Trinity College, Cambridge, D.P.H., Medical Officer of Health for the Borough of Eastbourne, has been appointed Medical Officer of Health for the Borough of Paddington.

* * *

MR. J. L. DALBY, M.R.C.S., L.R.C.P., has been appointed Senior House-Surgeon to the East Suffolk Hospital.

* * *

THE results of the Examination in Elementary Biology at the Conjoint Board are most gratifying to both teachers and students. Thirty-nine Bart.'s men went up, and thirty-eight have passed. The successful ones are :—T. P. Allen, L. A. Baiss, W. F. Bennett, F. L. Berry, E. N. Berryman, C. P. Burd, A. H. Brewer, F. R. Brooks, G. G. Campbell, E. P. Court, T. D. Dawson, R. F. Ellery, A. J. Cuddon-Fletcher, J. K. S. Fleming, G. E. Gask, H. V. Gwynn, Higgins, F. Horridge, H. W. Illius, J. W. Illius, A. R. Kay, H. P. Lobb, W. Long, W. E. G. Maltby, S. Mason, J. W. Nunn, D. W. Purkis, R. Raines, F. G. Richards, E. F. Rose, W. B. Smith, R. Storrs, P. Tatchell, H. E. Waller, G. W. T. Williams, A. O. B. Wroughton, T. H. Talbot, and T. L. Wyndham.

* * *

DR. DONALD MACALISTER has been appointed Linacre Lecturer of Physic in the University of Cambridge in succession to Dr. Bradbury.

* * *

C. D. HENRY, A. Shillitoe, and C. H. Evans have taken the degrees of M.B. and B.C. in the University of Cambridge.

* * *

THE election to the Research Studentship in Pathology and Bacteriology has been postponed until July, and applications will be received by the Warden up to June 30th next.

* * *

DR. W. S. A. GRIFFITH has resigned the University Lectureship in Midwifery at Cambridge.

* * *

DR. LAUDER BRUNTON, F.R.S., Mr. Henry Power, and Mr. Howard Marsh were the official delegates representing St. Bartholomew's at the International Medical Congress at Rome.

* * *

MR. G. B. OWEN MEAD, M.R.C.S., L.R.C.P., of Mentmore House, Newmarket, has been appointed Coroner for the Newmarket and Haverill Division of West Suffolk.

* * *

THE announcement has been made that in future the Voluntary Class in Practical Pharmacy, to be held in the coming Summer Session by the Demonstrator and Assistant Demonstrator of Materia Medica, will be open to all perpetual students without additional fee.

* * *

JUDGING from the reply of the Chancellor of the Exchequer to a question in the House of Commons on March 29th last, it appears to be improbable that anything will be done by the Government during the present Session of Parliament in reference to the Report of the Gresham University Commission.

* * *

THE following have passed at the L.S.A. final Examination, viz. :—T. W. W. Burgess and C. W. Williams in Medicine, Forensic Medicine, and Midwifery ; F. H. de G. Best in Medicine and Midwifery, and F. E. Feilden in Midwifery.

* * *

SURGEON-CAPTAIN F. H. Treherne, Army Medical Staff, has been appointed Surgeon to the Commander-in-Chief (General Sir. G. S. White) in the East Indies.

* * *

THE undermentioned Surgeon-Captains, Army Medical Staff, having completed twelve years' full-pay service on 4th Feburary, 1894, and passed the prescribed examination, were promoted to be Surgeon-Majors in the *London Gazette* of March 13th :—

Francis Harper Treberne, L.R.C.P., Edin., F.R.C.S., Edin.

Herbert James Barratt, L.R.C.P., Lond., M.R.C.S., Eng.

Francis Henry Merceron Burton, M.D., M.S. Durh., M.R.C.S., Eng.

* * *

SURGEON-MAJOR F. H. TREHERNE served in the Soudan Expedition under Sir Gerald Graham in 1884, in Medical charge of the 1st Battalion Black Watch, and was present in the engagements at El Teb and Tanai (mentioned in despatches, medal with two clasps and Khedive's Star); served with the Nile Expedition in 1884-85, and was present at the action of Kirbekan (two clasps).

* * *

SURGEON-MAJOR F. H. M. BURTON served with the Burmese Expedition, 1885 86-87, including the expeditions to Bhamo, Mogaung, and against the Kachins on the frontier of China ; in charge of a section of a Field Hospital at Bhamo, January, 1886, to March, 1887 (Medal with Clasp).

* * *

ON Thursday, March 29th, the resident members of the Junior Staff, whose term of office expired on March 31st, gave their farewell dinner in the College Hall. The dinner was served at 8, and though somewhat lively towards the end, was thoroughly enjoyable—guests and hosts together numbered sixty odd. After the dinner, a concert was held in "No. 8," lasting till about 11.30. We make no attempt to describe the proceedings, since those who have once been present at a function of this sort can readily imagine it, while those who have never been so favoured could not picture the scene, were it never so well described, even by the very best word-picture painter in the land. The concert over, the company divided itself—a few went home, some untoothed the sorrow of parting with the aid of cards, while others solaced themselves with a keenly contested game of football, played in Smithfield, and followed by a concert at Mackenzie's, thus terminating a thoroughly jolly evening. Most of those who are leaving us are, we believe, sorry to go. We are sorry to lose them, and we heartily wish them luck and success in whatever distant regions they may ultimately locate themselves.

* * *

MR T. VERE NICHOLL, M.R.C.S., L.R.C.P., has been appointed Honorary Surgeon to the Stoke Newington Dispensary, N.

* * *

MR. T. H. WALLER, L.R.C.P., M.R.C.S., has been appointed Medical Officer to the Infirmary, Chelmsford. Mr. Waller is one of those who received a Rugby Club Presentation Cap in the year 1881-2.

* * *

MR. LULLUM W. BATHURST, M.B. (Lond.), M.R.C.S., L.R.C.P., has been appointed Resident Clinical Assistant to the St. Marylebone Infirmary, Notting Hill.

* * *

A VERY interesting lecture on "Nurses, their Recreation and their Work," was delivered by Miss Stewart, Matron of St. Bartholomew's, at the Royal British Nurses' Association, Hanover Square, on March 30th. Miss Stewart upholds the cardinal principle of *mens sana in corpore sano*, and recommends golf and other outdoor exercises for Nurses.

* * *

THE Scheme for the formation of a "Women's Volunteer Medical Staff Corps" is a new and strange development of the "Women's movement." In future we are apparently to have in the battle-field a corps of women, skilled in musketry and drill, and equipped with warlike paraphernalia. We are, we confess, apprehensive of the result, and fear lest anxiety for their safety will, under the first shower of bullets, send these heroic females flying. The movement is as unnecessary as it is ridiculous, and, we imagine, is doomed to failure. When will women recognise that, however close the equality between man and woman legally, and in intellectual pursuits, the female sex is physically the inferior one!

* * *

THE "Women's Volunteer Medical Staff Corps" have already approached the difficult and knotty question of dress and uniform. An excited meeting was recently held to discuss this question. The idea of a uniform consisting of the usual feminine appendages—skirts and petticoats—was at once laid aside. Divided skirts, too, did not seem to be in favour. In a most unblushing way it was almost unanimously decided to have a tunic and knickerbockers. These garments, however—and this is true to feminine nature—are to be adorned with braid and stripes. We look forward to interesting and amusing future developments.

* * *

MR. CHARLES E. PAGET, M.R.C.S., D.P.H., Medical Officer of Health for the Borough of Salford, has been recently appointed Lecturer in Practical Hygiene in the Owens' College of the Victoria University.

* * *

AN exciting "Wall Game" Handicap has just been played amongst the men resident on the premises. Messrs. Buck and W. F. Cross reached the final round, Mr. Cross (giving half fifteen) winning the match with the scores of 6-2, 4-6, 6-1.

* * *

A NEW stimulus has, we understand, been given to the projected "Hospital Dance" by the enthusiasm displayed on its behalf by the wives of two of the members of our visiting staff. Our thanks are due to them, and we hope that every success may attend their efforts. There seems now some reasonable hope that the dance will take place towards the latter end of May.

* * *

THE popularity of the Covent Garden Fancy Dress Balls shows no sign of diminution. Operations in last month's entrancing maze were guided by a strong contingent from the Stock Exchange, ably seconded by "moving spirits" from the principal hospitals. Many of the dresses were in excellent taste. Among the leading prize-winners the "Palm Dress," "Bottom, the Weaver," "The Indian Chief," and "King Johannis" were remarkable. "Pastor McDougall, C.C.C.," with "Hims ancient and modern," ministered to the *spiri*tual needs of the flock, whilst His portly Majesty—The "Johannis" King—"promoted the appetite" and "prolonged the life" of thirsty ones from several boxes in various parts of the house. The popular impressario, Sir Augustus Harris, evidently fully recovered from his recent illness, presided over all with his accustomed *bonhomie*.

A Description of Bartholomew Fair.
1762.

HERE was, first of all, crowds against other crowds driving,
Like wind and tide meeting, each contrary striving;
Shrill fiddling, sharp fighting and shouting and shrieking,
Fifes, trumpets, drums, bagpics and barrow girls squeaking;
"Come my rare round and sound, here's choice of fine ware-o,"
Though all was not sound sold at Bartholomew fair-o.

There was drolls, hornpipe dancing and showing of postures,
With frying black-puddings and op'ning of oysters,
With salt boxes, solos, and gallery folks squalling,
The tap-house guest's roaring and mouth-pieces bawling,
Pimps, pawnbrokers, strollers, fat landladies, sailors,
Bawds, bailiffs, jilts, jockies, thieves, tumblers and taylors.

"Here's Punch's whole play of the Gunpowder plot, sir,"
With "beasts all alive" and "pease porridge all hot, sir,"
"Fine sausages fried" and the "Black on the wire,"
"The whole Court of France" and "nice pig at the fire,"
Here's the up-and downs, "who'll take a seat in the chair-o?"
Tho' there's more up and downs than at Bartholomew fair-o.

Here's "Whittington's cat" and "the tall dromedary."
"The chaise without horses" and "Queen of Hungary,"
Here's the Merry go-rounds—"Come, who rides, Come, who rides, sir?"
Wine, beer, ale and cakes, fire eating besides, sir;
The famed "learned Dog" that can tell all his letters,
And some men, as scholars, are not much his betters.

GEORGE ALEXANDER STEVENS.

The Leucocyte's Lament.

THE leucocyte was in a gland,
With inflammation red,
He grasped a comrade by the hand,
And with a sob he said:—

"'Mid solitary follicles
I wend my weary way,
Deep down in crypts of Lieberkühn,
Far, far from light of day.

"Alas! this aching nucleus
Can ne'er be free from pain,
While tissues hide the beauteous bride
I ne'er shall see again.

"A rosy-red corpuscle she,
The pride of all the spleen,
Her like in this dark gland, I fear,
Will never more be seen.

"A fierce bacillus captured her,
And reft her from my side,
Carbolic oil his plans did foil,
But ah! it slew my bride.

"With pseudopodia feebly bent
And broken nucleus, I
Must turn to pus." And speaking thus
He wandered forth to die.

. . . . . .

Oh! lightly they'll talk of that leucocyte true,
As they label, and mount, and degrade him.
But little he'll reck, when with aniline blue
They have stained and in Canada laid him!

One for the Demonstrator.

SOME years ago, in the anatomical department of the Leeds School of Medicine, a certain local surgeon, since deceased, gave daily demonstrations in the dissecting-room. He had, or affected to have, a peculiarly bad memory for faces, and when questioning the students individually as to the work before them, it was his wont to select one of them, and address him thus, "What is your name, sir?" and on the reply being given, would again ask, "What year's man are you?"—invariably remarking next, "I have never seen you before in the dissecting-room; how is that?" One day he gave his usual demonstration, and at it's conclusion fixed his eye upon one of the students, a sharp little Jew, to whom he had on more than one occasion addressed the above remarks. "What is your name, sir?" he asked. "My name is Breitstein, I'm a fourth year's student, and you've never seen me before," was the unexpected reply, which was greeted with a shout of laughter from the surrounding students and a stare of astonishment from the demonstrator.

Reviews.

DISEASES OF THE SKIN, by Malcolm Morris (Cassell & Co.), pp. 556, price 10s. 6d.—This volume is the latest edition to the excellent series of clinical manuals published by Cassell & Co. It deals with its subject chiefly from the clinical aspect, whilst special attention is devoted to the modern methods of dermatological treatment. The work is divided into twenty-three chapters; the first three are preliminary in their scope, dealing with the pathology of the skin, the classification of cutaneous diseases, and the principles of diagnosis respectively. In Chapters 4, 5, 6, and 7, affections of the skin dependent on nerve disorder are discussed, and under this heading are grouped a large number of important cutaneous diseases. Thus hyperæsthesia, pruritus, anæsthesia, urticaria, prurigo, erythema, pellagra, acrodynia, purpura, lupus erythematosus, rosia, herpes, pemphigus, scleroderma, Morphœa, lichen, Raynaud's disease, diabetic gangrene, hysterical gangrene, Charcot's bedsore, Moryan's disease, and syringomyelia, are all included. The eighth chapter is devoted to the treatment of the preceding affections, and in it much useful information is to be found. In cases where sedatives are requisite the author deprecates the use of chloral or potassium bromide on account of their tendency to produce skin eruptions, and advises the use of opium which, he says, is the most efficient and least unsuitable drug for the purpose. The administration of nerve tonics, such as quinine combined with belladonna, arsenic and valerian is recommended. Inoculable diseases are divided into local and general, each group occupying three chapters. The information in these chapters is fairly complete, although much of it is given in a condensed form which makes reading somewhat laborious. The final chapters deal with new growths and malformations. The text is preceded by eight chromo-lithographs, most of which contain illustrations of two or three varieties of disease. These are moderate, those of xeroderma, ichthyosis hystrix, and rupia being the best. Interspersed in the text are seventeen woodcuts, which are of little value. On the whole we can recommend this book as one of the best and most complete students manuals of skin diseases which we possess in the English language, especially from a clinical and practical point of view. The pathology, however, is feeble, and for this the author refers readers to the larger handbooks on the subject.

A MANUAL OF PRACTICAL ANATOMY, by D. J. Cunningham (Young J. Pentland, Edinburgh and London), pp. 647, 182 woodcuts, 1 coloured plan, 1894, price 12s. 6d. This book is the second and concluding volume of Professor Cunningham's "Manual of Practical Anatomy." It deals with the anatomy of the thorax, and head and neck, brain, and organs of special sense. The first section, comprising 102 pages, is devoted to the Anatomy of the Thorax. The mediastinal space is very lucidly explained, and the anatomy and relations of the thoracic structures are made clear and easy of comprehension by the introduction of a considerable number of diagrams of transverse sections of the thorax at various levels. In the second section, which deals with the head and neck, minute instructions for removing and hardening the brain so as to prepare it for dissection at a future period are given, which are valuable. The third section, of 114 pages, is devoted to the Anatomy of the Brain. This is the best part of the volume, and is well up to date in all respects. An exact and continuous account of the cranio-cerebral topography has been omitted. This, we think, might have been introduced with great advantage. This omission of surface marking, which is found throughout the volume, is to be regretted, since it is a very important point in anatomical education to impress upon the student the necessity and value of being able to mark out on the surface of the undissected body the structures which he has learned by dissection and visual observation. The final part of the book deals with the anatomy of the auditory and visual organs, the description of the former is well done. As a whole this work is, we consider, one of the best manuals of Practical Anatomy which has been written up to the present time.

THE PRINCIPLES AND PRACTICE OF MEDICINE, by Dr. Norman Moore (Adlard & Son).—This is a reprint from the *Lancet*, of Dr. Norman Moore's Introductory Lecture on Medicine on October 3, 1893. It treats of the four methods of teaching medicine since Hippocrates, with criticisms on each, and gives the lines upon which Dr. Moore is at the present time teaching medicine at St. Bartholomew's Hospital. We commend the book strongly to those who did not have the good fortune to be present when the lecture was delivered.

"ANTISEPTICS IN MIDWIFERY," by Robert Boxall, M.D., Cantab. Price 1s. (H. K. Lewis).—A small pamphlet which we strongly recommend to every general practitioner and to every student of Midwifery. The value of antiseptics is clearly illustrated by tables of mortality in the General Lying-in Hospital; the deaths from puerperal fever having diminished almost to the vanishing point. The technique and the essentials in the use of antiseptics are aptly and ably detailed. Dr. Boxall wisely, yet discriminatingly, extols the virtues of perchloride of mercury, and points out the dangers and defects which have to be guarded against. We are pleased to note his warning about the use of carbolic oil, a so-called antiseptic too frequently relied upon. The importance of a thoroughly sound knowledge of the subject is evident from the fact that the total mortality from puerperal fever is even greater than formerly in the provinces. The mere use of antiseptics is not antisepticism.

Calendar of Coming Events.

April 26.—Last day for sending in Schedules for the Primary F.R.C.S. Examination.
May 1.—Summer Session begins. Lectures resume. New Dressers and Clerks enter on their duties.
May 7.—The Examination for the Brackenbury Medical Scholarship begins. The Examination for 15 Commissions in H.M. Naval Medical Service begins.
May 8.—The Examination for the Brackenbury Surgical Scholarship begins.
May 9.—View Day. Presentation for Degrees at the University of London. Annual Dinner of the Governors and Staff in the Great Hall.
May 10.—Primary and Final F.R.C.S. Examinations begin
May 11.—The Examination for the L.D.S.R.C.S.
May 19.—Examination for the Lawrence Scholarship and Gold Medal begins.
June 5.—Examination for the Matthews-Duncan Medal and Prize.

Conjoint Examination in Biology.

NOTICE has been given by the Examining Board of the Royal Colleges of Physicians and Surgeons that the following new Synopsis of the Examination in Elementary Biology will come into force and will apply to all Candidates on and after October 1st, 1894.

Candidates will be expected to show a practical acquaintance with the following topics :—

1. The chemical composition and properties of protoplasm; the structure and properties of cells; cell-division; the general outlines of the varieties of cell structure in the tissues of animals and plants.
2. The structure and life history of *Amœba*, *Vorticella*, *Protococcus*, and *Spirogyra*, as illustrative of :—
   (*a*) The differences between plants and animals.
   (*b*) The general phenomena of the life-history of low organisms.
3. The structure and mode of life of Saccharomyces and Bactcria; fermentation; putrefaction; modes of spread of Bacteria.
4. The relations between multicellular and unicellular animals, as illustrated by a comparison of the structure, physiology, and life-history of *Hydra* and *Amœba*.
5. The *Cœlomata-Invertebrata*, as illustrated by the anatomy of *Lumbricus*.
6. The *Cœlomata-Vertebrata*, as illustrated by a comparison of the general characters of the skeleton, and of the digestive, circulatory, respiratory, genito-urinary, and nervous systems of the dog-fish and the frog.
7. The structure of ova and spermatozoa; fertilisation; the early stages of development; the formation of the segmentation-cavity, of the gastrula, archenteron, and cœlom, and of the epiblast, mesoblast, and hypoblast, with an enumeration of the chief systems of organs derived from the three layers in a Vertebrate.

This schedule is one of which we cordially approve, and is far superior to that which has hitherto been in use. It approximates the "Conjoint" work to that for the "Preliminary Scientific" of the University of London and for the 1st M.B. of Cambridge though, of course, not quite so extensive. Students who have gone through a course of instruction based on the above Synopsis will be in an excellent position to properly appreciate the mysteries of Physiology and Pathology.

Births.

MYDDLETON-GAVEY.—March 13th, at Lingwood, Weybridge, the wife of E. H. Myddleton-Gavey, M.R.C.S. (Eng.), of 94, Wimpole-street, W., of a daughter.

MOORE.—March 27th, at 94, Gloucester Place, W., the wife of Dr. Norman Moore, of a son.

COATES.—April 3rd, at Brechin Place, W., the wife of George Coates, M.D., of a son (Ronald).

COLLINS.—March 22nd, at Red House, Sawbridgeworth, Herts., the wife of Ethelbert Collins, L.R.C.P., M.R.C.S., of a daughter.

Marriage.

BARBER-SEILAN.—On March 29th, at All Saints' Church, South Wingfield, by the Rev. F. W. Christian and the Rev. H. W. Plumtre, Rector of Eastwood, Notts., Robert David Barber, M.R.C.S. (Eng.), L.S.A. (Lond.), of Eastwood, to Alice Georgiana, widow of C. L. T. de Seilan, M.D.

Death.

BARSHAM.—On March 28th, at Weybourne Boscombe, Bournemouth, William Orridge Barsham, M.R.C.S. (Eng.), L.R.C.P. (Lond.), late of Bagshot, Surrey, second son of John B. Barsham, of Fincham, Norfolk, aged 32.

Correspondence.

To the Editor of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

DEAR SIR,—May I be allowed a small portion of your space, in order that I may grumble about what I consider to be one of the abuses of the Hospital?

On nearly every night in the year the House Surgeon (or, if there be no blood about, the House Physician) on duty is called out of bed to treat a "drunk" or "drunks," which the Police have chosen to bring to the Hospital. Surely this is not "as it should be." Am I not right in supposing that these cases are the property of the Divisional Surgeon? In the vast majority of cases they are neither instructive nor pleasing to behold; and I am confident that regrets would be expressed by none—unless it be the new "night-dresser"—were their number to be greatly thinned.

While expressing the above opinion, I am not oblivious of the fact that in many cases the diagnosis between alcoholic poisoning and other morbid conditions is often by no means easy; where there is any doubt, I am prepared to agree that the Hospital is the right place for such cases.

This may seem to you, sir, a trifling matter to grumble about; but, bearing in mind the already broken nature of the sleep which is possible to a House Physician or House Surgeon while "on duty," any effort in the direction of improvement, however slight, is surely justifiable.

I am, dear sir,

Yours, &c.,

AN EX-HOUSE SURGEON.

To Old Bart.'s Men.

IT is our regret that up to the present very few contributions to this Journal have been received from Old Bart.'s men. We feel sure that amongst the huge number of Bart.'s men who are now in practice—represented as they are in every quarter of the globe—there must be many who are in a position to write contributions of both transcendental worth and entrancing interest. We trust that our continued efforts to "tap" this most valuable source of "copy" may soon meet with success. We reiterate here a statement which we have already so often expressed, viz., that we are always glad to receive reports of the doings of Old Bart.'s men.

St. Bartholomew's Hospital Journal.

VOL. I. No. 8. MAY, 1894. 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, E.C.*

St. Bartholomew's Hospital Journal,

MAY 14th, 1894.

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

A Teaching University for London.

III. *The Report of the Gresham University Commission.*

IN approaching this part of our subject we find ourselves in a dilemma. Many of our readers are University of London men, and from what we can gather the Report of the Commission is not at all to their palate; others are "Conjoint" students, and these fall into two classes (*a*), Those who don't understand the question, and care less; (*b*), Those who think that they are all to become M.B.'s, and afterwards M.D.'s of the University of London by merely passing the final "Conjoint." Others, again, of our readers are teachers in the school, and, from what we can learn, they are almost unanimously in favour of the new scheme. We, therefore, shall endeavour to analyse the proposals of the Commission in a fair and impartial spirit, and try to learn how far they are likely to meet the wants of the great bulk of the students and teachers, and how the University itself will probably be affected by the suggested change. At the onset let us refer to our previous articles on the subject. Twice there have been proposals to found a *second* University in London, and twice these schemes have been referred to a Royal Commission, and twice have the Commissioners—different individuals on the two occasions—reported in favour of a single University. The report of the first Commissioners, however, was not very strong on this point, for although they unanimously recommended that a reasonable time should be given to the present University to apply for a new charter, they were equally divided on the question of remodelling the old or creating a new University. Nor, again, are the Commissioners who have just reported unanimous. Bishop Barry appends to the report a dissentient note expressing "a fundamental objection to the course proposed," and in regard to the main point of grafting on to the present "Imperial" University, functions of a purely local character, he expressed his "absolute disagreement," and says that "the two functions are incompatible because they involve essentially different ideas of the character of University education and the meaning of a University degree."

Professor Sidgwick is "decidedly opposed to the fundamental proposal on which it is framed, viz.: the principle of combining the ordinary work of a University with the function—now performed by the (so-called) University of London—of impartially examining students from all parts of the United Kingdom and awarding degrees and honours on the results of such examination."

These expressions of opinion, therefore, must be held to modify the force of any argument founded on the fact that two Commissions have reported in favour of one University and not two. We give prominence to this point at the onset of our enquiry, for it seems to us that this is at the root of the whole question. If a second University in London—a University we mean in the real sense of the word, teaching as well as examining—were possible (call it by what name you like, Albert, Gresham, or Westminster), we say emphatically that it would better meet the wants of the London medical students than the scheme before us. But is this possible? To answer this question we must enquire: whence came the opposition to the Gresham Charter which was the nearest approach to the postulated second University? It came in a great measure from the

provincial colleges, which, when the charter was before Parliament, petitioned Lord Salisbury against it; and the secret of their opposition is so well told by one of the chief spokesmen of the Birmingham School that we quote his own words:—

"The Gresham University was, then, to be a University for London students alone, and the fear of the provincial schools was that, this being the case, efforts, other than those purely educational, would be made to lure to London students who might be legitimately considered as belonging by residence to the provinces. To put the matter plainly, there was no doubt whatever upon the minds of those who had carefully followed the University agitation of the preceding years, that the Metropolitan medical schools had been the chief motive agency throughout, nor was it difficult to assign a reason for their activity. The provincial schools had of late years been largely increasing in numbers, and this at the expense of the Metropolitan institutions. The school with which the writer is connected (the Birmingham School) has doubled its numbers in the past ten years and large increases have occurred at other places. This increase of provincial students has not been due to the fact that London students have been forsaking the Metropolis for the provinces, but that the provincial schools are now keeping those students from their own districts, who in former years went to London to pursue their studies. Whence has arisen this change? It is due to the fact that the provincial schools, by dint of great efforts, have made expensive and important improvements in their method of teaching and in their plant, improvements in which some, at least, of the London schools have been unable or unwilling to follow them. Now it was felt that the London schools, or some of them, might endeavour to regain their supremacy, not by the legitimate method of improvement of teaching, but by the bait of a degree to be obtained on easier terms than that of the existing University. In other words, it was feared that students might be induced to go to a school where the teaching was possibly inferior to that which they could obtain at home, in order to become possessed of a higher qualification."*

That any responsible teacher in even a provincial medical school should use such words as these entirely passes our comprehension, for they imply either an utter disregard for facts and the grossest misrepresentation, or an entire ignorance of the Metropolitan medical schools, of which he professes to know so much. If the formation of a second University had for its object the lowering of the standard of medical education, we should strongly object to the proposal. Surely the medical schools of the great London hospitals, which have done so much for medicine and medical education, may be trusted. If medical education cannot be safely left in their hands, in whose can it be? It may be highly desirable that our students of medicine should pass the examinations of the present University of London, but the great majority will not do it. They can obtain their degree—if they want it—on easier terms elsewhere, and for this purpose they go to Edinburgh, Durham, and the cities whose schools form the Victoria University—Manchester, Liverpool, Leeds—where the opportunities for professional study are admitted by all impartial persons to be far inferior to those afforded by the great London hospitals. All we ask is that the students of medicine in London shall have equal facilities for crowning their superior education with the stamp of a degree, with those afforded to students in the medical schools of the cities named above.

But whether opposition such as this be just or not is beside the question. It exists, and it contributed largely to the defeat of the Gresham Charter; and the same opposition threatens any similar proposal to found a second University. Again, there is strong feeling in the governing body of the present University against the establishment of a second one in London, partly for the reasons mentioned in our article of last month, and partly because there is a growing opinion amongst London graduates that mere degree-giving is but a very subordinate part of the proper functions of a University, and that if a second University were founded in London, which carried on, not only the restricted function of examining and degree-giving, but the far more important one of education, and of promoting and endowing research, the fame of the existing examining University would very materially suffer. Lastly, in the face of the Reports of two Royal Commissions, that it is desirable to have one University only, it is practically certain that no charter for a second one has the smallest chance of being granted by any Government at the present time. We must, therefore,—much as we regret it—bow to the inevitable.

Assuming, then, that only one University in London is possible, is or is not the scheme of the Gresham Commissioners one likely to prove effective, and calculated to meet the just demands of the various, conflicting, and separate interests? To answer this question we must enquire somewhat closely what the distinguishing features of the scheme are.

The scheme proposes to modify the University so that it shall consist of:

(*a*) *The Senate* (presided over by the Chancellor) as the supreme governing body.

(*b*) *The Academic Council* (presided over by the Vice-Chancellor) elected by the Faculties.

(*c*) *The Faculties*, consisting of the Professors, Readers, and Lecturers appointed by the University, and such teachers in constituent schools as may be recognised by the University.

(*d*) *The Boards of Studies*, one or more for each Faculty, and three-fourths at least of the members of each Board are to be elected by the Faculty.

(*e*) *The Schools of the University*, amongst which are included all the Metropolitan medical schools.

(*f*) *The Convocation*, consisting of registered graduates of a certain standing.

In other schemes we have had Senate, Faculties, Boards of Studies, and Constituent Schools or Colleges; but the "Academic Council" is a new proposal. What is to be the constitution, and what the functions of this body? It is to consist of sixteen members, viz.: The Vice-Chancellor as Chairman, and fifteen elected by the Faculties as follows: Arts, four; Science, four; Medicine, three; Law, two; Theology, one; Music, one. The term of office is to be four years; six members are to form a quorum, and the duties of this body are to be that "of regulating, subject to the Ordinances of the University, the teaching, examinations, and discipline of the University, and of determining

* "The latest Scheme for London University Education," by B. C. A. Windle, D.Sc., M.D., M.A.—*Medical Magazine*, March, 1894.

what teachers in any school of the University shall be recognised as University teachers, and to what Faculties they shall be assigned." In addition to these executive functions, they are also to advise the Senate on general affairs, such as the assignment of funds for the erection of buildings, the provision of equipment for teaching in connection with admitted institutions, the appointment of examiners for internal students, &c., &c. The Boards of Studies are to assist the Academic Council in these executive and general duties. How many boards may be necessary (at least one for each Faculty), and the number of members of each Board, mode of election, &c., are to be determined by the Academic Council, with the proviso that not more than *one-fourth* of the members of each Board of Studies is to be appointed by the Academic Council, the other three-fourths to be elected by the Faculty concerned. These Boards are to have full freedom in their deliberations, and are to be permitted to report to the Academic Council or to the Senate on any matter connected with the degrees, examinations, and teaching, or on any matter referred to them for report; but they are to possess no administrative or executive powers, except such as may be delegated to them by the Senate or Academic Council.

The powers of the Academic Council are, therefore, of an extensive character, and it is obvious that this body is, in all matters of purely educational and examinational nature, the real governing body of the University. As this body is elected *entirely* by the Faculties, that is by the teachers of the University and recognised teachers of admitted institutions, it is obvious that the influence of teachers in regulating the examinations and education for degrees is very considerable.

In two matters, however, the Academic Council is to be limited in freedom of action, and in such a way that teachers on the one hand and admitted institutions on the other can to some extent *directly* influence the decisions of the Academic Council. These limitations are:—

(1) That no change in regulations or curricula for examination (which have so important consequences on teaching) are to be made unless either recommended by the Boards of Studies or submitted to them for consideration.

(2) In dealing with the courses of study to be pursued in any constituent institution, the Academic Council is first to consult the authorities of the institution, though they are not necessarily bound to conform to the views expressed by them.

We consider these proposals to be, in the main, not only satisfactory, but the best and most practical yet brought forward. There are only one or two points which we would wish to see different. Why should the Faculty of Medicine elect only three representatives to the Academic Council when Arts and Science appoint four? Of all the faculties in London, the medical is far and away the most thoroughly organised, and—with all due deference to Arts and Science—is, we consider, the most practical and useful. On the other hand, of course, we must not undervalue the growing importance of technical science. We should wish for at least as many representatives on the Academic Council as are assigned to Arts and Science, viz., four, and if the Council were increased by one in this way, it would still be the small body which we think is one of the best features about it, and Medicine would elect one fourth, instead of, as proposed, one fifth of the whole Council.

One other point: in the duties assigned to the Academic Council there is that "of determining what teachers in any school of the University shall be recognised as teachers of the University." This would seem to imply that possibly—nay probably—only a *comparatively small number* of teachers from each of the medical schools in the Faculty of Medicine will be recognised as University teachers, and so become entitled to act on the Faculties in electing the Academic Council and Boards of Studies. There are now so many ways of interpreting and carrying out this recognition, that we feel we should like to have had something more definite. Of course every teacher who is head of his department, *i.e.*, every lecturer, will be recognised; but we wonder how this will be worked in subjects such as Anatomy, Surgery, and Medicine, in each of which in our school there are two lecturers. Again, many of the most important teachers in the medical schools are not lecturers—we mean the physicians, the surgeons, assistant physicians, and assistant surgeons. Are these *all* to become recognised teachers or not? The difficulty is furthermore greatly increased when we bear in mind the intrinsic differences between the various medical schools. It may be right to recognise the assistant physicians and assistant surgeons of such well-equipped institutions as St. Bartholomew's or Guy's, but how about recognising the corresponding officers of some of the smaller and admittedly ill-equipped ones?

Probably these are points which can be modified or settled by the Statutory Commission (if one should ever be formed). If so, and the position of our medical teachers in the Faculty, Boards of Studies, and Academic Council becomes properly secured, we are on the whole content, feeling every confidence that the just demands of students will receive proper consideration.

The *Senate*, which is the largest suggested by any scheme hitherto proposed, is to consist of sixty-six members, eleven of whom are to be appointed by medical corporations, graduates, and faculty as follows: two by the Graduates in Medicine in Convocation, two by the Royal College of Physicians, two by the Royal College of Surgeons, one by the Society of Apothecaries, and four by the Faculty of Medicine. Medicine will thus form one-sixth of the Senate. It is not necessary to enter into the details of the mode of election of the remaining five-sixths, nor to specify fully the duties and powers of this the supreme governing body. In the main, the Senate deals with the business and general affairs of the University as separate from the educational—such as allocation of funds, appointment of professors and other

teachers, recognition of schools, appointment of University officers, and of examiners, &c. One point, however, must be noted, as to its constitution. No teaching institution, *as such*, is represented upon it. In this it differs widely from the ill-fated "Gresham" Charter, in which the Council was to consist *entirely* of representatives of colleges and schools. To compensate for this, there is the proposed Academic Council with executive duties of a *purely examinational* and *educational kind*, and elected entirely by the teachers, who in the main represent education in the various schools. Thus *teachers*, as distinct from teaching *institutions*, have the real power in determining the courses of education and in regulating the examinations. Were it not for this, we should view with disfavour the removal of the representatives of the schools from the Senate. As it is, we cordially accept it.

One part of the purely examinational work remains as at present with the Senate, viz.: the regulation of the examinations for *external* students. The Senate are to appoint a Standing Board to "superintend, regulate, and conduct the examinations" for these students, and, upon the recommendation of this Board, they will appoint examiners for these external students. Thus it is clear that the essential nature of the change proposed is *the grafting on to the present purely examining University of a local or internal side, which will be both teaching and examining; and the students who come up now to be examined, irrespective of their mode of education, will in future be the external students of the University.*

This, however, does not apply to the Faculty of Medicine, in which there will be no "external students." In this, let it be noted, no change is made; for the University now, as everyone knows, insists on candidates for degrees in medicine studying in *recognised medical institutions*. In the future there will be two classes of recognised medical institutions, viz.: (1) Medical schools *of the University i.e.*, the medical schools of London; (2) medical school *recognised by the University*, from which students may proceed to medical degrees. These, we presume, are the provincial medical schools. Thus, with respect to the Faculty of Medicine, London and provincial students will be placed on an equality. They will go through similar courses of education and will be required to pass the same examinations. As pointed out in our article last month, it was one of the objections raised by some to the draft charter, which was rejected by Convocation in 1891, that residence in London was not made essential to graduation. This objection, then, can still be raised to the present scheme, but it is difficult to see how it can be removed so long as the University is imperial as well as local, and in face of the opposition previously spoken of on the part of the provincial medical schools. So long as London and the provinces are on an equality we ought not to fear, but rather to trust to our own infinitely superior educational advantages.

Nothing more need be said as to the constitution and powers of *Faculties*, *Boards of Studies*, and *Schools of the University*, but especial reference must be made to what the report says in respect to medicine. In the first place it is recommended that the following main branches of medical study should be represented in the Faculty of Medicine: (*a*) Physics, (*b*) Chemistry, (*c*) Biology, (*d*) Anatomy, (*e*) Physiology, (*f*) Pathology, (*g*) Pharmacology, (*h*) Medicine and Therapeutics, (*i*) Surgery, (*j*) Midwifery, (*k*) Public Health, (*l*) Forensic Medicine, (*m*) Mental Disease.

Here we have some very important recommendations, more particularly as to the three first named of these subjects. It has been repeatedly pointed out that the preliminary scientific examination is the main obstacle to obtaining the medical degree of the University under existing conditions, and in the Senate's scheme which was rejected by Convocation in 1891, this examination was to remain as at present, and be under the sole control of the Senate, whilst the other medical examinations were to be conducted by a conjoint Board appointed equally by the University and the Royal Colleges of Physicians and Surgeons. Thus, it was objected, the main cause of the inaccessibility of the degree would not be removed, and so the "medical grievance" would remain unredressed. This objection is removed in the present scheme, as will be shown by the following considerations: Why is the preliminary scientific examination so great a stumbling-block to medical students? Is it that it is intrinsically too difficult? No; as an examination in science it is not too severe, and it may be taken in two parts. Is it an obstacle because the scientific teaching in the medical schools is inadequate? To some extent this is so. In the smaller schools the equipments for scientific teaching are inadequate, but this is not the case in St. Bartholomew's, University College, and Guy's, in all of which the teaching of biology, chemistry, and physics is of the highest order. The main fault lies in the examination itself. The examination is wholly unsuited to the sort of teaching which medical students receive, or ought to receive. Medical students should not be taught these sciences in their abstract and technical applications. After the general elementary principles have been imparted, science should be taught in one way to students who are aiming at some branch of science or technology as their profession, and in a *totally different way* to students of medicine. Anyone who has recently been up for the preliminary scientific in chemistry will at once tell you that this is true. The examiners are pure scientists, who understand very imperfectly the sort of applied chemistry that students should study as preliminary to medicine. This is the *real* obstacle, and if the control of the preliminary scientific examination were transferred to the Faculty of Medicine, and if the curricula were adapted by medical teachers to the wants of medical students, a great gain would result; and this can be effected, if need be, *without materially lowering the standard of knowledge required*. The Gresham University Commissioners seem to have recognised this in recommending that these sciences should be represented in the Faculty of Medicine. At any rate, if their suggestion is carried out, it would put the control of them in the hands of medical teachers, and go a long way towards removing the "medical grievance."

Secondly, the Report recommends that, in regard to the smaller schools of medicine, the teaching of some of the subjects should be concentrated into one or two institutions. Such concentration seems to us to be absolutely essential to provide for the adequate teaching of Biology, Chemistry, and Physics in connection with those schools which are well-known to be inadequately equipped in this respect.

Thirdly, the University is to have power to enter into arrangements for conducting examinations with the Royal Colleges, on lines similar to those proposed by the Senate's scheme of 1891, and described in our last month's article. By this means the Commissioners hope that "the need of greater facilities for obtaining the medical degree in London will be adequately met without lowering its scientific character."

We have heard many students object that if the present standard is maintained, the whole of the changes, however good they may be in themselves, will not meet the requirements of the main body of medical students; and that if the standard is lowered the high value and reputation of the London M.D. will disappear. Those who make this objection confound together "lowering the standard" and "accessibility of the degree." We have shown above how the accessibility may be increased without lowering the standard, by remodelling the Preliminary Scientific, and taking it out of the control of the pure Scientists who understand nothing of what medical students should be required to know. Who again will say that the Int. M.B. and Final M.B., as at present conducted, are perfect? What is required in order to make the degree reasonably easily obtainable is to impart into University management a large teaching element. We want a real University, in which the teaching and examining elements shall work harmoniously together. The great aim of a University should be to educate, and to promote and cultivate learning and research; for the mere conferring of a degree is but a small and wholly insignificant part of its proper duties. The scheme of the Gresham Commissioners makes an honest endeavour to found in London a University worthy of the capital of this great Empire, and their scheme is one which we think, modified in detail, would work well in practice. Under it we could look forward to the time when the mere possession of a London degree would imply a thoroughly sound and practical education, and not merely, as it does at present, that its owner has been well crammed, has read hard, and has passed a severe examination.

At the final Examination in Midwifery, the results amongst Bart.'s men were highly satisfactory. Twenty-eight went up and twenty-seven have passed.

A Visit to the International Congress at Rome.

IN obedience to the request of the Editor, I propose to give some reminiscences of the late Congress at Rome, apart from those belonging to its strictly scientific aspect. Being an absentee myself, I have no right to express an opinion on the point, but, judging from the frequency with which I met distinguished members in all sorts of out-of-the-way places remote from the Policlinic, our ostensible destination and centre, I imagine that many of the English, and not a few of the foreign, members played truant, and gave up to sight-seeing the time that was intended to be spent in the acquisition or advancement of knowledge. As a matter of fact, although the Policlinic was a building admirably adapted for the purposes of the Congress—consisting of a series of blocks, with well arranged rooms and wide connecting corridors—it was difficult, owing to inattention on the part of authorities to minor details, to find the locality of the different sections, and thus it came to pass that Mr. Marsh and myself, who were both anxious to hear and see a demonstration on the Brain in the physiological section, spent a good hour in running up and down stairs one afternoon, because the several sections were denoted by numbers and not by their names at the foot of each flight. Moreover, the Policlinic was about two miles from the centre of the city, and no care was taken to give information in regard to the proceedings, nor, indeed, to forward invitations, so that at some dinner-parties hospitably given many chairs were vacant, because those invited had not gone to the meetings; and, lastly, the disposition to play truant was accentuated, not only by the difficulty of following French, German, and Italian speakers, but far more by the infinite number of objects of interest—churches, ruins, galleries of statuary and painting, and the scenes of past events, that seemed to multiply as they were sought for, and to be, at all events, quite inexhaustible during the few days at the disposal of the visitors.

To begin, then, from the beginning, we started from the Victoria station on the morning of the 21st March, rejoicing in the prospect of seeing the Eternal City, and fully prepared to enjoy a short holiday. Two hours' travelling brought us to Dover, and not a few of us were glad to find that the air was calm, and that no gust of rugged wings blew from beaked promontory to disturb the level brine. Judging from the difficulty of obtaining a table at the Calais buffet and the noise they made, the passengers on the Calais-Douvres boat made a remarkably good meal as soon as they stepped on French soil. At seven, Paris was reached, and amidst much confusion a tolerable dinner was obtained, and at nine or a little after the night journey to Turin was begun. Here the usual *contretemps* of travel occurred. One gentleman, who it afterwards appeared had a perfect right to his position, was declared to have taken

possession of the ladies' sleeping car, and various suggestions were made as to the best mode of haling him out, but this happy man proceeded to slumber all unconscious of the resentment he was exciting in feminine bosoms, with no less than three vacant beds around him, into two of which Mr. Marsh and the writer of these notes, for whom they had been engaged, slipped with infinite satisfaction at 3.30 a.m. On awaking, we found ourselves, with a brilliant rising sun, just entering the lovely scenery of the Graian Alps, with deep dells and swelling hills in the foreground, grey rocks rising a thousand feet or more beyond, and far away the snow-covered summits of lofty mountains piercing the blue sky. Mont Cenis tunnel passed, we were soon at Turin, dusty, dirty, unkempt, and tired, glad of a bath and food. It was the Eve of Good Friday, and sallying out we were struck with the density of the population of the old capital of Piedmont. Even to a Londoner's eye the streets were thronged. Starting early next morning, a long day's journey, equally dusty, fatiguing, and hot as the preceding, brought us to Rome.

We were somewhat surprised to find the vegetation no farther advanced in Northern Italy than in Kent, but this is only in accordance with the fact that the isothermal line of Europe, which passes through southern England, dips suddenly nearly to Rome. The poplar, lime, blackthorn, and other trees, with the mulberry and vine, showed no bud, whilst the pear was scarcely in blossom. In three weeks, however, the difference was considerable, and England was behind Italy at least a week.

Arriving at Rome at midnight, we descended from our vehicle at the Hotel di Roma, and were shown our rooms, which, though not first or even second rate, were yet conveniently placed, and served us well. We were lulled to sleep by the objurgations and protestations of various new arrivals who wanted something different from what had been provided for them, and with which they were at last fain to content themselves. It is possible to bring an English hotel-keeper to reason, or at least to argue with him, but language, however forcible, is apt to fall flat when addressed to a stolid Swiss or German, who fails to grasp your meaning even when translated into Anglicised Italian, with the hiatuses filled up with French, German, and English. "*Ich werde nicht hier schlafen.* It smells abominably. *C'est trop haut.* The lift is a mile away at the other end of the passage," were the last words I heard in voices of different keys.

Having a week to spare before the opening of the Congress, and having met with two pleasant travelling companions, we determined to visit Pompeii and Naples. The position of Pompeii on the southern declivity of Vesuvius is charming. It is situated near the Bay, and has a fine range of mountains in front. We saw its streets and houses, its pottery and skeletons. These last are well preserved. The flesh that once covered the bones has long become dust, but the bones remain surrounded by a space, the wall of which is formed of the mud ejected at the time of the eruption. When such a skeleton is found in the course of the explorations, a hole is made and plaster of Paris poured in till the cavity formerly occupied by the muscles and skin is filled, the hard mud coating is then picked away and the form of the man or animal remains as it was in life. The impression given is that death resulted from a asphyxia, several of the figures being in a sleeping posture. A large portion of the city still remains to be excavated, a process that is done with the greatest care and which consequently progresses slowly.

The Museum at Naples should be seen after visiting Pompeii, as most of the objects of interest discovered in the latter city have been removed to it. Many days could be spent in it, as the frescoes and mosaics have been most carefully and really wonderfully transferred, apparently quite uninjured, except from the finger of time, which has touched some of them but gently.

Great simplicity is manifest in the habits of the Neapolitans: the decencies of life are lightly regarded. In the course of an early morning's walk I saw children basking in the sunshine, and playing at the doors of the dens they inhabit, without a shred of clothing on their bodies, yet at an age when it is at least customary to dress; but the air is pure, and we were told that Naples has immensely improved during the last decade or two. There is still room for it.

Our attempt to climb Vesuvius by night was done in this wise. We had spent the afternoon in Pompeii, and, after a good meal at the little hotel at the station, we made arrangements with the hotel-keeper to drive to a small village, where six horses would be waiting for us. It was five o'clock before we were fairly under weigh, and the sun had set before we mounted our steeds, which we afterwards learned had twice been to the summit before, and which consequently were not quite so frisky as they might have been; however, as the road was good we were soon able to look down on the twinkling lights of Castellamare, and as we ascended to the higher altitude the wind blew colder and colder till at last we found ourselves in a sharp snowstorm, which produced a curious pseudoscopic effect, for the snow drifting whitened all the eastern side of the inequalities of the ground, making them brighter than the western side, illuminated by the waning light of the western sky. We had hoped that we should have the advantage of the moon, but it was too early in the evening, and soon our guides lighted some torches, and after two hours we arrived at the base of the cone. Here we had to alight at a distance of two or three hundred yards from the summit, but on attempting to climb, the footing was so uncertain in the loose cinders that the ladies, one and all, declined to go farther and objected equally to being left with their attendants, so we somewhat reluctantly gave up further effort, with the less regret, however, as the steam arising from the crater presented no gleam of redness. The descent was longer than we anticipated, and backsheesh was demanded for the torches and for the guides whom we had imprudently paid in advance.

One of my earliest recollections is an account of the Grotto del Cane in "Brandes' Chemistry," which was forty years ago a text-book for students, and when at Naples we determined to make an expedition to it. So hiring a comfortable carriage, with a better pair of horses than we could have expected, we started at an early hour and soon reached it. The road, where it is situated, runs in a short defile, with banks perhaps fifty feet high; a little side-path conducts from the main road to the cavern, which is about four feet wide and fifteen feet deep, the height gradually deepening owing to the downward inclination of the floor from five or six to eight or nine feet. There is nothing striking about it, and, like the jumping frog, it seems of a very ordinary nature. The owner of this little nook, which must return him a very handsome income for his expenditure upon it, if he mulct everyone as he did us, lights a torch which burns brightly in the air of the upper part of the cavern, but is promptly extinguished when lowered beyond the level of the sill or floor of entrance. A dog, which manifested no repugnance to the experiment, was seized and immersed in the gas. No immediate symptoms were produced, but after about ten seconds it was lifted out and placed on its feet at the entrance. It then suddenly staggered, fell over on its side, had a slight convulsion, and quickly rose and walked off apparently somewhat dazed. There was no question about the reality of the asphyxia, though it is currently stated that the dog is taught to simulate a fit. Not only can the gas be drawn out in a bucket, when the extinction of a taper, when plunged into it, can be shown, but its presence in the cave is very clearly and prettily shown by the behaviour of the smoke of the extinguished torch, which, as it cools, falls through the air till it reaches the upper surface of the gas, when it suddenly changes its movement from vertical to horizontal, just as it would do were the cave filled to the same level with water, and curiously enough the alteration in the direction of the movement of the smoke occasions the optical illusion that the cave is actually filled to that level with perfectly clear water.

The reception by the King and Queen was an imposing ceremony. Their Majesties were placed at the back of the stage of the Constanzi Theatre. The King stood whilst brief addresses, for the most part completely inaudible even to those in the circle, were delivered by the delegates from the different countries. The pit, boxes, and galleries were crowded; but from the uninteresting nature of the proceedings their occupants thinned out towards the close. We thought the King might have said one word of welcome to the assemblage of distinguished foreigners who surrounded him before descending from the dais, but he was affable enough to those who were afterwards presented to him. At a later date their Majesties gave a garden-party in their palace on the Quirrinal. The royal gardens are divided by tall and thick hedges of clipped yew, bare places being filled with laurustinus and bay-trees; and these are so arranged that at all times of the day, even in the height of summer, shelter may be obtained from the sun: but, apart from their position, the public and private gardens of many a northern city would far surpass them in beauty.

One of the most striking features of Rome is the magnitude, the vastness of everything. The open colonnade of St. Peter's cannot at a guess be much less than the amphitheatre of trees that surround the Round Pond in Kensington Gardens. You take a cab from the front entrance of St. Peter's to the sculpture galleries at the back. The Coliseum, the baths of Caracalla, the remains of the Circus maximus and of the palace of the Cæsars, are all and severally gigantic. The walls being a hundred feet or more in height, and from ten to twenty or more in thickness, and the space covered by these ruins is equally astonishing. The Coliseum was desecrated by being illuminated with green and red fires at night; but, like a similar child's play at Heidelberg, it was pretty and showed off to advantage the depth of the walls and the wonderful system of arches that supports them. After all, the Forum Romanum remains in the mind as the centre and focus of Rome. *Sit perpetua.*

HENRY POWER.

Empyema in Children.

BY EDMUND CAUTLEY, M.D. (CANTAB),
Physician to the Belgrave Hospital for Children.

THE diagnosis of a localised empyema in an adult is often a matter of great difficulty. The empyemata of children, even when not localised, present difficulties sometimes so great that the diagnosis is made post mortem. The two cases here recorded are good examples of the disease, and serve to illustrate several points to which I propose to call attention.

CASE I. — *Female*, twelve months old. This is the mother's third child; the previous two, twins, died of bronchitis at the age of twelve months.

Patient is not yet completely weaned. Quite healthy until five weeks ago, when she developed bronchitis.

Admitted on January 15th, 1894, having been getting worse for three days with fever and loss of appetite. On admission the baby was fairly nourished, anæmic, not distressed in its breathing. Examination of the chest revealed absolute dulness and bronchial breathing over the upper three ribs on the right side. The note was also found to be impaired all over the back and front on the right side, more especially above the middle third of the scapula. The dulness did not extend beyond the right edge of the sternum. Apex of heart half an inch outside the nipple line in the fifth interspace.

Course.—During the next fortnight no change was noted except a little increase in the anæmia and displacement of the apex of the heart a little more to the left.

On February 1st, a patch of absolute dulness was found at the level of the angle of the scapula in the posterior axillary line.

On February 5th, this patch was larger and a little tenderness or percussion was observed.

February 8.—An incision was made, after previous exploration, and about eight ounces of laudable pus evacuated.

The tube was taken out on the 23rd. On March 5th the chest was resonant to the base, though not as resonant as on the left side, and vesicular breathing could be heard all over. The temperature was subnormal for three days after admission, and then became irregularly hectic, varying between 97·4° and 102° F. It remained irregular, but on a lower level, for a week after the operation.

Even when discharged there were still signs of a little collapse or consolidation at the right apex.

Remarks.—When first I saw this case I was under the impression that the child was suffering from broncho-pneumonia. No doubt this was so, and the empyema was secondary to it. The usual signs of empyema, such as extension of dulness beyond the middle line, enlargement of the side of the chest and displacement of the heart, were all absent. The apex of the heart in an infant a year old is commonly half an inch to an inch outside the nipple line, and the position of the apex would consequently have been valueless for diagnostic purposes had it not been for the fact that while under observation it moved still more over to the left side. Percussion also gave most misleading indications; undoubtedly there was some impairment of resonance over the whole right lung, but the note was most dull over the upper and, later on, the middle lobes. Then, again, puerile breathing was heard all over, and distinct bronchial breathing was only heard over the the right apex.

The diagnosis was based on the history of bronchitis; the prolonged illness with localisation of the physical signs to one side of the chest; the increasing anæmia and wasting, and, finally, the irregular temperature.

CASE II.—*Male*, 3½; admitted March 7th, 1894. The family history is good. The past history reveals nothing of importance, except an attack of bronchitis six months ago. The child was remarkably anæmic, and somewhat emaciated. Physical signs of consolidation of the right lower lobe, and a few redux crepitations. The history of his present illness clearly indicates an attack of croupous pneumonia, commencing on March 1st, with the crisis on the day of admission.

Course.—The child steadily lost ground. Temperature irregular and somewhat hectic in character. Pulse and respiration increased in frequency. Signs of consolidation were noted on March 15th in the right inter-scapular region; feeble air entry below this. Also impaired resonance and air entry over left lower lobe. A diagnosis of empyema, secondary to pneumonia, was based on the symptoms and physical signs.

March 16.—Exploration in the posterior axillary line and one and a half inch behind this gave no result. During inspiration the lung could be felt descending, like a firm solid mass, on the trocar.

March 17.—Child had a fair night, but this morning is in more distress, and has a temperature of 103·8. There is more dulness at the left base. This was consequently explored, and about half a pint of sero-pus evacuated, a drainage tube being put in. The temperature fell, but rose again the next day to 105·2, and the child died.

Post mortem.—A small localised empyema was found in the lower part of the right axilla, containing two or three ounces of quite sweet pus. Had the first exploratory puncture been made half an inch more anteriorly it would have gone directly into the abcess cavity. The lower lobe was collapsed and airless, and had not quite undergone resolution. The middle lobe was pneumonic. On the left side there was purulent lymph covering the lower lobe; partial collapse of the lower lobe and a little patchy pneumonia of the whole lung.

Remarks.—Even if the abscess cavity on the right side had been evacuated, it is doubtful whether the child could have pulled through. Double empyemata rarely recover. The difficulty in diagnosing this local abscess was mainly due to the previous consolidation. The physical signs were, as far as could be made out, the same over the whole right lower lobe.

The chief causes of empyema are pneumonia and broncho-pneumonia, the latter especially so when it is a sequela of measles. Empyema also is sometimes due to scarlet fever and tuberculosis.

Pleural effusions are much more prone to be purulent in children than in adults. In about a third of the cases pus is found. In five cases out of thirteen of children under ten years of age under my own observation the effusion was purulent.

The anomalous signs which may be present are chiefly these. Dulness not absolute and not extending beyond edge of sternum. Presence of vocal vibrations and loud bronchial breathing and bronchophony. Absence of any definite displacement of the heart. Absence of respiratory distress. No bulging of intercostal spaces. Contraction of the affected side. A normal or subnormal temperature.

In doubtful cases it is always advisable to explore, and for this purpose I recommend the use of an anæsthetic, as it is frequently necessary to explore in several directions.

Supposing pus be found, the best plan of treatment is to lay open the chest, the most favourable place being the fifth or sixth intercostal space in the posterior axillary line. Cases are recorded where aspiration has been sufficient to cure the patient. In such cases the operation has generally to be frequently repeated, and the illness is necessarily much prolonged; even in the end drainage has often to be resorted to, and at a time when the long illness and frequent operations have exhausted the strength of the patient.

Two modifications in the operation for drainage are sometimes introduced. The first is washing out the cavity, and the second is excision of a portion of one or more ribs, in order to allow free drainage. Neither of these are essential, and, indeed, merely increase the severity of the operation without any counterbalancing advantages.

A single incision under ordinary antiseptic precautions, and the insertion of a medium sized india-rubber drainage tube, are the only essentials to a successful result. The tube can be usually got rid of in one to three weeks; it should be shortened daily as the cavity closes up. The patient requires good nourishing food and some stimulant.

Notes.

PHYSIC, says on old surgeon, is the art of amusing a patient while Nature cures the disease.

* * *

MISS SMEDLEY, who was formerly Sister of Darker Ward, and was last year appointed Matron to the Parkwood Convalescent Home at Swanley, has been elected Lady Superintendent of the Great Ormond Street Hospital for Sick Children.

* * *

AMONG the new Fellows of the Royal College of Physicians we note the names of the following Bart.'s men:—Dr A. T. Davies, Dr H. Lewis Jones, and Dr. H. D. Rolleston.

* * *

DR. H. C. ADAMSON, M.D. (Lond.), has been admitted a member of the Royal College of Physicians of London.

* * *

MR. G. A. COHEN, M.B., C.M. (Edin.), who has been attending Hospital work at Bart.'s since October last, has been appointed Resident Medical Officer to the Hospital for Diseases of the Heart and Paralysis, Soho.

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MR. W. J. COVEY, L.R.C.P., M.R.C.S., has been appointed Assistant Medical Officer to the Infirmary of the Parish of St. Pancras.

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MR. R. H. WILKIN, L.R.C.P., M.R.C.S., has been appointed Medical Officer for the Fifth Sanitary District of the Risbridge Union.

* * *

DR. HUGH WALSHAM, M.A., M.B. (Cantab), M.R.C.P., has been elected Registrar and Pathologist to the Victoria Park Hospital for Diseases of the Chest.

* * *

DR. E. J. JENKINS, M.D. (Oxon), M.R.C.P., formerly House Physician for Dr. Church, has been appointed Honorary Physician to the Children's Hospital, Sydney, New South Wales.

DR. C. ADDISON, M.D., B.S. (Lond.), has been appointed Medical Tutor in the Sheffield School of Medicine.

* * *

DR. E. F. TREVELYAN, B.Sc., M.D. (Lond.), M.R.C.P., whose appointment to the Professorship in Pathology at the Yorkshire College, Leeds, was announced last month, has been appointed Honorary Assistant Physician to the Leeds General Infirmary.

* * *

MR. J. G. BAKER, F.R.S., F.L.S., will deliver a course of Lectures on Botany at the Garden of the Society of Apothecaries at Chelsea, on Saturdays during May, June, and July, at three p.m. These Lectures are free to all Medical Students.

* * *

THE following circular has been issued by the "Dance Committee":—

A dance will be held under the patronage of Lady Lawrence at 77, Harley Street, W., by the kind permission of Mr. and Mrs. Walsham, on Wednesday, 30th May, in aid of the Samaritan Fund of St. Bartholomew's Hospital. Applications for tickets must be made on or before May 19th to one of the Secretaries of the Dance Committee, as the number of tickets will necessarily be limited. The price of the tickets will be: Ladies, 7s. 6d.; Gentlemen, 10s. 6d.; two Ladies and one Gentleman, £1 1s. In applying for tickets kindly state how many tickets, Ladies or Gentlemen, will be required. Dancing from 9 p.m. until 2 a.m. Light refreshments will be provided.

COMMITTEE.

Mr. H. J. Waring	Mr. C. R. Maitland
,, A. N. Weir	,, J. E. G. Calverley
,, W. H. Maidlow	,, C. E. Hogan
,, P. Furnivall	,, J. W. Nunn

D. L. E. Bolton, P. W. G. Shelley } Hon. Secs. of Dance Committee.

* * *

BART.'S seems to have been well represented at the recent International Congress at Rome. Amongst the names we notice those of Sir Dyce and Lady Duckworth, Dr. and Mrs. Lauder Brunton, Mr. and Mrs. Alfred Willett, Miss Willett, Mr. and Mrs. Henry Power, Miss Power, Mr. Howard Marsh, Mr. T. R. Smith and Miss Smith, and Messrs. A. N. Weir, L. G. Glover, J. Cropper, and A. Druitt.

* * *

WE apologise to the *Cambridge Review* for the appearance of the "Leucocyte's Lament" in our last issue without acknowledgment. The poem was handed to us by a Bart.'s man, and we were quite under the impression that it was "made on the premises." We have since heard that it appeared some years ago in the *Cambridge Review*.

* * *

WE congratulate Nurse Soden on being Gold Medallist in the "Blue Band" Exam., and Nurse McCaul on heading the list in the Probationers' Exam. Nurse Soden's brother will be remembered as a prominent member of the Rugby Football team a few years back.

* * *

On May 9th, "View Day" brought the usual troops of visitors—mainly belonging to the fairer sex. Several men were seen convoying seven, eight, nine, or even ten sisters (!)

from ward to ward, but we believe the record of all previous years was broken this year by the man who brought a "girls' school" of twelve couple! Truly the student of medicine is a bold man.

* * *

DR. KLEIN, F.R.S., has accepted the Presidency of the Section of Sanitary Science and Preventive Medicine at the next Congress of the Sanitary Institute at Liverpool.

* * *

DR. J. CALVERT has been elected Treasurer of the Royal British Nurses Association.

* * *

DR. W. G. WILLOUGHBY, M.D. (Lond.), D.P.H. (Camb.), L.R.C.P., M.R.C.S., has been appointed Medical Officer of Health for Plympton St. Mary R.S.A.

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DR. G. S. BUCHANAN, B.Sc., M.D., B.S. (Lond.), has been appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City Road.

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MR. E. P. S. GANE, L.R.C.P., M.R.C.S., has been appointed Assistant Medical Officer to the Lunatic Asylum at Sunnyside, near Christchurch, New Zealand.

* * *

How strange it is that women will think so much of dress! This feminine failing is even found in the ranks of Hospital Sisters!! Lately, we hear, there have been differences of opinion as to the exact colour of, and material for, the Sisters' uniforms. Some favour the old blue merino; others seem to prefer the "washing" material. Seriously, though, we are glad to learn that the old dark blue merino is more in favour, for our experience certainly coincides with that of one member of the staff who remarked the other day: "Every time I come into the wards, I find the Sisters are more and more faded."

* * *

AT the Conversazione at the Royal Society on May 2nd, specimens demonstrating the phenomena of chemiotaxis in inflammation were shown by Dr. Kanthack. Films of blister fluid have been stained with eosine and methylene blue to show the various kinds of leucocytes. In some cases the eosinophile or non-phagocytic leucocytes are very numerous, relatively more numerous than the other leucocytes, showing that there is some "selective chemiotaxis."

* * *

THE following Bart.'s men have passed the First Conjoint Examination in Anatomy (Bones): L. A. Baiss, P. C. Barham, W. F. Bennett, F. G. Berry, E. N. Berryman, F. R. Brookes, C. P. Bard, E. G. Campbell, W. H. Cazaly, E. P. Court, A. J. Cuddon-Fletcher, J. Dalebrook, T. D. Dawson, E. P. H. Dudley, R. F. Ellery, H. D. Everington, M. H. G. Fell, G. E. Gask, H. B. Gibbins, H. V. Gwynn, R. S. F. Hearn, F. Horridge, H. W. Illius, J. W. Illius, A. R. Kay, H. P. Lobb, W. C. Long, S. Mason, S. A. Millen, J. Ll. Morris, D. W. Purkis, R. Raines, J. H. Rhodes, E. F. Rose, W. F. Rowe, P. W. Rowland, F. W. Sheppard, R. Storrs, P. Tatchell, G. P. Taylor, J. H. Thursfield, H. E. Waller, C. G. Watson, G. W. T. Williams, A. O. B. Wroughton, and T. L. Wyndham.

* * *

THERE are only a few first year's Bart.'s men under the four year Regulations. Of these the following have passed the first Conjoint in Anatomy and Physiology:—H. A. Colwell, H. Davies, A. Farrington, E. C. Morland, and W. E. A. Worley.

* * *

ARTHUR S. BLACKWELL, M.B., B.S. (Lond.), L.R.C.P., has been admitted a Fellow of the Royal College of Surgeons of England.

* * *

THE following have passed in Materia Medica at the First Conjoint Examination:—P. M. Brittain, H. W. Carson, J. F. Fernie, B. W. Holmes, G. E. Leclezio, E. A. Weber.

* * *

THE following have passed in Chemistry and Chemical Physics at the First Conjoint Examination:—J. C. S. Dunn, E. B. Stevenson, and E. D. Wortley.

* * * *

THE list of those who passed in Biology was published last month.

* * *

R. A. DUNN, P. W. James, E. G. Simmonds, and E. Turner have passed the first Examination for the M.B. Durham.

* * *

R. A. DUNN, M.R.C.S., L.R.C.P., and R. A. Walter, M.R.C.S., L.R.C.P., have passed the second Examination for the degree of M.B. Durham.

* * *

T. M. LEGGE, M.A., D.P.H., has been admitted to the degree of M.D. of the University of Oxford.

* * *

MOST of the second year's men are under old regulations, and the following have passed the second College in Anatomy:—L. L. Allen, F. V. O. Beit, J. Brock, M. A. Cholmeley, E. C. Corfield, J. A. Dredge, G. E. Gardiner, W. R. Gibson, N. H. Harris, T. J. Horder, C. V. Knight, J. L. Maxwell, H. Mundy, F. H. Nimmo, W. J. Richards, G. Smith, S. F. Smith, and F. Whincup.

* * *

IN Physiology at the second College, the following have been successful:—F. V. O. Beit, F. Bennett, J. Brock, E. C. Corfield, J. A. Dredge, W. R. Gibson, N. H. Harris T. J. Horder, C. V. Knight, J. L. Maxwell, H. Mundy, H. K. Palmer, S. F. Smith, and F. Whincup.

* * *

UNDER the new regulations, both of the subjects, Anatomy and Physiology, of the second Conjoint Examination, must be passed at the same time; hence rejection in one subject means reference in both. The following have been successful:—M. G. Dyson, H. G. Harris, E. S. E. Hewer, T. D. Jago, Lewis Jones, T. C. Litler Jones, and R. G. Whiting.

* * *

THE following Bart.'s men have passed both parts of the Examination for the D.P.H. Cambridge:—C. E. P. Fowler, F.R.C.S., L.R.C.P.; H. Hendley, M.R.C.S., L.S.A.; B. H. D. Leumann, M.R.C.S., L.R.C.P.; E. S. Peck, M.B., B.C. (Camb.), and J. W. W. Stephens, M.B., B.C. (Camb.)

* * *

M. A. COOKE, G. J. R. Lowe, J. B. D. St. Cyr, and W. H. Symons have passed in Surgery at the final L.S.A. Examination. J. K. Birdseye passed in Forensic Medicine, and D. D. Brown passed in Midwifery.

* * *

THE following Bart.'s men have recently completed the Final College Examination, and have received the diplomas of L.R.C.P. and M.R.C.S., viz., J. H. Pead, J. K. Murphy, F. Fraser, J. E. Gordon, C. Todd, J. Sterry, W. E. Lee, H. W. Armit, T. Barker, G. R. Fox, H. T. Du Heaume, J. J. Grace, M. N. J. Rigby.

* * *

IT is with great satisfaction that we record the excellent result obtained by Bart.'s men in Medicine at the recently held "Conjoint" Examination. Thirty-one went up, and twenty three passed, *i.e.*, only 25·8 per cent. were rejected. We hear that the percentage of rejections of candidates from all schools was very high.

* * *

IN Surgery we have not done so well, for only 50 per cent. of Bart.'s men passed.

* * *

THE following Bart.'s men have passed the first part of the third M.B., Cambridge: Ll. Phillips, J. K. Murphy, J. J. Taylor, W. M. Borcherds, C. P. White, C. E. Hedges, J. B. Norris, O. Paget, and Howard Marshall.

* * *

IT is with the greatest regret that we hear of the great loss which has befallen Dr. Champneys, in the death of his eldest son, at the untimely age of 16, after a short and sudden illness. Young Champneys, whose career promised to be as brilliant as his father's has been, was about to leave Marlborough College, where he had already distinguished himself, for Oxford, with a view to the profession of medicine. We offer Dr. Champneys our sincere and heartfelt sympathy.

Convocation at the University.

THE last two meetings of Convocation have been fairly lively. On April 10th, the Report of the Annual Committee upon the scheme of reconstruction contained in the Gresham Commissioners' report, and the hostile propositions made by the Annual Committee, came on for discussion.

When the supporters of the Annual Committee saw that things were likely to go against them, they very cleverly managed to shelve the whole question, and prevented Convocation from expressing a direct opinion upon the merits of the scheme by inducing them to refer the whole question to the Annual Committee, with power to nominate half the members of a Joint Consultative Committee of the Senate and Convocation.

A very large and influential body of graduates who favour University reform on the lines of the Gresham Report were altogether dissatisfied with this, for they knew that the Annual Committee was "run" by a clique of graduates hostile to such reform, and in no sense representative either of Convocation or of anybody else on this question. They therefore decided in the first place to bring the matter to a direct vote by proposing, at the meeting held on May 8th, the following motion, which stood in the name of Mr. Thiselton Dyer, "That Convocation, while reserving its right to represent its views before the proposed Statutory Commission, hereby expresses its general approval of the Report of the Royal Commission." They resolved also to endeavour to change the complexion of the Annual Committee, and, if possible, secure a majority of members favourable to reform.

When the meeting took place on May 8th, the Chairman announced the names of the Joint Consultative Committee; most of those appointed by Convocation being men known to be hostile to the scheme. He then ruled that the proposition standing in the name of Mr. Thiselton Dyer was out of order. Thus the graduates in Convocation were again prevented from expressing their opinion on the merits of the Commissioners' Report.

After Professor Silvanus Thompson had moved the adjournment of the House until seven o'clock, the supporters of the Gresham Scheme met in the Graduates' Room of the University, and drew up a protest. At this meeting 230 graduates were present, and passed unanimously the following resolution: "That this meeting of graduates, whilst reserving its right to represent its views before the proposed Statutory Commission, hereby expresses its general approval of the report of the Royal Commission." Sir Henry Roscoe, M.P., presided at this meeting; and amongst the speakers were Mr. Thiselton Dyer, Mr. Anstie, Professor Silvanus Thompson, Dr. Allchin, and Sir Philip Magnus. Further resolutions, one of protest and the other agreeing to forward the resolutions to the Senate and to the Press, were passed.

The meeting of Convocation resumed at seven o'clock, the interest of both parties being concentrated on the result of the election of the Annual Committee, which proved to be a complete and overwhelming victory for the supporters of the scheme of reconstruction. Amongst the members of the new Annual Committee we note the names of Dr. T. W. Shore, Mr. H. J. Waring, and Mr. Walter G. Spencer.

A Committee of Graduates has been formed under the Chairmanship of Mr. Cozens-Hardy, Q.C., M.P., to obtain from the graduates an expression of opinion on the reconstruction scheme. We understand that over 750 favourable replies have been received.

Degree Day at the University of London.

ON Wednesday, May 9th, the Annual Presentation for Degrees at the University took place in the University theatre, at two o'clock. The newly-elected Chancellor, Lord Herschell, received the graduates, and was supported by Sir James Paget, Sir John Lubbock, Sir Albert Rollit, Sir W. Savory, Sir George Buchanan, Lord Justice Fry, the Chairman of Convocation, and others. The theatre was crowded with graduates about to be presented, and their friends. To those taking part in the ceremony and onlookers alike, this Annual Presentation for Degrees is an imposing and interesting event. As usual there was a considerable percentage of lady graduates, chiefly in Arts and Science. The degree takers from Bart.'s formed this year a very imposing array, for there were more from our School than from any other in the faculty of medicine. The presentation of Bart.'s men was carried out by the Warden, and the following were presented:—

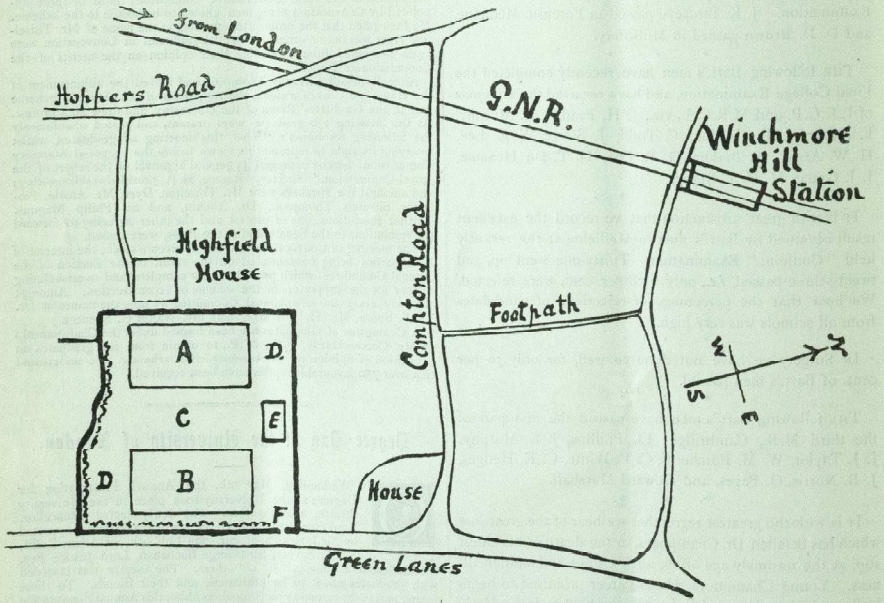
T. J. Horder, B.Sc.; J. W. Pickering, D.Sc.; H. O. Davies, M.B., B.S.; J. H. Griffiths, M.B., B.S.; L. W. Dathurst, M.D.; A. J. Edge, M.B.; S. F. Gibbs, M.B.; F. Johnson, M.B., E. A. Perram, M.B.; T. M. J. Powell, M.B.; K. Rogers, M.B.; A. C. Ta Bois, M.B.; J. Williamson, M.D.; T. J. Dyall, M.S.; H. J. Waring, M.S.; H. G. Cook, M.D. (Gold Medal); H. A. Eccles, M.D.; H. E. Knight, M.D.; H. T. Parker, M.D.; W. L. Pethybridge, M.D.; H. Williams, M.D. (state med.)

After the presentation the Chancellor made a few remarks about the reconstruction of the University, avoiding controversial topics, and speaking only of the points on which all could agree. A few remarks from Sir John Lubbock followed, after which the meeting closed.

Amalgamated Clubs.

THE CLUB GROUND.

THE general plan on which it is proposed to lay out the Club Ground is that which is roughly sketched in the accompanying drawing. There will be two football fields, one for the Rugby and the other for the Association Club matches in the positions marked A and B. Between them, at C, it is proposed to prepare a pitch for cricket matches. Tennis courts are to be made in the positions marked D, and we hope that about six or eight will be provided. The entrance



to the ground will be made at the north east corner F, and it is, according to the present ideas, proposed to erect the pavilion at E, about the middle of the northern boundary. Along the south and east sides there are belts of trees which, with a few shrubs planted there, will form a very good natural screen. The map also shows the mode of access to the ground from Winchmore Hill Station and taken in conjunction with the directions printed in last month's *Journal* will enable members to reach it easily.

We understand that the Special Committee of the School is now considering the question of the pavilion, and plans for it. We hope that they will decide to erect a good, convenient, and comfortable building, and that they will provide plenty of dressing rooms, wash basins, and shower baths. Both hot and cold water should, we think, be laid on, and there should be plenty of locker accommodation. Before finally passing any plans we hope they will give the Finance Committee of the Clubs an opportunity of seeing them and of making suggestions.

At the last meeting of the Finance Committee held on April 16th, it was reported that arrangements had been made for the hire of a temporary ground at Herne Hill for tennis and cricket during the coming summer season. Estimates from the Tennis and Cricket Clubs were presented and adopted. Grants to meet necessary expenses were made.

CRICKET CLUB.

The prospects for this season are fairly bright, and if those men who have made their mark at cricket whilst at school will continue to play, and will play for the Hospital in preference for any outside club, there is no reason why the long-forgotten cricket cup should not be brought to Bart.'s this year.

The card is a fairly long one, June, as usual, being devoted to the stronger matches.

Unfortunately, two dates at the busiest part of the season are unfilled at present, owing to disappointment, but they will possibly be filled up later on in the season.

A ground at Herne Hill has been secured for cricket and tennis; but, as the space is limited, there will only be room for net practice as far as the cricket is concerned, with a few occasional practice games. The ground is as accessible as it is possible to be, and as the excuse that men have given hitherto for not playing has been that there was no ground, and therefore no chance of practice, it remains to be seen how far the club will be supported now that this excuse is done away with.

The ground is situated in the Turney Road, Dulwich, next to the Dulwich C.C. and Ibis C.C. grounds, and the best way to get to it is to book to Herne Hill Station, and on coming out of the station to turn to the left, and then to go straight up the Burbage Road, when the ground will be found on the right-hand side, about six minutes' walk up.

The best train during the season for those men who are working in the afternoon is the 4.5 from Holborn Station to Herne Hill, which enables one to start play by 4.30.

There will be *three* practice nets and *four* tennis-courts available during the season.

All articles of value should be left with Mr. Mayhew, the keeper of the ground, as it is unsafe to leave them in the pavilion. The following is a list of the cricket matches, exclusive of the Inter-Hospital Cup Ties, which will appear later:—

MAY.

Sat. 12th.—Banstead Asylum, at Banstead, at 11 a.m.
Wed. 16th.—St. John's School, at Leatherhead, at 2 p.m.
Wed. 16th.—*Mill Hill School, at Mill Hill, at 2 p.m.
Sat. 19th.—*St. Margaret's, at Twickenham, at 2 p.m.
Sat. 19th.—New Barnet, at New Barnet, at 2 p.m.
Wed. 23rd.—Clapton, at Clapton, at 11 a.m.
Sat. 26th.—

JUNE.

Sat. 2nd.—
Wed. 6th.—Kensington Park, at Wormwood Scrubs, at 11 a.m.
Sat. 9th.—R.I.E.C., at Cooper's Hill, at 11.30 a.m.
Sat. 16th.—Chelmsford at Chelmsford, at 11.30 a.m.
Sat. 23rd.—Crystal Palace, at Crystal Palace, at 11.30 a.m.
Sat. 30th.—Banstead Asylum, at Banstead, at 11 a.m.
Sat. 30th.—*Blackheath School, at Blackheath, at 2 p.m.

JULY.

Sat. 7th.—Aldenham School, at Aldenham, at 2 p.m.
Sat. 14th.—*Berkhampstead School, at Berkhampstead, at 2 a.m.
Wed. 18th.—Hornsey, at Hornsey, at 11 a.m.
Sat. 21st.—Brighton College, at Brighton, at 11 a.m.

Those marked thus * are *A team* matches.

Hon. Secs. { F. H. NIMMO, E. J. SIMMONDS.

Cheap Return Tickets to Herne Hill, available from St. Paul's, Ludgate Hill, or Holborn Stations, may be had at the Cloak Room, *price 4d.* These tickets must be presented at the booking office to be dated when used.

NEW MEMBERS.

The following Students have joined the Amalgamated Clubs since Christmas:—

S. Bousfield.
G. W. Micklethwait.
W. G. Hamilton.
A. B. Tucker.
R. H. Bremridge.
G. W. Stone.
E. W. Lowry.
P. C. Lloyd.
R. H. Lloyd.
J. Woolley.
R. G. Whitting.
L. B. Rawling.
J. W. Fickering.
J. W. Illius.
H. W. Illius.
A. R. J. Douglas.
T. J. Horder.
C. H. R. Norrington.
J. Perks.
H. Goodman.
R. H. Vincent.
T. M. Pearce.
J. D. Hartley.
F. M. Howell.
J. O'Hea.
N. Lipscomb.
C. V. Cornish.
H. S. Greaves.
R. R. Thomas.
R. W. Jameson.
H. C. Bennett.
P. Furnivall.
J. H. Newman.
A. G. Leverton.
L. F. Marks.
W. R. Stowe.
P. O Gruber.
H. J. Godwin.
A. M. Dalzell.
T. A. Barron.
C. T. Price.
W. H. Leonard.
R. C. Bowden.
D. Davies.
G. E. Cathcart.
T. Huddleston.
H. E. D. Lloyd.
H. G. Wood Hill.

Sketches from the O.P. Rooms.

NO. I.—THE THANKFUL PATIENT.

THIS is generally a poor old decrepit man, with, perhaps, lumbago, or something of that kind. The old fellow is very anxious to tell you all his symptoms—sometimes more—but is generally somewhat handicapped in his efforts by being rather hard of hearing.

The interview is usually somewhat of this nature:—

Dr. X.—"Next case!"

(Clerk appears paper in hand and beckoning to some unseen individual.)

Dr. X.—"Come along!"

(Patient enters—bows to the assembly, and sits down next to the newest clerk.)

N.C.—"You must go over there" (indicating Dr. X.)

(Patient beams upon audience, but makes no sign of moving.)

N.C. (raising his voice and nudging patient)—"You must go over there."

Patient (putting his hand to his ear)—"What did you say, sir? I'm rather 'ard o' 'earing."

N.C. (shouting and getting very red)—"Go over there."

Patient (with deep gratitude)—"Thank you, sir." (Clerks titter).

(Patient goes over to chair by Dr. X., puts his hat and stick under the chair, and sits down.)

Dr. X.—"What is the matter with this man?"

Patient (leaning over, hand to ear)—"I'm rather hard of hearing if you please, sir."

Dr. X.—"It's all right, I'm not talking to you."

Patient (making frantic efforts to hear)—"If you please, sir?"

Dr. X. (shouting at him)—"I am not talking to you."
Patient (bowing)—"Thank you, sir."
Clerk—"I think he has got aortic regurgitation."
Dr. X.—"Why?"
Clerk—"He has a double aortic murmur, and a water-hammer pulse."
Dr. X.—"What is a water-hammer?"
Clerk—"Oh—er—it's—er—a kind of toy."
Dr. X.—"So is a humming-top; is it anything like that?"
Clerk—"I'm afraid I don't know, sir."
Dr. X.—"Well! what do——"
Patient—"If you please, sir, sometimes of a night the pain comes——"
Dr. X.—"All right, we'll attend to you in a minute."
Patient (with great earnestness)—"Oh no, sir! I've been a teetotaler now nigh on fifteen years. I remember——"
Dr. X.—"We'll attend to you in a minute."
Patient (hand to ear)—"If you please, sir?"
Dr. X. (yelling)—"Be quiet."
Patient (with great gratitude) "Thank you, sir."
Dr. X. (listens to heart)—"I don't hear any murmur." (To clerk)—Come here and listen again."
(Clerk, putting on air of deep research, listens).
Dr. X.—"Do you hear any murmur now?"
Clerk—"No, sir."
Dr. X.—"Very well, we'll give him a tonic and a little stimulating lotion for his rheumatics. (To patient)—Are your bowels open?"
Patient—"Sir?"
Dr. X. (shouting)—"Are your bowels open?"
Patient—"Pretty fair, thank you, sir."
Dr. X. "Well, you must rub this lotion on the parts that are——"
Patient (hand to ear)—"If you please, sir?"
Dr. X. (screaming at him)—"Rub—this—lotion in—painful——"
Patient—"Oh yes, sir, the pain is very bad."
Dr. X. (to clerk)—"Take this man outside and explain matters to him."
Clerk—"Yes, sir." (To patient)—"Come along."
Patient—"Sir?"
Clerk (shouting in his ear)—"Come—along."
Patient—"Thank you, sir (gets up, makes a sweeping bow to clerks). "Thank you kindly, gentlemen" (departs with clerk).

F. W. G.

Award of Prizes and Scholarships.

KIRKES' SCHOLARSHIP AND GOLD MEDAL.—This Prize has been awarded by the Examiners to H. T. WHITLING.

JUNIOR SCHOLARSHIPS IN ANATOMY AND BIOLOGY OR PHYSIOLOGY.—These have been awarded as follows:—(1) £30, to E. C. MORLAND; (2) £20, to H. DAVIES and J. H. THURSFIELD, *Aeq.*

SENIOR SCHOLARSHIP IN ANATOMY, PHYSIOLOGY, AND CHEMISTRY.—This Scholarship has been awarded to T. J. HORDER.

WIX PRIZE, which has been given this year for an Essay on the "Life and Works of Percivall Pott," has been awarded to T. J. HORDER.

Clinical Lectures for the Summer Session.

The Clinical Lectures which are to be given this Summer will be delivered as follows:—

MEDICAL.—Fridays at 1 p.m. May 11th, Dr. Hensley; May 18th, Dr. Church; May 25th, Dr. Gee; June 1st, Sir Dyce Duckworth; June 8th, Dr. Hensley; June 15th, Dr. Church; June 22nd, Dr. Gee; June 29th, Sir Dyce Duckworth; July 6th, Dr. Hensley; July 13th, Dr. Church; July 20th, Dr. Gee.

SURGICAL.—Wednesdays at 2.45 p.m. May 16th, Mr. Smith; May 23rd, Mr. Willett; May 30th, Mr. Langton; June 6th, Mr. Marsh; June 13th, Mr. Butlin; June 20th, Mr. Smith; June 27th, Mr. Willett; July 4th, Mr. Langton; July 11th, Mr. Marsh; July 18th, Mr. Butlin.

Cases Worth Seeing.

MEDICAL.

THE following cases are worth seeing in the medical wards:—

Mark Ward, No. 11, M. æt. 27, heart disease, probably congenital.
,, No. 22, M. æt. 33. mercurial tremor (a clinical thermometer maker).
Luke Ward, No. 6, M. æt. 9, heart disease, enlarged spleen, and cirrhosis of liver.
,, No. 8, M. æt. 31, pernicious anæmia, retinal and other hæmorrhages.
John Ward, No. 14, M. æt. 29, jaundice, enlarged spleen, alcoholic neuritis.
Matthew Ward, No. 13, M. æt. 44, ? disseminated sclerosis.
,, No. 12, M. æt. 31, heart disease, ? congenital.

SURGICAL.

Harley Ward, No. 7, extensive lupus erythematosus.
,, ,, No. 11, a rare form of (? lichenous) skin disease.
Kenton Ward, No. 11, traumatic gangrene of foot.
President, No. 30 cot, deformity of ribs and scapula.
,, No. 7, epithelioma of tonsil.

The Lay of the Night-Dresser.

OFT in the chilly night
Ere Slumber's chain hath bound me
Porters with much delight
Have come along and found me.
What deep disgust! How have I cussed,
What words of wrath then spoken!
How patients blamed for getting lamed.
My night's repose was broken!

I yawn, I groan, I tread alone
The Surgery deserted,
The H.S. fled, the patient dead
And all but I departed.
Then in the chilly night,
Back on my couch I've found me
And, grumbling, tucked in tight
The blanket all around me.

St. Bart.'s Hospital Smoking Concert Club.

OFFICERS FOR THE YEAR, May 1st, 1894, to May 1st, 1895.

Chairman.
Mr. P. Furnivall.

Vice-Chairmen.
Mr. P. O. Andrew. | Mr. P. W. G. Shelley.

Treasurer.
Mr. J. C. Padwick.

Committee.

Mr. W. N. Barron.	Mr. H. B. Meakin.
Mr. F. W. Gale.	Mr. C. R. Maitland.
Mr. A. Granville.	Mr. A. N. Wilde.
Mr. T. Martin.	Mr. C. W. Williams.

Hon. Secretaries.
D. L. E. Bolton. | C. E. Hogan.

The Annual View Day,
MAY 9TH, 1894.

ANOTHER View Day has come and gone, with its formal procession round the wards, and all its customary decorations, tea-parties, and crowd of visitors. As usual, permanganate of potash was put in the fountain, thus marring the effect of its unwonted cleanness. We have never been privileged with the acquaintance of anyone whose perception of wit was sufficiently keen to enable him to see either fun or amusement in such a procedure: perhaps, however, we misjudge the doer of the deed,—it *may* be that there lurks behind his action some desire to demonstrate to the visitors the antiseptic principles upon which the work of the Hospital is carried out! As usual the "professional grumblers" have turned their attention to a custom which upsets, though only for one afternoon, the routine of work, and as usual the Hospital has been generally *en fête*.

Proceedings commenced at about half-past two, when the Treasurer inspected the Dispensary, escorted by a small number of Governors and the usual "scrum" of Students, and preceded by a Beadle armed with the mace, who called to one's mind an irresistible recollection of "Malvolio" in "Twelfth Night" as acted at Daly's.

The Dispensary and the Out-Patient Rooms having been visited, the Beadle led the way to Colston, with its profusion of beautifully arranged flowers, where the inspection of the wards began. On the way there, one Governor was overheard to say, in reply to a question as to what purpose was served by their visit, "Oh, I suppose we please everybody, and that's the great thing"; and certainly the patients are pleased, for they appear to enjoy the whole performance thoroughly, especially when the Steward—whose very presence lends a charm to the proceedings—asks them if they "have any complaints to make to the Governors." One patient did actually complain that she was not allowed to get up, but apparently with little success.

During the course of the afternoon, however, several suggestions reached "our editorial ears" to the effect that while the Surgeons, Physicians, Matron, Sisters, and Patients were each formally asked whether they were satisfied, it was a shame that the opinion of at least the *Staff*-Nurses was not asked!

The wards were, of course, with no exception, beautifully decorated. The quantity of flowers which one saw during the afternoon was so great that one could not help thinking that their collection must have depleted the flower-shops for miles round, and Govent Garden into the bargain. To make comparisons between such works of art as the wards were would be not only purposeless but invidious, since one and all were beautiful: limited space, too, compels us to be content with but a very general description.

The favourite colour was undoubtedly yellow, and in the majority of cases, either the front or back ward was decorated almost exclusively with that colour. Thus in Lawrence the front ward was decorated mainly with yellow, while in the back ward a charming effect was produced by a combination of white and deep red flowers. In Sitwell the flowers in one of the wards were again mostly yellow, while in the other they were purple or white—some large bunches of white broom being especially pretty. The back ward of Elizabeth was positively fascinating with a combination of "reds," relieved by white flowers and arranged in a style worthy of a far fuller description than we are able to give; the front ward favoured the ever popular yellow. Hope and the back ward of Lucas were almost alone with pink and white flowers, arranged most tastefully,—like the majority, Lucas had one ward decorated with yellow.

Amongst the Darker decorations was a very pretty stand containing a palm, with three small hanging baskets round the sides, each containing ferns and moss, while in John a very pretty effect was obtained by hiding the fireplace with trellis-work covered with moss, flowers, and ferns. Martha boasted the masterpiece of ingenuity in the shape of a double fountain arranged in a moss-covered grotto (which in every-day life is the fireplace); the effect was, however, somewhat marred by the necessity of frequently baling out the "well" into which the water ran. The ward itself was so decked with flowers as to be a perfect "fairy bower"—a basket of flowers standing on one of the tables was glorious in itself.

In conclusion, the dresses of the children must not be forgotten—as they certainly will not be by the proud wearers; they were extremely pretty, and certainly had no small share in the general effect produced.

THE VIEW DAY DINNER.

At a quarter before seven, the Treasurer, Governor, Staff, Resident Staff, and Prize Students sat down to an excellent dinner in the great hall of the Hospital. After dinner, the Treasurer gave the toast of "The Queen, Prince of Wales, Princess of Wales, and the rest of the Royal Family," which

was duly honoured. In the intervals between the speeches some selections on the violin were admirably executed by Signor A. Simonetti, accompanied by Mr. F. A. Scwell at the piano. The toast of the evening, "Prosperity to St. Bartholomew's Hospital, and Health and Ease to the Poor Patients," was proposed by the Treasurer in an admirable and exhaustive speech, which frequently elicited exuberant cheers from the tables occupied by the Junior Staff and Prize Students. In referring to the enormous increase in the number of patients in the Casualty Department, the Treasurer reminded those present that relief is afforded by the Hospital in cases of accident and urgency to all classes, and told how on one occasion a noble Lord, having met with an accident, was treated here, and subsequently comfortably sent away home in a cab. Next day he sent a donation to the Hospital—one guinea! Amongst other topics, Sir Trevor announced that only that very morning a letter had been received conveying the news that a legacy, expected to equal £10,000, had been left to the Hospital. It would be very welcome, he said, in helping to build a new Nurses' Home, and in enlarging the Casualty Department. To show the enormous increase in the number of Nurses, he pointed out that, although the in-patients were about the same in 1884 as now, the number of Nurses had increased from 117 in 1884 to 303 now. Sir Trevor alluded in warm terms to the work of the School, and expressed the hope that in the near future it might be possible to endow the Chair of Pathology, a topic which has been seriously engaging the attention of the Staff during the past year. He congratulated the School and the Students on acquiring a Recreation Ground, as he considered proper recreation to be one of the most important adjuncts to the educational machinery of the School. The next toast was the "Houses of Parliament," proposed by Sir Guyer Hunter, and responded to by Mr. Danvers Smith, M.P. The health of the "Medical and Surgical Staff" was proposed by Mr. Alfred Cock, Q.C., who spoke of the high devotion to duty and great self-sacrifice which characterises members of the medical profession. Dr. Church responded in an able speech, in which he referred to the great and increasing demands on the resources of the School required by the necessity of keeping pace with scientific progress and research. Mr. T. Smith also responded, and laid emphasis on the necessity in the near future for a proper endowment of the School. He contrasted the position of the London Schools, as to endowment, with the Scotch Universities, which are largely supported by Government grants, for which Englishmen have the privilege of being taxed.

Sir W. Savory then proposed the "Health of the Treasurer." Sir Trevor Lawrence responded, and proposed "The Almoners," to which Mr. Bickerstaff replied. Mr. Bickerstaff proposed the "Visitors," and Sir Andrew Scoble responded. The last toast was then proposed by Dr. Gee, who gave the "Prize Students," coupled with the name of Mr. Brooksbank, Brackenbury Medical Scholar, who responded in the absence of the Lawrence Scholar, Mr. Blackwell. The company, which numbered 136, then separated.

Births.

ALDOUS.—April 29th, at Compton Gifford, Plymouth, the wife of George Frederick Aldous, M.R.C.S., L.R.C.P., of a daughter.

MOORE.—March 22nd, at 94, Gloucester Place, Portman Square, W., the wife of Dr. Norman Moore, of a son.

PAYNE.—April 24th, at Selly Oak, Birmingham, the wife of W. A. Payne, M.A., M.B., of a son.

TRACEY.—April 24th, at Willand, Cullompton, Devon, the wife of Henry Eugene Tracey, M.B., M.R.C.S., L.R.C.P., of a daughter.

Marriages.

DAVIES-DUFFUS.—On April 12th, at Aberdeen, Howard O. Davies, M.B., B.S. (Lond.), of Cricklewood, N.W., to Jeanie, the third daughter of Alexander Duffus, of Aberdeen.

REECE-PERKINS.—On April 18th, at Whitchurch, Edgware, Richard J. Reece, B.A., M.D. (Cantab), only son of the late George Reece of Kensington, to Ada Eleanor, only child of J. Watt Perkins, of Edgware.

Death.

CHAMPNEYS.—On April 21st, at 42, Upper Brook Street, Montague Weldon, eldest son of Dr. F. H. Champneys, aged 16.

Calendar of Coming Events.

May 19.—Examination for the Lawrence Scholarship and Gold Medal begins.

May 21.—Examination for Final F.R.C.S. begins.

June 1. Preliminary Examination in Arts of the Society of Apothecaries begins.

June 5.—Examination for the Matthews Duncan Medal and Prize.

June 8.—Examination in Anatomy and Physiology (2nd M.B., Part II.) at Cambridge begins. First M.B. Examination Cambridge begins.

June 14.—Examination in Part I. (Pharmacy) of 2nd M.B. Cantab. begins. Last day for sending in Schedules for Second Conjoint Examination.

June 28.—Second Conjoint Examination in Anatomy and Physiology begins.

ACKNOWLEDGMENTS. — "Pathological Histology," by Von Kahlden, translated by Dr. H. Morley Fletcher (Macmillan); "Nature's Hygiene" by C. T. Kingzett, F.I.C., F.C.S. (Ballière, Tindall & Co.); "Practice Among the Afghans," by J. M. Gray; *Guy's Hospital Gazette.*

St. Bartholomew's Hospital Journal.

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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,

JUNE 14th, 1894.

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

IN the present days of advance there is, perhaps, a tendency towards what may be termed a too ready condemnation of evil, or hypercriticism. Obviously, in this world at least, perfection cannot be attained of this there is abundant evidence—and one sometimes falls into the error of disregarding the proportion between improvement gained and the outlay, both of time and money, which even a slight improvement often involves. Still, there can be no question but that—the possibility of improvement having been demonstrated—it is our duty to make every rational effort towards its consummation.

Such are the thoughts which have passed through our mind on reading the reports in the medical journals of a sad accident which recently occurred in St. Thomas's Hospital; and it is because we cannot help thinking that such an accident might just as easily occur in our own Hospital, that we think it worth while to record it.

It appears that, in St. Thomas's Hospital, the test-tables, with reagents for testing urines in the wards, are arranged much in the same way that ours are, and that in an inopportune moment, when the nurse in charge of the ward was for some reason absent, a female patient got out of bed, and, running to the test-table, drank the contents of a bottle of strong nitric acid before anyone could interfere. Death occurred almost immediately.

Such a contingency is foreseen in *Murrell's Poisons,* as the following remark shows:—"When a patient has a suicidal tendency, take care not to leave the nitric acid bottle about after testing urine." Negative evidence of suicidal tendency is practically valueless, and we feel most strongly that Murrell's advice ought to be acted on in our wards, in order to render impossible so sad an occurrence as the one we have just recorded.

The desired result can be brought about in two ways—either by keeping the reagents in a locked cupboard, or by their removal from the ward to a "Clinical Laboratory."

The second is the plan we are most in favour of, because to keep the reagents in a locked cupboard seems to us only a half-hearted way of meeting the difficulty, since careless clerks or dressers would never be wanting to leave the cupboard unlocked, even if the reagents were not actually left on the table; added to this, the key—used by so many people—would be a never-ending source of trouble and inconvenience.

On the other hand the construction of a "Clinical Laboratory," to which the urines to be tested could be sent early in the morning, appears to us to be attended with many advantages. Instead of working at the, at best, badly fitted-up test-table, the clerk or dresser (who could examine his urines before going into the wards in the morning) would have every reagent and apparatus ready to his hand.

The cost of supplying one laboratory would of necessity be much less than that involved by supplying each of the twenty-eight wards with a similar outfit, besides which, the accommodation in the wards renders impossible much work that could be easily done in a laboratory.

Much more time could be spent over the work in a laboratory than, consistently with proper management, is possible in the wards. Men could postpone work which involved the expenditure of much time, until after th

departure of the "Visiting Staff," without fear of interrupting the patients' teas, or of the consequent "battle royal" with an irate Sister.

Again, the smell of boiling urine is hardly pleasant at the best of times; to a sick person it must be extremely objectionable, and we think that consideration for the patients, even in the absence of any other argument, should lead us to seriously think the matter over.

Lastly, in the present days of advanced physiological and pathological knowledge, the clinical value of the microscope and the reagent is daily increasing, and the construction of a clinical laboratory at St. Bartholomew's would show that we were abreast of the times, and that we were determined in the future, as in the past, to make every effort to do our share in carrying forward the Æsculapian Standard.

On the Cure of the King's Evil.

Read at Abernethian Society, St. Bartholomew's Hospital, Oct. 30th, 1890, by D'ARCY POWER, M.A. Oxon, F.R.C.S. Eng.

IN speaking to you of the King's Evil, Mr. President and Gentlemen, I am opening up a topic which has exercised the time and the talents of the best surgeons in England for many hundred years past, and it is merely with a *résumé* of the methods adopted by our predecessors that I wish to occupy a brief part of your time this evening.

The term The King's Evil, as I need hardly remind you, has been applied from time immemorial to the disease which was afterwards called Struma, and which, as Pathologists, we now term Tubercle.

From very early times, in this country and in France, the King's Evil was treated in two radically different ways. By the medical man it was treated under the general name of Strumæ; by the king it was cured by the laying on of hands, and it was from the latter method that the disease obtained its vulgar name. Strumæ in the mind of the sixteenth century physician (not to go back to an earlier period when the Pathology of the disease was even more involved), included not only the swellings which we still call strumous glands and abscesses, but also congenital tumours, such as dermoid cysts, new growths like myeloid sarcomata, and innocent swellings like wens. The disease was carefully examined and described by Clowes, who was one of the surgeons attached to this Hospital in the latter part of Elizabeth's reign; by Wiseman, who was sergeant-surgeon to Charles II.: and a few years later by John Brown, who was surgeon-in-ordinary to the same King. Of these authors, Clowes and Wiseman give by far the best and clearest accounts. Wiseman describes the King's Evil as "A tumour arising from a peculiar acidity of the serum of the blood, which whensoever it lights upon Glandule, Muscle, or Membrane, it coagulates and hardens: and when it mixeth with marrow alway dissolves it and rotteth the bone." By endeavouring to act upon an hypothesis of this nature the Surgeon treated the disease by attention to the diet; by Pharmacy (or as we should now say by Therapeutic means), and by external applications to promote absorption or suppuration of the glands, although in some cases he was sufficiently bold to remove it with the knife. Amongst dietetic remedies Wiseman places foremost change of air. In the neighbourhood of London he considers that "the air of Hampstead is over much piercing and that in this sort of air there is something eourine and acid; whilst that of Kingsington is mild and gentle." To emphasise the importance of climate in the treatment of this disease, he says, "I shall mention one observation which I leave to your judgement whether it ought to be attributed to the smoke or northern blasts from High-Gate. It was in a patient of Dr. Thos. Cox and mine, diseased and wasted even to skin and bone, we removed him to Knights-Bridge, whereafter in some weeks he had a little recruited his strength, and was eased of his cough, which was very grevious to him; we removed him for more convenience of curing an ulcer with caries of the cranium, which he had for some time laboured under, to a lodging near Kings-Gate in Holborn, which stood backwards and airy enough, the windows opening to the fields. Upon lying there but two nights he relapsed to such a degree, that if I had not removed him the third day, I verily believe he could not have survived the fourth, but at Knights-Bridge he again recovered, and some weeks after went well away to his parents in the country, and hath continued healthful since." It is needless to add that neither Kinggate Street in Holborn, which is the street running next to Southampton Row, nor Knightsbridge would nowadays be considered as suitable positions for phthisical patients.

I have been at some trouble to identify the Dr. Thomas Coxe who is here mentioned as meeting Wiseman in consultation over this case, and I think that there can be no doubt that he was the Dr. Coxe who was one of the original Fellows of the Royal Society, and who, although he was not illustrious himself, deserves mention, because he induced Sydenham, one of the brightest lights of English medicine, to devote himself to the study of Physic. Dr. Coxe was Physician to the Parliamentary Army, and it was then no doubt that Wiseman, who was serving on the King's side, made his acquaintance, perhaps when he had been taken prisoner, as we know that he was after the battle of Worcester.

I shall not attempt in the limited time at my disposal to take you through the various medicines and unguents recommended for the cure of the King's Evil, but I shall proceed at once to the second method of cure which belonged peculiarly to the King.

"The practice of curing by the imposition of hands," says Dr. Pettigrew, one of the best known of our English medical antiquaries, "appears to be of English growth, commencing with Edward the Confessor and descending only to foreign potentates who could show an alliance with the royal family of England." In support of this claim I can quote the authority of Thomas Bradwardine, "the Profound Doctor," as his contemporaries called him. He, who was famous above all other clerks of Christendom, writing in 1384, before he became Archbishop of Canterbury, makes mention of the Morbus Regius as an old and long acknowledged term.

The Kings of France also claimed the right to dispense the Gift of Healing, and it was certainly exercised by Philip I., but the French historians say that this monarch was deprived of his power by the irregularity of his life. Laurentius, first Physician to Henry IV. of France, who is indignant at the attempt made to derive its origin from Edward the Confessor, asserts the power to have commenced with Clovis I. in the year A.D. 481, and says that Louis I., A.D. 814, added the sign of the Cross to the ceremonial of touching. Mezeray also states that St. Louis, through humility, first added the sign of the Cross in touching for the King's Evil. However this may be, it is certain that the English monarchs obtained the Gift of Healing, and that it cost the English kings less than it did the French, for whereas in France the king had to fast nine days and do other penances before he could obtain it, in England the power was held to be inherent. Thus Shakespeare makes Malcolm say:—

> "'Tis called the Evil:
> A most miraculous work in this good King;
> Which often, since my here-remain in England,
> I've seen him do. How he solicits heaven,
> Himself best knows: but strangely-visited people,
> All swol'n and ulcerous, pitiful to the eye,
> The mere despair of surgery, he cures;
> Hanging a golden stamp about their necks,
> Put on with holy prayers: and 'tis spoken,
> To the succeeding royalty he leaves
> The healing benediction."

On the other hand, if the French king underwent penance to obtain the gift, it was less expensive to him to exercise it, for in this country each patient received a royal touchpiece of gold, whilst in France every Frenchman received fifteen sous, and every foreigner thirty.

The ceremony of touching for the cure of the Evil was an impressive one, and we have many accounts of it. The best that I have read is that given by Dr. Brown, one of the surgeons-in-ordinary to Charles II., James II., and William III., who thus describes the ceremony as it was performed whilst he was the examining surgeon. As he witnessed the touching nearly one hundred thousand times in twenty years, we may be certain that he was as familiar with the routine as the King his master:—"The surgeon, having discovered the disease by examination, grants a certificate to that effect; and tickets being delivered out to the afflicted, they are then presented to His Majesty on the surgeon's knee, and he thus delivers every sick person to the King's sacred hand to be touched. The clerk of His Majesty's closet first presents a bit of gold to the King, which he receives from the keeper of the closet, upon whose arm the gold medals, ready strung, are hanging. Prayers are read during the whole of the ceremony, and upon the laying of the King's hand upon them is recited, 'They shall lay their hands upon the sick and they shall recover.' When finished, the lord and the vice-chamberlain, or other two nobles, bring to the King linen and a basin and ewer, that he may wash his hands, and he then takes leave of the people." The grandeur of the scene was further heightened by the presence of several divines in full canonicals, who stood round the canopy of state; and we can easily imagine what an effect the ceremony must have made upon the minds of the patients, who had often travelled from the most remote districts to be touched. The days on which this miracle was to be wrought were fixed at sittings of the Privy Council, and were solemnly notified by the clergy in all the parishes of the realm. The later Stuarts frequently dispensed the healing influences in the banqueting house at Whitehall.

In France the custom of touching did not die out until the year 1776, but in this country the Jacobites maintained that the power did not descend to Mary, William, or Anne, though as a matter of fact the ceremony was repeatedly performed by these sovereigns, Dr. Johnson, as everyone knows, being a recipient of the favour at the hands of Queen Anne when he was a child. The Hanoverian kings never touched, but it was not until some time after the accession of this dynasty that the form of prayer special to this occasion was removed from the Prayer Book. Its last appearance is in Basket's folio edition, published by the University of Oxford in the year 1715.

Handkerchiefs dipped in the blood of Charles I. were believed to possess the virtue of healing. A pilgrimage was very recently made from a distant part to Ashburnham, in Sussex, in the hope of a cure from the "touch" of the sheet in which the king's body was wrapped. The sheet, with the Martyr's watch, is in the possession of the Earl of Ashburnham, the lineal descendant of John Ashburnham, his friend and faithful servant. Both relics were exhibited at the Stuart Exhibition in the New Gallery.

The piece of gold bestowed by the king, or the touchpiece, as it was popularly called, was considered by the patients to be of so great importance that if they lost it they were liable to a recurrence of the disease. The pieces do not seem, however, to have been of any great antiquity, and prior to Charles II. no particular coin appears to have been executed for the purpose. His touching-pieces are not uncommon, and by the kindness of Mr. Edgar Willett I am enabled to show you an example of them this evening. Pinkerton classes these pieces with silver counters; they commonly bear St. Michael and the Dragon on one side, and a ship on the other. The piece of money was first given regularly in the reign of Henry VII., although it appears to have been occasionally given by Edward III. At first the angel noble, which is the one I show you, worth ten shillings, was given because it was made of pure gold. After the reign of Elizabeth, however, it was found necessary to reduce the size of the coin, and at the same time the number of applicants was limited, by requiring that each should previously have been examined by the Queen's Physicians and Surgeons. How necessary was this precaution we may judge when we learn that in the reign of Charles II. the annual expense of the ceremony was little less than £10,000 a year.

The reasons assigned for the cure are excellently given by Fuller, the learned author of the "Church History," and I am sure that I need make no apology to you for quoting what he says upon the subject. As far as possible I have retained the Attic salt with which he seasons his discourse. "But whence this cure proceeds is much controverted amongst the learned. Some recount it amongst the number of those *ἀναπόδειτα*, and whose reason cannot be demonstrated. Others impute it to the powers of fancy and an exalted imagination. For when the poor patient (who perchance seldom heard of and never saw a king before) shall behold his royal hand dabbling in a puddle of putrefaction, and with a charitable confidence, rubbing, smoothing, chasing, those loathsome kernels (which I may call clouds of corruption, dissolved into a fæculent shower): I say when the sick man shall see an hand so humble of an arm so high, such condescension in a king to stroke that sore, at which meaner persons would stop their nostrils, shut their eyes, or turn away their faces: this raiseth, erecteth, enthroneth the patient's fancy, summoning his spirits to assist nature with their utmost might to encounter the disease with greater advantage. And who will look into the legend of the miracles of the imagination shall find many strange and almost incredible things thereby really effected.

"Other men, and particularly Gaspar Peucerus, though acquitting this cure from diabolical conjuration, yet tax it as guilty of superstition. With him also such do side as quarrel at the ceremonies and circumstances used at the healing of this malady. Either displeased at the Gospel read (consisting of the first nine verses of the Gospel according to St. John) as wholly improper, and nothing relating to the occasion; or unresolved of the efficacy of the gold pendant about the patient's neck (whether partly completing or a bare complement of the cure) or secretly unsatisfied what manner and measure of belief is required (according to the model whereof health is observed to come sooner or later) or openly offended with the sign of the Cross, which was used to be made by the royal hands on the place infected. All which exceptions fall to the ground when it shall be avowed that notwithstanding the omission of such ceremonies (as requisite to the solemnity rather than to the substance of the cure) the bare hands of our kings (without the gloves, as I may term it, of the aforesaid circumstances) have effected the healing of this disease. Nor will it be amiss here to relate a passage which happened in the middest of the raigne of Queen Elizabeth, after Pope Pius did let fly his excommunication against her. There was a stiff Roman Catholic, as they delight to term themselves, otherwise a man well accomplished, and of an ingenuous disposition, who being cast into prison (I conceive for his religion) was there visited in a high degree with the King's Evil. And having with great pain and expense, but no success, long used the advice of physicians, at last he humbly addressed himself to the Queen's Majesty, by whom with God's help he was completely cured. And being demanded, What news? I perceive, said he, now at last by plain experience that the excommunication denounced by the Pope against her Majesty is in very deed of none effect, seeing God hath blessed her with so great and miraculous a virtue."

I think, however, that the cure can be accounted for upon more commonplace grounds than those of a miracle. In the first place, I am certain that at any rate in the later years some amount of selection was adopted, for Wiseman says: "Those which we present to His Majesty are chiefly such as have this sort of tumour about the musculus mastoides, or neck, with whatever circumstances they are accompanied; nor are we difficult in admitting the thick chopped upper lips and eyes affected with a lippitudo; in other cases we give our judgment more warily." We thus see that the cases brought before the reigning monarch were only the slighter forms of the disease, and I have no hesitation in saying that they were just the cases which would receive benefit from such a change of air as could be obtained by a journey to London and back, assisted by cleanliness and the application of slightly astringent and stimulating lotions to the ulcerated surface. Perfect cleanliness was enjoined as an adjuvant to the royal touch, as is shown by the following case, narrated by Clowes, "of a most miraculous cure healed only by the Queen's Most Excellent Majesty, when neither Physic nor Chirurgery could take place or prevail." At the end of the relation he gives us, I think, a clue to the true cause of the cure, for he says: "The Queen cured him safely within the space of six months. And afterwards I did meet with him by chance in London, but I did not well know him, his colour and complexion was so greatly altered and amended. Then I asked him how he did with his grief. He answered, I thank God and the Queen of England I am by Her Majesty perfectly cured and healed; and after Her Grace had touched me I never applied any medicine at all, but kept it clean with sweet and fresh clean clothes, and now and then washed the sore with white wine; and thus all my griefs did consume and waste clean away."

During the most flourishing period of the cure of the King's Evil by the royal touch, when the population in this country was almost stationary, and when people hardly moved from the villages in which they had been born, it is not surprising to learn that struma was even more prevalent than it is at the present time. The food, too, which the people were compelled to live upon during the greater part of the year, would also conduce to the manifestation of any latent strumous taint. Fish and salt meat, with an almost entire absence of any vegetables, formed the staple diet of our kings and nobles during each winter, until the Stuart dynasty at least began to reign in England. And if the better classes fared in this manner, it is easy to imagine how poor must have been the diet of those beneath them. In connection, too, with the question of travelling, I must ask you to remember what a journey meant in those days. Mr. John Brown, chirurgeon to Charles II., whom I have already had occasion to quote this evening, makes mention "of those tiresome journeys and tedious travels of many sick and indigent people who do venture to march many hundreds of miles." At the time this was written the roads were so bad, that persons travelling along the great North Road actually lost their way between Doncaster and York, and a viceroy going to Ireland took five hours to travel the fourteen miles which separate St. Asaph from Conway; whilst Prince George of Denmark, was six hours in going nine miles, but then, to be sure, the weather was wet, and it was necessary that a body of hinds should be on each side of the coach in order to prop it.

When we consider that such accidents happened to the nobility, the hardships which the poor must have undergone in going to London to be touched must have been almost insufferable. Yet this very summer, when I was in a remote part of Ireland beyond Belfast, the rector of the town assured me that in the parish records there were many entries of certificates granted to parishioners to the effect that they had the King's Evil, and that as they had not been touched before they were fit persons for the king to cure. Each certificate, signed by the rector and churchwardens, was taken by the applicant to the king's surgeon in London, who in turn presented the patient to his sovereign.

The points, then, to which I have endeavoured to direct your attention are, first, that the royal touch did in all probability cure strumous glands, although it did not do so either by miraculous means or by its effect upon the imagination. I believe that the change of air and scene and diet, necessitated by the long and tedious journey to be touched, were the chief factors in the cure. Indeed, these are exactly the means which we adopt in similar cases at the present day, and with good results. Then, too, we must remember that, at any rate with our later sovereigns, care was taken to select the milder cases, and to exclude those who had been unsuccessfully touched. The after-treatment is also of interest, and I think contributed very materially to the ultimate result. The patients were required to place implicit trust in the royal gift, and for this purpose they eschewed all ointments and irritating applications, and contented themselves with clean rags dipped in cold water.

Mr. President, I must really apologise to you for this paper, upon what I fear many of my hearers may think an unprofitable subject of discourse. In common with many thinkers of the present day, however, I am sure that the occasional consideration of what has already been done in bygone ages is productive of the greatest benefit to ourselves. In all superstitions there is a grain of truth, and we are only too apt to suppose that we have reached the acme of knowledge. When we consider, however, that of all the surgeons in London at the present time, there is no one who can say, like Mr. Brown, that he has seen nearly 200,000 cases of struma in the course of twenty years, for he tells us that he rejected very many cases, and yet he passed 97,000 cases in this period of time, we may well stand aside and wonder. With such a man how intimate must have been his knowledge of the varieties of struma! What a wealth of detail must have died with him!

Practice among the Afghans.

BY J. A. GRAY, LATE SURGEON TO H.M. THE AMIR OF AFGHANISTAN.

PRACTISING among the Afghans presented, I found, certain initial difficulties. Of the commonest disease in the country, "remittent fever," I had never seen a case. I had read of it, of course, in Roberts and Quain, but I found that was a very different thing from knowing the disease practically. The food of the people I didn't know what to order for a sick man, whether it should be "pilau" or "kourma"; "shola" or "shorbar"; "shere-o-brinj," or "gosht-wa-nan." The hospital was an orchard, and the beds lay under the trees, or if we were crowded the patients lay on rugs on the grass. There were no nurses; an able-bodied soldier was told off to look after each sick man; it was a military hospital. There was another, an out-patient hospital, where the townspeople could attend; and a day or two after I arrived in Kabul I found my way there.

I knew no Persian (I had been told not to learn it), the Hindustani interpreter was "busy" in another part of the city, and so at nine o'clock one morning I found myself confronted by some eighty sick Afghans, all eager to be cured by the "Feringhi." A guard stood at the door with fixed bayonet to keep off the crush; he did not use the bayonet, but he used a stick that he had with some vigour. Every patient that had a weapon, and most Afghans wear one of some kind, was disarmed before he entered the room. I had seen in a Persian grammar that the word "dard" meant "pain," so when the first man came up I said "Dard?" putting a note of interrogation after it. The patient looked blankly at me. I thought he must be intellectually very dull, and I repeated my word, but with no better result. I didn't quite know what to do next, so I examined him with the stethoscope. He was greatly astonished, and shrank back somewhat suspiciously when I placed it against his chest. However, when he found no evil resulted, he allowed me to proceed. I couldn't find anything the matter with him, and was again at a standstill. This seemed very unsatisfactory; when, to my great relief, a tall young man, in a turban and a shabby coat, stepped forward and addressed me in broken English. I found he was an Armenian Christian who had been educated in a missionary boarding school in India, but he had been so long in Kabul that he had nearly forgotten his English. He afterwards became my interpreter and grew very fluent, but I had to learn *his* English before I could understand him. It was quite different from anybody else's English. However, about the patient I said "ask this man if he has any pain?" And then I found that my word "Dard" ought to have been pronounced "Dŭrrŭd," or very nearly. I tried "Durrud" on them later, but either they didn't expect me to know Persian or else there ought to have been some context to my word, for they looked just as blankly at me as when I said "Dard." They seemed very slow-witted people. But about the patient; I found he hadn't any pain, so then I said, "Tell him to put out his tongue." The patient looked rather indignant; I suppose he thought I was taking a liberty in making such a request. However, he put out his tongue; and it was all right. I said, "There's nothing the matter with him," but my Armenian said "Sir, a little you stop; *I* see." He said something in Persian and the man nodded in a shame faced sort of way. What words the Armenian used, to enable me to understand what was wrong, I don't remember, but I found out eventually that the patient was the husband of several wives, and all he needed was a sexual stimulant. I said "Tell the man that complaint does not exist in my country; I have no medicines for it." I should think a dozen came the first day for the same reason. I made very short work of them afterwards. Remittent and intermittent fever, gonorrhœa, dyspepsia, syphilis, and eye cases, were all common. A young man came one day with some curious ulcers upon him; I didn't know what they were, but syphilis being a refuge for the destitute, I fell back upon that. My Armenian said "He very bad, maraz." I said "Yes, but I could cure it if I had the proper medicines." There was no Perchloride of Mercury. The Armenian said "Beshak (without doubt), we—poor men; we say he not get well." It wasn't syphilis, but ulcerative leprosy! I didn't tell everyone I had made a mistake. I found there were a great many European medicines in this dispensary, and many cases of surgical instruments, some with "Hon. East India Co." on the lid. In India I had been advised by an Army surgeon not to operate in Afghanistan till I had been in the country for some months, and was pretty well known. The Afghans have a cheerful vendetta, and if the patient die during, or soon after an operation, the friends have a way of "going for" the surgeon with knives and other things. Accordingly, I did not operate until I had been some months in practice in the country, in fact not till after I had joined the Amir in Turkestan, near the Russian frontier. Allah Nūr was the first man on whom I had occasion to operate. He had disease of the elbow. The joint was completely disorganised, and I said the arm must come off. The Hakims—or Afghan physicians—said they could cure the disease by applying an ointment; Allah Nūr therefore objected to my prowling around his elbow. At last he became so disturbed in his mind that he made his escape from the hospital, got on a donkey and managed to reach a place called Takh-ta-pul, about nine miles off, before he was captured. He was taken before His Highness, and the whole story related. The Amir called for a probe and examined the joint. Then he sent for me and told me I was quite right, the arm must come off; but he advised me, before I operated, to give the man port wine and to feed him up. I was astonished at receiving such excellent advice on surgery; and said of course I would obey His Highness. However, the flies had got to the joint, and the next morning I found maggots in the wound. Allah Nūr was then only too anxious to have his arm off. So we placed him on a mound in the orchard, or hospital, gave chloroform, and amputated the arm. I had told my Armenian to hold the limb, but I never set him to that duty again, for after it was over he said to me, "Sir, I very glad you quick. My head is go round and round like I drink a bottle of brandy and a bottle of rum mixed—all is blood." The Afghan soldier-nurses were not so sensitive, they formed an interested ring of spectators. Allah Nūr's stump healed up very rapidly.

One day the Amir wrote to me that two men, a Turkoman and a Mazari, who were suffering from sang-i-masána, or stone in the bladder, had applied to him for permission to have the stones removed by the European doctor. Would I operate? I had read the operation and I had seen it done, but it is one thing to see Tom Smith cut for stone and quite another to do it yourself, especially when there is a vendetta hanging over you if anything goes wrong, and here was I expected to do the thing twice right away. However, the Amir ordered both the men to sign a declaration before the chief priest that if either of them died it was the hand of God, and if they recovered they would pray for the King's health. This was the regulation for every major operation afterwards.

It was a protection to me, and I felt much more cheerful about the operations. I decided I would have those stones at any cost. The Turkoman came first. He was a thin young man of about 22, and he had a stone. We placed him on a big packing case—they don't use tables in Afghanistan, and wood is expensive, so I couldn't get one—tied him up, gave chloroform, saw that the rectum was empty (I had read all about it over and over again), injected the bladder, passed in the staff, and gave it into the hands of a strong-fisted looking fellow, threatening direful things if he stirred. The perineal hair was shaved, and I started to fix my landmarks, but the tuberosity of the ischium is not a "point," nor is the posterior border of the scrotum a "line"—check number one. Having decided as carefully as I could where I should make my incision, I proceeded to cut—but the knife pulled the skin along with it, it was like trying to cut a feather pillow. I had imagined it was going to be fairly firm, not as hard as an orange of course, but "cuttable"—check number two. Well I got through the skin, and then looked to see if my incision was in the right position. It was—then I cut in deeper—blood spurted. "Ah!" I thought, the superficial perineal arteries. I was afraid to go too high for fear of wounding the artery of the bulb, and afraid to go too low for fear of the rectum. Another cut, and then with my left finger nail I felt the groove of the staff. I took a narrow-bladed lithotomy knife, and gently pushed it inwards, keeping the point of the knife in the groove. There flashed into my mind the awful thought, "When shall I stop pushing? perhaps I have gone through the posterior wall of the bladder already." However, just then I felt the end of the groove with the point of the knife. I drew it out, slipped in my left fore-finger, and came at once on the stone. I heaved a sigh of relief—the rest is child's play. I thought—was it? I pulled out the staff, and it seemed as though I could hook the stone out with my finger, but, somehow, I couldn't. I thought "Oh well, a spoon will do it," but it didn't. The stone was alive, it waltzed round the spoon, and went everywhere but in it. I began to get hot, the perspiration gathered on my forehead, and people began to wonder why I didn't show them the stone. With despairing eyes I glanced around the forceps! happy thought! I laid the spoon down and caught them up. With my left forefinger in the bladder, I fixed the stone, gently slid the forceps along my finger, and found that I had one blade in the incision and one in the rectum. I remedied that; then raising handles and dipping down the blades, I seized the stone and triumphantly drew it forth. And such a stone! A miserable little three-cornered thing, about the size of a "filbert" or a "piece of chalk." However, there it was, the operation was done, and done successfully. Then came the Mazari, but I knew all about it this time, or thought I did. The stone was small, and I got through it all right. Well, I have done the operation a great many times since then "mirabile dictu," the patients all got well—it wasn't my fault.

It is quite a sensation to cut a small boy for stone, say four years old. The bladder is such a long way in and everything tears so easily. But I studied my Erichsen anxiously, both the night before an operation and the morning

of the eventful day. The worst of it was, I knew that if I got into a mess nobody could help me out.

One day a big fellow, a soldier, came to me with a strangulated inguinal hernia. I tried to reduce it, but couldn't; I couldn't put him in a bath, for there wasn't one; so I put him on a charpoy or bedstead in the garden, gave him a grain and a half of opium and set his friends to foment the inguinal region with hot water for an hour. Then I tried again to put it back, but was unsuccessful. Things were becoming serious, the rupture had been strangulated some hours and he had been vomiting a good deal.

I thought, "Here's another operation!" So I wrote to the Amir and told him about the man. I said, "If I don't operate he will die to-night" (you must be definite with Orientals), "and if I do operate he may die." I thought I would put in a saving clause. The Amir wrote, "Operate by all means." I thought, "Yes, it's all very well, you haven't got to do it. Here it is getting dusk, I've never done the operation, and there isn't a soul I can rely on for anything." However, we carried him off to the hospital where the instruments were, rigged up half-a-dozen candles, got the instruments together, and began. I pinched up the skin over the tumour, pushed my knife through and cut upwards. Then I started dissecting—I always was a good dissector—but I thought, "By Jove! how shall I know the bowel when I get to it?" Just then out ran some liquid, and I reached a shiny blue-looking lump. "Ah, this is it," I said.

Then I could feel with my finger nail where it was pinched. I got a flat sort of director and managed to wriggle it into the strangulating ring. Then taking a sharp-pointed curved knife, I pushed it a little way along the groove of the director, notching the ring. Slipping out the director, I found I could return the bowel into the abdomen. I sewed up the wound, gave the man a dose of opium and sent him to bed. A day or two afterwards when I went to the hospital I found a man whom I didn't know raging around and thirsting for my blood. He said I had killed his brother! It seemed that the patient—his brother—had some pain, and I found a collection of pus in the scrotum. I drew it off and put in a drainage tube and made him comfortable.

Then my Armenian proceeded to give the brother "very much walking-stick," as he called it. The patient got well, and the brother bore no malice for his licking.

One morning four Afghans marched into the hospital carrying a charpoy. On it was a man who had been stabbed in the belly. They had put a bread poultice over the wound—I removed it and sponged the protruding bowel, the patient turned suddenly white—shock, I concluded due to cold sponging after warm poulticing. I found two knuckles of bowel both wounded in two places. I thought, "If I sew the wounds up with carbolized catgut and return the bowel and give him opium he may recover—and he may not. If he doesn't they'll say I killed him; and then complications will arise; besides, there isn't any carbolized catgut in the country," so I decided to leave him alone. I said oracularly, "He will die to-night." Couldn't I save him? I was deeply grieved, but I couldn't. They took him away, but brought him to my house again about nine o'clock in the evening. Well, I could do nothing, and he died at half-past nine. For some time after that they trumpeted it forth that I was a Prophet! I felt rather small, but didn't say so.

The Combination of Jaundice with Rigors.

CLINICAL LECTURE DELIVERED BY DR. GEE, 19TH MAY, 1894.

THERE is an unusual number of cases in the wards, just now, of jaundice, and two of them have, in addition, rigors. One is that of a woman in Hope, who is fifty-one years of age. She has had deep jaundice for three months, with considerable loss of flesh, an indurated navel, and fits of shivering. The other is a man in Luke, aged sixty-three; he has had jaundice eight weeks, and one shivering fit since admission in which the temperature rose to 104.6°, and he is wasting. The nature of his case is not so certain as that of the other; but the object of this lecture is not for diagnosis, but for the discussion of these two symptoms—jaundice associated with shivering fits.

Now, as for the paroxysm: in each the attack resembles exactly one of ague, and so this has been called "hepatic intermitting fever," which, I think, is not a bad name.

It begins with prolonged shivering; the temperature may reach 105°, 106°, or even, in very exceptional cases (as it did in a case which was in some time ago), 107°; it ends with a profuse sweat; the total duration being something between four and twelve hours. It is quite impossible to make out a regular type as to recurrence of paroxysm, either quotidian, quartan, or any other.

The woman had an attack on the 5th, 8th, 9th, and 10th. Then an interval of three days, then only a few hours to one the next day. Again on the 16th and 17th; so the interval is quite uncertain, from hours to weeks (I was going to say months), and in this respect it differs from ague, though it agrees in every other respect. Attacks may recur for weeks or months or even years; and what justifies me in saying years is that in the third case referred to above, he had attacks for three and a-half years. I am bound to say he had not jaundice, but he had hepatic intermitting fever. When the duration extends over years, the intervals are necessarily long, because no nature could bear up for long if these attacks were too frequent.

The temperature in the intervals is quite normal, but in rare cases the temperature never becomes quite normal, and these have been called, "hepatic remittent fever"; so much for the paroxysm.

Now for the diagnosis, not of jaundice, but of the combination of the two symptoms. It implies inflammation of the biliary passages, with a tendency to suppuration of the bile ducts, or gall bladder, or within the liver. This inflammation is believed to be due to infection from the duodenum.

We are told that the healthy gall ducts contain no microbes, except in a small portion of the ductus communis choledochus near the intestine, and these usually do no harm; the duodenum, as one would expect, has many, such as staphylococcus, streptococcus, pneumococcus, but especially the bacterium coli commune. Dr. Kanthack has been kind enough to give me a specimen of this bacterium, which is under the microscope. It is said to be the chief cause of acute peritonitis due to perforation.

Then, in the third place, the bile is not bactericide. I remember that I was taught, as a student, that the bile is antiseptic: but they now say that bile may even be a medium for cultivating microbes.

Fourthly, the bile ducts are not liable to infection from the duodenum unless they are previously diseased, and the prior condition of infection is retention of bile. So long as bile is freely discharged the ducts are not infected.

The healthy bladder cannot be infected so long as it can freely discharge the urine, and the same holds good in the gall bladder; but *vice versa* any obstruction to the free flow of bile gives an opportunity for infection.

The commonest obstruction is gall stones, but that is not the subject, so I will say no more about gall stones and rigors.

Both these cases are supposed to be cancer, particularly the woman's case. The microbe which is most commonly found in the inflamed ducts is the bacterium coli commune.

There is no reason to suspect infection from any other source than the duodenum. Some persons have raised the question as to whether the blood may convey the germs, but experiments do not show this; the only source of infection seems to be the duodenum.

Hitherto I have spoken of jaundice associated with this infective cholangitis, or cholecystitis; but jaundice is not necessarily present.

Take for instance a case of gall-stones with suppuration in the gall bladder, but with no obstruction to the flow of bile, then there is no reason why there should be jaundice, and there would be none. A case which I have already alluded to once or twice was that of a man of seventy-two years of age, he entered the Hospital on the 6th of September, 1885, he never had jaundice; but for three years, on and off, he had had "attacks of ague," attacks like those described. After the 4th of September he had them almost daily, and they were exactly like ague, except that they followed no regular type.

He had considerable tenderness in the right hypogastrum but no pain, he died fourteen days after admission from exhaustion. I really forget, and am sorry I have no note of what we thought was the matter with him. It is a good thing to put down your opinion, because if correct it gives you confidence, and if wrong you will have better knowledge for next time. At the post-mortem examination he was found to have gall stones, one of which had ulcerated through and caused an abscess in the liver. Now as to the treatment of this hepatic intermittent fever (apart from the condition causing the disease of the gall ducts), theoretically such cases would seem to require an antiseptic which could get at the duodenum and the gall ducts; now we are told of one drug which does this—Salol, it is a combination of carbolic and salicylic acids, and it is said that this drug is unchanged in the acid stomach, but in the alkaline duodenum splits up. The salicylic acid is eliminated partly by the bile, promotes the flow of bile, and perhaps acts as an antiseptic; the carbolic acid is of course antiseptic: this would be rational treatment, but whether it is of practical use I cannot say.

If you have any reason to suspect that your patient may have an abscess in the gall bladder, then you must consider whether an operation might be advisable.

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Since the above was delivered, the woman in Hope died, and at the post-mortem examination, the splenic flexure of the colon was adherent to the gall bladder, and between the two was a fistulous communication. The gall bladder was full of small facetted stones, while around its neck was a considerable amount of new growth, and its inner wall was covered by a spongy red deposit of the same material; a probe could not be passed through the neck of the bladder.

The bile ducts in the liver were much dilated and contained a lot of pale yellow mucus, which in places was purulent, as shown by the microscope. The liver was deeply jaundiced, and here and there were foci of inflammatory softening. Dr. Kanthack made cultivations of the pus in the ducts, and found great quantities of bacterium coli commune, as well as some others which were not of interest.

Abernethian Society.

The Mid Sessional Address will be delivered on June 21st, by Mr. Willett. The subject will be "The Life and Work of Edward Stanley, a former Surgeon to St. Bartholomew's Hospital."

Notes.

ON May 23rd last, Sir James and Lady Paget celebrated their golden wedding. During the day, which was celebrated by a quiet family gathering, they received many beautiful gifts and flowers from old friends, as well as congratulatory messages from all parts of the country. The General Medical Council, which was then sitting, passed with acclamation a resolution of congratulation. We are sure that all Bart.'s men will join with us in our good wishes to Sir James and Lady Paget on this auspicious occasion, for there is no man of whom Bart.'s may feel more proud, or who is more universally esteemed and respected than Sir James. We are glad to hear that both Sir James and Lady Paget are quite well.

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THE election to the Council of the Royal College of Surgeons takes place on Thursday, July 5th. Amongst the retiring members is Mr. Howard Marsh, who is seeking re-election. We wish him every success.

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OF all professional men, those who practise medicine are apt to suffer most through vexatious and trivial actions-at-law. Such actions are not infrequently brought against medical men by people who have nothing to lose and everything to gain by recourse to law. Apart from the necessary cost of an expensive lawsuit, which makes a great demand on the small earnings of a practitioner, there is the still more important anxiety which an impending lawsuit entails, and the irksomeness of conducting his practice under a social stigma, for all his patients are discussing the merits of the case, if not actually deserting him for a rival practitioner. Such a vexatious action for malpraxis was recently brought in the Law Courts against an "old Bart.'s man," Dr. Tait, who is in general practice and is highly esteemed in Highbury. The action, the details of which we need not recount, was absolutely without foundation in fact, and we congratulate Dr. Tait on the complete victory he obtained. He was not only able to fully refute the charge, but showed that he had bestowed considerable care and attention on his patient, whom he had treated with much skill. It is with the greatest satisfaction that we hear of the proposed testimonial to Dr. Tait from brother practitioners, which shows practical sympathy and will help to defray the costs. Although it does this, nothing, we fear, can compensate for the mental anxiety which such a lawsuit has inflicted.

* * *

A MEETING of Matrons of various Hospitals was held under the auspices of Miss Stewart, on Wednesday, May 23rd, to consider a proposal to institute a Council of Matrons. We hear that the proposal was favourably received, and that a Council is to be started, with the object of enabling Matrons to meet and discuss matters connected with their department of Hospital work. We are glad to find that Miss Stewart is taking the lead in questions of this sort.

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WE hear that the Matron has initiated a Debating Society for the Nurses. We wish it every success.

* * *

ON the occasion of his retirement from the post of Medical Officer of Health for the Borough of Eastbourne, Dr. Reginald Dudfield, the new Medical Officer of Health to the Paddington Vestry, was presented by the Town Council with a handsomely illuminated address, expressive of the regret with which the Council had received his resignation, and placing on record their "appreciation of the faithful and able services which he has rendered to the Council and inhabitants at large since his appointment in 1891." The presentation, made in complimentary terms by the Mayor, took place at the Town Hall. At the same time, Dr. Dudfield was the recipient of a handsome polished oak and gilt-mounted writing case, blotting pad, and paper-knife, presented on behalf of the officers of the Corporation, by the Town Clerk, who said that Dr. Dudfield had not only proved himself an able colleague, but had also made himself a personal friend to all his fellow officers. It had been said of him once at a committee meeting that he never did any "shoddy" work, and this was true, inasmuch as for thoroughness and devotion to duty he knew no man who had served the Corporation so faithfully as Dr. Dudfield. The company present drank to the good health and future prosperity of the departing officer, who had previously received a handsome present from the staff of the Borough sanatorium.—*Lancet.*

* * *

A MEETING of the Restoration Committee of St. Bartholomew the Great Church was held on May 3rd, to consider the critical condition of the old Lady Chapel buildings, and of the fifteenth-century crypt beneath. The work of restoring these parts will, it is estimated, cost about £3,500, towards which only £800 has as yet been subscribed. The Committee decided that the fifteenth-century work is so valuable that they must make sure of preserving what they can, and intend, therefore, to begin forthwith on the western bay of the Chapel. It is proposed that the crypt beneath, when restored, shall be used as a mortuary chapel, for which there is much need in the neighbourhood.

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MR. G. MASTER, M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Suffolk General Hospital.

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MR. C. TODD, L.R.C.P., M.R.C.S., has been appointed *Locum tenens* for the House Surgeon to the Addenbrooke's Infirmary, Cambridge, for a year.

MR. W. BLACK JONES, M.B., B.S. (Lond.), has been appointed House Physician to the Great Northern Central Hospital, Holloway.

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DR. W. G. WILLOUGHBY, M.D., L.R.C.P. (Lond.), D.P.H. (Camb.), has been appointed Medical Officer of Health for the Borough of Eastbourne *vice* Dr. R. Dudfield, M.A., M.B., D.P.H. (Camb.), resigned. We hear that there were eighty-four candidates for this post.

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DR. L. E. SHORE, M.D. (Cantab.), has been appointed a Syndic of the Museums and Laboratories in the University of Cambridge.

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MR. JAMES MUDGE, L.R.C.P. (Ed.), M.R.C.S. (Eng.), has been re-appointed Medical Officer of Health to the Penzance Rural Sanitary Authority.

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G. WOODROOFE has been admitted to the degree of Bachelor of Surgery in the University of Cambridge.

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MR. PHILIP R. W. DE SANTI, F.R.C.S. (Eng.), a late House Surgeon to MR. LANGTON, has been appointed Surgical Registrar to the Westminster Hospital.

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MR. NICHOLAS F. KENDALL, M.R.C.S., L.R.C.P., has been appointed Assistant Medical Officer to the Woolwich Infirmary.

* * *

MR. J. M. NICHOLLS, M.R.C.S., L.R.C.P., has been appointed Medical Officer of Health to the town of St. Ives.

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MR. L. A. WINTER, M.R.C.S., L.R.C.P., has been appointed Medical Officer for the Second District of the Bridge Union.

* * *

DR. SYDNEY J. HICKSON, D.Sc. (Lond.), M.A. (Cantab.), has been appointed Professor of Zoology in the Owens College, Manchester, in succession to the late Professor Milnes Marshall. Dr. Hickson was for a short time a Student at St. Bartholomew's, and has done good original work in Zoology. He has been a teacher of Zoology in University College, London, and has acted as Deputy to the Linacre Professor at Oxford.

* * *

AMONGST the successful candidates at the recent competition for Commissions in the Naval Medical Service are two Bart.'s men. Mr. J. H. Pead, B.A. (Cantab.), L.R.C.P., M.R.C.S., who was fifth in order of merit, and Mr. H. C. Arathoon, L.R.C.P., M.R.C.S., M.B. (Durh.), who was eighth. There were fifteen vacancies and we hear that fifty-seven candidates competed.

* * *

THE following Bart.'s men have passed the recently-held Final F.R.C.S. Examination, and have been admitted Fellows of the College, viz.:—H. W. Armstead, R. G. Hogarth, Ernest Clarke, F. Barrington, E. Henry, F. Belben, and A. E. Mahood. As usual Bart.'s men form about one-fourth of the total number of new Fellows.

* * *

THE following have passed the First F.R.C.S. Examination held last month:—A. Heath, J. A. O. Briggs, J. P. Maxwell, J. A. Spear, A. B. Tucker, J. Hussey, and T. J. Horder.

* * *

THE following old Bart.'s men, practitioners of fifteen years' standing, have taken the degree of M.D., Durham:—F. H. Carter, H. B. Carter, and W. G. Kemp.

* * *

THE degree of M.D., Durham, has been conferred upon C. Averill and H. C. Halstead.

* * *

E. A. LERMITTE has taken the degrees of M.B. and B.S. of Durham.

* * *

THE following have passed Part 2 of the Third M.B., Cambridge:—T. A. Bowes, R. Michell, W. G. Peck, C. Todd, G. Woodroofe.

* * *

AT the L.S.A. Examination in Surgery, F. W. Rock, A. L. Saunders, and A. P. Woollright have passed. J. B. D. St. Cyr has passed in Medicine, and F. C Sutherland in Medicine and Forensic Medicine.

* * *

THE following have passed the Final M.B. Examination of the University of London:—B. Collyer (in the first division), J. C. Baker, B.A., S. E. Gill, H. J. Johnson, and C. H. Perram.

* * *

T. A. BOWES, R. W. Michell, and C. Neill, have taken the degrees of M.B. and B.C. in the University of Cambridge.

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MR. H. TROUTBECK, M.A., M.B., B.C. (Cantab.), a late House Physician to Sir Dyce Duckworth, has been appointed House Surgeon to the East London Hospital for Children, Shadwell.

* * *

WE are surprised that it has again become necessary to publish the fact that no notice is taken of anonymous contributions, whatever their nature. Each month we receive a number of letters and other contributions which, since they bear no name, only leave the wrapper or envelope for the waste-paper basket.

* * *

WE are gratified to see that the Medical Journals generally, censure the Coroner who, presiding over an inquest held upon the death of a child in our Maternity Department, took some trouble to explain to the jury that the authorities of the Hospital were to blame for allowing unqualified men to attend confinements. His accusation

is characterised, and we think with justice, as "fatuous" by one of the papers, and as a "gratuitous accusation" by another. Had a layman expressed the opinion, one would have passed it by as that of one who was in no position to even form an opinion, but surely the Coroner must have known the principles upon which the Maternity Departments of the large London hospitals are carried on. Where, we would ask, are the qualified men to be found who will do the work of a Maternity Department, and who will supply the wherewithal to pay them?—for qualified men *have* been known to expect payment for their services.

* * *

WE are informed that the Committee have at last definitely decided to build a second Operating Theatre. It will be built on the top floor of the surgical or East block, between the lift and the present Coborn kitchen. The surgical block will be shut up for cleaning purposes, &c., about the middle of July; the new theatre will be ready for use when the block re-opens, about the end of September. It will be a small theatre, capable of holding about sixty men. Coborn will be moved to the present Radcliffe B. The want of a second Operating Theatre has long been felt, and we are glad to be able to announce the fact that this defect in our present arrangements will soon be remedied.

* * *

A VERY successful dance in aid of the Samaritan Fund of our Hospital took place, by the kind permission of Mr. and Mrs. Walsham, at 77, Harley Street, on Wednesday, May 30th, under the patronage of Lady Lawrence. Many members of the staff were present, and a large number of the students and their friends. Dancing commenced at 9 p.m., and it was after 2 a.m. when the musicians played "God save the Queen." The two large rooms were admirably adapted for dancing; the floor, prepared by Messrs. Tansley, was perfect. The arrangements for the dance were made and carried out by the M.C., Mr. P. Furnivall, the Stewards, Messrs. H. J. Waring, A. N. Weir, W. H. Maidlow, C. S. de Segundo, C. K. Maitland, J. E. G. Calverley, C. E. Hogan, J. W. Nunn, and the Secretaries, Messrs. D. L. E. Bolton and P. W. G. Shelley. We hear that a substantial sum will be handed over to Mr. W. H. Cross for the above-named charity.

Award of Prizes and Scholarships.

BENTLEY PRIZE.—This Prize, given this year for the best Report of Surgical Cases occurring in the wards of the Hospital, has been awarded to F. W. CROSSMAN.

BRACKENBURY SURGICAL SCHOLARSHIP.—The Brackenbury Surgical Scholarship has been awarded to FORBES FRASER.

BRACKENBURY MEDICAL SCHOLARSHIP.—The Brackenbury Medical Scholarship has been awarded to E. P. TURNER.

LAWRENCE SCHOLARSHIP AND GOLD MEDAL.—This Scholarship has been awarded to the only man who competed, viz., J. S. SLOANE.

Amalgamated Clubs.

THE CLUB GROUND.

THE work of preparation of the new Club Ground at Winchmore Hill has been in progress during the past month. The fencing is now practically complete, and we are glad to see that the School Committee has put up a very substantial and altogether first-rate fence of oak palings. All the trees which formerly stood in the middle of the ground have been cleared away, leaving the fine belts of trees on the East and South sides, and a large oak tree near where it is proposed to erect the pavilion.

THE PAVILION.

A meeting of the Finance Committee of the Amalgamated Clubs was held on Monday, May 11th, 1894, at Dr. Shore's House. There were present—Dr. Shore (in the chair), Mr. Bowlby (Treasurer), Mr. Bond (Rugby), Mr. Hopkins (Association), Mr. Chave (Boating), Mr. Nimmo (Cricket), Mr. Waterhouse (Tennis), Mr. F. A. Smith (Abernethian), Mr. S. F. Smith (Athletic), and Mr. H. B. Meakin (Secretary).

The subject under consideration was the design and plans for the new Pavilion, which have been prepared by the architect, Mr. Marshall, on the instructions of the Special Committee of the School. The Special Committee referred the plans to the Finance Committee for approval.

After estimates from the Swimming, Boating, and Athletic Clubs had been presented and passed, and grants made, the plans for the Pavilion were considered in detail, Mr. Bowlby making a statement as to the events which had followed the resolutions previously agreed to, and whereby it appears that a suitable Pavilion, with accommodation for a resident attendant, will cost between £1,700 and £1,800. After a careful discussion and examination, the plans were accepted, with one slight modification, and the President and Treasurer were authorised to make the necessary arrangements with the Medical School authorities.

We hope to be able to give a detailed description, with drawings of the proposed new Pavilion, in our next number.

NEW MEMBERS.

In addition to those whose names we published last month, the following have joined the Amalgamated Clubs:

W. M. Coghlan.	W. Beckton.
A. L. Scott.	J. Compton.
Forbes Fraser.	F. Bennett.
J. Johnston.	P. B. Grenfell.
M. M. Martin.	H. E. Thompson.

LAWN TENNIS CLUB.

The Courts at Herne Hill are now open, and though not at present in what can be termed first class condition, will, it is to be hoped, improve as the season goes on. At present we have played five matches, of which we have won three and lost two. We have scored 23 rubbers to 22, 51 sets to 51, 506 games to 487. Men have at present done very little challenging of members of the match team, a fact that is much to be deplored. It is hoped that they will be less modest in the future.

On Saturday, May 12th, we played Priory L.T.C. at West Hampstead, and beat them somewhat easily by 8 matches to 1, 16 sets to 3, 113 games to 69.

T. Martin and A. Woollcombe	beat	C. Nicholas and Evans, 6—4, 6—2
	beat	T. W. Robinson and A. G. Smith, 6—3, 6—2
	beat	C. S. Gibbs and Maas, 6—4, 6—4
R. F. Baird and S. Bousfield	beat	C. Nicholas and Evans, 6—0, 6—2
	beat	Robinson and Smith, 6—2, 6—2
	lost to	Gibbs and Maas, 5—7, 4—6
F. E. Price and T. L. Wyndham	beat	Nicholas and Evans, 8—6, 3—6, 6—1
	beat	Robinson and Smith, 7—5, 6—4
	beat	Gibbs and Maas, 6—3, 8—6

On Thursday, May 17th, we played Connaught L.T.C. at Chingford. They had a strong team, and beat us badly by 8 matches to 1, 16 sets to 3, 109 games to 65.

J. C. Padwick lost to Christy, 3—6, 6—8
S. Bousfield lost to Haskett-Smith, 4—6, 5—7
W. H. Crossley lost to Ritchie, 3—6, 4—6
T. Martin lost to Edmonds, 1—6, 1—6
W. N. Barron lost to Kirby, 4—6, 2—6
T. L. Wyndham lost to Pearson, 4—6, 3—6

J. C. Padwick and T. Martin	beat	Christy and Haskett-Smith	6—4, 6—4
W. H. Crossley and S. Bousfield	lost to	Ritchie and Edmonds	5—7, 6—1, 4—6
W. N. Barron and T. L. Wyndham	lost to	Kirby and Pearson	0—6, 0—6

On Saturday, May 19th, we played two matches. Our first team beat Croftdown L.T.C. at Highgate by 5 matches to 4, 12 sets to 11, and 121 games to 100. The A team lost to Albemarle 2nd at Herne Hill by 5 matches to 4, 12 sets to 8, 115 games to 104.

ST. BART.'S *v.* CROFTDOWN.

J. C. Padwick and T. Martin	lost to	L. Buckland and G. Pearson, 2—6, 6—8
	beat	Giles and H. J. Aubrey, 3—6, 6—1, 6—2
	beat	H. J. Buckland and B. J. Mirrielies, 6—8, 6—3, 6—4
R. F. Baird and S. Bousfield	beat	Buckland and Pearson, 6—4, 4—6, 6—4
	lost to	Giles and Aubrey, 6—3, 6—8, 7—9
	beat	Buckland and Mirrielies, 6—3, 6—1
W. H. Crossley and P. Wood	lost to	Buckland and Pearson, 3—6, 1—6
	lost to	Giles and Aubrey, 8—6, 5—7, 1—6
	beat	Buckland and Mirrielies, 9—7, 6—1

ST. BART.'S *v.* ALBEMARLE 2nd.

W. N. Barron and H. A. Andrews	lost to	S. J. Messenger and D. Wheeler, 4—6, 4—6
	lost to	S. Mason and F. Dowler, 3—6, 8—10
	beat	C. J. Thompson and J. Silver, 6—2, 6—2
T. L. Wyndham and F. E. Price	beat	Messenger & D. Wheeler, 6—3, 3—6, 10—8
	lost to	Mason and Dowler, 5—7, 5—7
	beat	Thompson and Silva, 6—1, 8—6
E. W. Woodbridge and W. Wrangham	lost to	Messenger and Wheeler, 1—6, 2—6
	lost to	Mason and Dowler, 3—6, 5—7
	beat	Thompson and Silva, 7—9, 6—4, 6—4

On Wednesday, May 23rd, Winchmore Hill L.T.C. were unable to raise a team, so the match had to be scratched.

On Saturday, May 26th, we beat Hornsey L.T.C. at Herne Hill by 5 matches to 4, 12 sets to 9, 103 games to 94.

J. C. Padwick and T. Martin	beat	Lewis and Greenwood, 6—4, 6—3 [6—3
	beat	E. J. Ramsey and G. W. Ramsey, 6—1, 6—8,
	beat	Nichols and Taylor, 6—1, 6—3
R. F. Baird and S. Bousfield	beat	Lewis and Greenwood, 8—6, 6—2
	lost to	Ramsey and Ramsey, 3—6, 4—6
	beat	Nichols and Taylor, 6—3, 6—2
W. H. Crossley and A. Woollcombe	lost to	Lewis and Greenwood, 3—6, 3—6
	lost to	Ramsey and Ramsey, 0—6, 6—3, 0—6
	lost to	Nichols and Taylor, 8—6, 5—7, 3—6

Next month (June) the ties for the Inter-Hospital Challenge Cup are played. They begin on June 12th, and last till the 15th. We are drawn against St. Thomas's, who at present hold the Cup.

The Match Team order at present is: J. C. Padwick (Captain), W. H. Crossley, T. Martin, R. Waterhouse, R. F. Baird, S. Bousfield.

The other fixtures for June are:—

Saturday, June 2nd, Beckenham, at Herne Hill.
Wednesday, June 6th, St. John's College, at Herne Hill.
Saturday, June 9th, Tufnell Park, at Hilldrop Crescent.
Saturday, June 16th, Willesden, at Willesden.
Thursday, June 21st, Winchmore Hill, at Winchmore Hill.
Saturday, June 23rd, Strathray, at Swiss Cottage.
Thursday, June 28th, Connaught, at Chingford.
Saturday, June 30th, Croftdown, at Herne Hill.

ATHLETIC CLUB.

A Committee Meeting was held on the 18th of May, at which the date of the Athletic Sports was fixed for the 27th of June. It is hoped that the men will endeavour to make them a success by entering in large numbers. Nearly all the events are handicaps, so that no one need be deterred from competing, and they are open to all Members of the Amalgamated Clubs.

We specially call upon those men who have distinguished themselves in school athletics to go into training, in order to be able to fill the places of those of the Hospital representatives who will be out of their year at the end of the present season.

The following is a list of the events:—

100 yards Scratch.
120-yards Handicap
220-yards Freshers' Race, Scratch.
Quarter-mile Challenge Cup.
Half-mile Handicap.
Mile ,,
120-yards Hurdles, Handicap.
High Jump ,,
Long Jump ,,
Putting the Weight ,,
Throwing the Hammer, Handicap.
Junior Staff Race.
Strangers' Race, 1-mile Handicap.

The Inter-Hospital Sports take place on July 14th, and without being too sanguine, we think that we have a very fair chance of regaining the Shield, which for two years has been absent from its accustomed place in the Library, as we shall be able to enter a considerably better team this year than last.

CRICKET CLUB.

As far as the season has gone, the first team has only lost one match, though the strength of the teams that have been encountered have not been, in some instances, very great. Batting has been the strongest point, as nearly all the members of the team have come off at one time or another. Indeed, the team is a batting one, from first to last, and it has taxed the Captain greatly, to know how to arrange the order of going in. Several men have at present averages of over 30 runs per innings. The bowling, however, is unfortunately decidedly weak, and it is very possible that when hard wickets become the order of the day, a different tale will have to be told. Several very exceptional performances have been done, however, with the ball; but they have, in some instances, been due rather to the inferiority of the batsmen or wicket, than to any exceptional strength in the bowling. However, this remark will not apply to every match, as at times the bowling has been decidedly good. The following are some of the matches that have been played up to date:—

ST. BART.'S HOSPITAL *v.* ST. JOHN'S SCHOOL, LEATHERHEAD.

Played at Windsor on Thursday, May 17th, ending in a draw in our favour. We won the toss and took first innings, Fernie declaring the innings closed with the score at 197 for 4 wickets. Bond played a fine innings of 100 not out, and Farrington played well for 25.

St. John's School had lost eight of their wickets for 89 runs when time was called, and the match left drawn.

ST. BART.'S HOSPITAL *v.* CLAPTON.

Wednesday, May 23rd. Rain fell heavily all day, causing this match to be abandoned, thus unfortunately depriving us of a very good chance of trying our strength.

ST. BART.'S HOSPITAL *v.* MAIDENHEAD.

Played at Maidenhead and won easily. On a very fiery wicket Maidenhead were dismissed for 52, chiefly owing to the bowling of Skey, who took 7 wickets for 17 runs.

Bond and Nunn started our innings and put on 52 runs before Nunn was out for a very nice 17. Bond continued to bat splendidly till he had put together 39. Later on Maturin (29), and Johnston (23), hit hard and well, and the innings eventually closed for 168.

ST. BART.'S HOSPITAL *v.* BRIXTON.

Played at Brixton, on Saturday, June 2nd, and won easily by 114 runs and 2 wickets.

Brixton batted first and compiled 117 runs. The score would not have been as large as it was, but for the slackness of the team in the field, several catches being missed, whilst the gale that was blowing effectually prevented any accuracy in throwing.

Rose bowled well under the circumstances, taking 3 wickets for 33 runs. The other wickets being taken as follows:—Nunn, 2 for 21; Stone, 2 for 25; Skey, 1 for 10; Johnston, 1 for 9; and Fernie, 1 for 7. Bond and Fernie started our innings and forecasted the result by making a long stand before the former was bowled for a good 28. Fernie, after starting badly, settled down and hit very finely for 57. Later on Pope punished the bowling, eventually carrying his bat for a very finely hit 72 without a chance.

ST. BART.'S.		BRIXTON.	
H. Bond, b Pollock	28	J. T. Riley, b Rose	3
J. F. Fernie, c Cheesewright, b Riley	57	C. Jearve, c Pope, b Rose	0
E. F. Rose, c Mungeam, b Riley	16	F. Cheesewright, b Skey	8
G. W. Stone, l b w, b Riley	0	W. Mungeam, c Pickering, b Stone	29
W. H. Pope, not out	72	J. Wasp, c Fernie, b Rose	16
J. Johnston, b Riley	13	R. Ford, c Rose, b Stone	0
F. H. Nimmo, b Mungeam	4	A. Cheesewright, c Bond, b Johnston	7
J. W. Nunn, c and b Pollock	11	W. Yeo, b Nunn	13
J. M. Collyns, c Cheesewright, b Pollock	9	J. Songa, not out	18
A. R. H. Skey, not out	9	J. Helen, b Nunn	0
H. J. Pickering did not bat		H. Pollock, c Pickering, b Fernie	15
Extras	12	Extras	8
Total (8 wickets)	231	Total	117

INTER-HOSPITAL CUP COMPETITION.

First Round.

ST. BART.'S HOSPITAL C.C. *v.* LONDON HOSPITAL C.C.

This match was played on Thursday, May 31st., on the Guy's Club Union Ground at Honor Oak, in showery weather. Having won the toss, St. Bart.'s commenced batting with H. Bond and E. G. Simmonds to the bowling of Pavri and Waldron. A good start was made, 48 runs being scored as the result of twenty minutes play, before the first wicket fell, Bond being then bowled by Sykes for a useful 23. A. Farrington followed, but soon lost Simmonds, who was caught at third man, with the score at 50. The third wicket soon fell, Fernie being caught at 56. Rose then joined Farrington, and, by careful cricket, 31 runs were put on, before Farrington was bowled, with the score at 87 for 4 wickets. G. W. Stone then joined Rose, and a good stand was made; both batsmen showed good form, Rose being especially good on the off side: a separation was not affected until 44 runs had been added for the 5th wicket, when Rose was caught for a well-played 43, which included six four's, two three's, and four two's. The remaining wickets soon fell for the addition of 47 runs, Stone being the eighth to leave, with the score at 176, with 39 to his credit, in which were included three four's, three three's, and four two's. The innings eventually closed for 178. Of the bowlers, Sykes, who obtained 7 wickets, was the most successful.

After the usual ten minutes' interval, Fisher and Fry commenced batting for the London Hospital, to the bowling of Skey and Nunn. Off the second ball sent down by Skey, Fry was well caught by Nunn at short slip.

Pavri and Fisher added 43 for the second wicket, though both batsmen were missed early in the innings. Except Fisher, Pavie, and Sing, no batsman offered much resistance to the bowling, though we must own that the wicket was becoming more difficult. London Hospital were dismissed for 100 runs, and, but for repeated mistakes in the field, the total would have been much smaller. Rose was the most successful bowler for St. Bart.'s, taking 3 wickets for 19 runs. Score and analysis:—

ST. BART.'S HOSPITAL.		LONDON HOSPITAL.	
H. Bond, b Sykes	23	Fisher, c Fernie, b Rose	23
E. G. Simmonds, c Edmonton, b Pavri	24	Fry, c Nunn, b Skey	0
A. Farrington, b Edmonton	11	Pavri, b Rose	17
J. F. Fernie, c Fisher, b Sykes	4	Jackson, c Stone, b Rose	3
E. F. Rose, c Pavri, b Sykes	43	Sing, c Mathurin, b Skey	20
G. W. Stone, c Waldron, b Sykes	39	Hutchinson, hit wkt, b Nunn	14
F. H. Maturin, l b w, b Sykes	5	Williams, run out	6
J. M. Collyns, b Sykes	5	Edmonton, not out	6
J. W. Nunn, c Fisher, b Pavri	7	Waldron, b Nunn	0
W. H. Pope, c Wicks, b Sykes	2	Wicks, run out	0
A. R. H. Skey, not out	0	Sykes, absent	0
Extras	15	Extras	5
Total	178	Total	100

BOWLING ANALYSIS.—LONDON HOSPITAL.

	Overs.	Maidens.	Runs.	Wickets.
A. R. H. Skey	12	3	24	2
J. W. Nunn	7·1	2	20	2
E. F. Rose	12	5	19	3
G. W. Stone	7	0	30	0
J. F. Fernie	1	0	3	0

ST. BART.'S HOSPITAL *v.* KENSINGTON PARK.

On Wednesday, June 6th, at St. Quintin's Park, when we were again victorious.

Kensington Park won the toss, and elected to bat first, but were all dismissed for 51. This small total was due to the bowling of E. F. Rose, who was in splendid form, his analysis reading:—

OVERS.	MAIDENS.	RUNS.	WICKETS.
12	6	19	8

When the Hospital went in to bat, after Bond had left, with the score at 8, Crossman joined Simmonds, and the pair, aided by some luck, put on 69 runs before Simmonds was bowled. His 42, made in very pretty style, included 2 fives, 2 fours, 2 threes, 4 twos, and 10 singles. Crossman eventually was bowled for a very patient and stylish 56, made up chiefly of twos and singles. Stone, Maturin, and Collyns all batted well for their runs, but it was not until the ninth wicket had fallen that a long stand was made. When Marrack joined Skey, a slight drizzle had set in, and these batsmen, taking advantage of this, hit away merrily, and had put on 63 runs when rain stopped play, with the score at 264 for 9 wickets. Marrack's 45 was made, without a chance, by clean and vigorous hitting, some of his leg hits being particularly good. Skey also played very well for his runs.

This match, unfortunately, was played in the usual cold and wet weather that we have been having lately, and, so far, the team have had no chance of showing their form on a fine hard wicket.

SCORE.

KENSINGTON PARK.		ST. BART.'S HOSPITAL.	
W. F. Thompson, c Skey, b Stone	0	H. Bond, b Symonds	4
M. A. Nicholas, b Rose	15	E. G. Simmonds, b H. D. Nicholas	42
W. J. Scott, c Bond, b Rose	4	F. W. Crossman, b Street	56
G. H. F. Street, c sub., b Rose	12	J. F. Fernie, b Scott	9
Dr. Warner, c and b Fernie	8	E. F. Rose, b Scott	3
A. P. Symonds, b Rose	2	G. W. Stone, c M. A. Nicholas, b Street	21
H. D. Nicholas, b Rose	0	F. H. Maturin, c sub., b Nicholas	19
W. D. Surtees, b Rose	0	J. M. Collyns, c sub., b Nicholas	6
Hon. M. O. Forbes, b Rose	0	J. W. Nunn, c sub., b Nicholas	6
A. Micclane, b Rose	0	A. R. Skey, not out	19
J. Fennings, not out	3	G. C. Marrack, not out	45
Extras	7	Extras	23
Total	51	Total (9 wickets)	264

ST. BART.'S HOSPITAL *v.* R.I.E.C., COOPER'S HILL.

On Saturday, June 9th, we went down to Cooper's Hill, to play the Royal Indian Engineering College, and received our first defeat of the season by 6 runs. Our opponents won the toss, and sent in Etlinger and Copleston to oppose Skey and Nunn. The wicket was very soft and easy, and the bowlers could at first do nothing, though matters were made worse by the amount of long hops sent down. Frequent bowling changes were made before Etlinger was bowled for a very fine 35. Fifty runs had been put on for the first wicket, and the batsmen continued to score freely, the 2nd wicket falling at 99, the 3rd at 115, and the 4th at 131. From this point, Bond however speedily dismissed the batsmen, and, bowling with good variation of pace, finished off the innings just before lunch, for 156.

Bond captured 7 wickets for 34 runs.

After lunch, Skey and Simmonds started batting for the Hospital. A disastrous start was made, Skey being run out before a run had been scored. Bond and Fernie did not stay long, and Simmonds was bowled at 43, just when he looked like staying. On Pope joining Farrington, a long stand was made, both batsmen batting with confidence. Bowling changes were frequent, but the score mounted rapidly, and it was not until 81 runs had been put on that Pope was caught at the wicket. His 47, which was made without a chance, was made up of 1 five, 5 fours, 2 threes, 3 twos, and 5 singles. His hitting on the on side was very clean and hard. After Pope left, a collapse ensued. Farrington left 8th wicket down for a sound 54, made with only 1 chance, having kept up his wicket whilst 136 runs were scored. With 1 wicket to fall, 21 runs were required to win, and the excitement was great. Both Collyns and Nunn batted confidently and with care, and seemed like knocking off the runs. When the score was 150, however, or 7 runs to win, they started for a very

short run, and Nunn was most unfortunately run out; and thus we received our first defeat of the season.

SCORE.

(1st Innings.) R.I.E.C.		St. Bart.'s Hospital.	
Eltinger, c Skey, b Marrack..	35	E. G. Simmonds, b Allcroft,.	12
Copleston, b Bond	33	A. H. Skey, run out.....	0
Pope, b Fernie	45	A Farington, b Flint	54
Riddell, b Bond.....	10	H. Bond, st Sohn, b Copleston	8
Nicholson. b Bond	3	J. F. Fernie, c Etlinger, b Copleston	5
Ali, b Bond.....	4	W. H. Pope, c Sohn, b Flint	47
Hackman, b Bond.....	0	F. H. Maturin, b Copleston..	2
Campbell, c Skey, b Bond ...	7	F. H. Nimmo, c Riddell, b Copleston	0
Flint, b Bond..... ...	0	J. M. Collyns, not out.....	8
Allcroft, not out.....	3	G. C. Marrack, b Flint	0
Sohn, b Nunn	8	J. W. Nunn, run out.....	3
Extras.....	8	Extras.....	11
Total 156		Total 150	

RESULT OF MATCHES.

	Opp.	St.B.H.	R'slt.
Saturday, May 12th, *v.* Banstead Asylum, at Banstead	78	132	won
(A) Wednesday, May 16th, *v.* Mill Hill School, at Mill Hill	89 for 9 wkts.	87	lost
Thursday, May 17th, *v.* St. John's School, at Windsor	67 for 8 wkts.	197 for 4 wkts.	drn.
Saturday, May 19th *v.* St. Margaret's, at Twickenham	78	156	won
(A) Saturday, May 19th, *v.* New Barnet, at Barnet	113	91 & 86 7 wkts.	lost
Saturday, May 26th, *v.* Maidenhead, at Maidenhead.....	52	168 for 9 wkts.	won
Saturday, June 2nd, *v.* Brixton at Brixton	112	231 for 8 wkts.	won
Wednesday, June 6th, *v.* Kensington Park, at St. Quintin's Park	51	264 for 9 wkts.	won
Saturday, June 9th, *v.* R.I.E.C., at Cooper's Hill	156	150	lost
Thursday, May 31st, *v.* London Hospital (Inter-Hospital Cup Tie, 1st Round) ...	100	178	won

FIRST TEAM.—Played 8, won 6, lost 1, drawn 1.
A TEAM.—Played 2, lost 2, won 0, drawn 0.

Volunteer Medical Staff Corps.

ANNUAL DINNER OF NO. 3 COMPANY (BART.'S AND THOMAS'S).

The Annual Dinner of No. 3 Company was held at the Salutation Tavern, on May 17th. The chair was taken by Surgeon-Captain H. Work-Dodd, supported by Surgeon-Lieutenant-Colonel Norton, Surgeon-Major Matthews, Surgeon-Captain Hayes, Surgeon-Lieutenant Waring, and Staff-Sergeant Olding.

Speeches followed the dinner, and were mainly devoted to welcoming Surgeon-Lieutenant Waring as a new member of the Company.

The entertainment concluded with a very successful smoking concert, which was thoroughly enjoyed by all present.

Ballads of the Smoking Concert Club.

(Continued.)

"A SUMMER'S DAY IN THE SURGERY."

I AM a dresser and I'll tell you all
The curious things which chanced to befall,
While patiently waiting duty's call
On a summer's day in the Surgery.
It's usually somewhat close and warm,
With a lingering hint of Iodoform,
And the fleas are up to their fittest form
On a summer's day in the Surgery.

My first was a swell, in a nice white shirt,
With a ring on each finger (and a good deal of dirt),
Who said that he'd injured his foot—and it hurt,
On that summer's day in the Surgery.
I looked at his foot in a manner uncouth,
And he seemed to be somewhat surprised at my youth,
I could find nothing wrong—so I took out a tooth,
On that summer's day in the Surgery.

My next was a butcher, who'd injured his hand,
He was covered with sawdust, blood, meat-juice, and sand,
He was really much more than a fellow could stand,
On a summer's day in the Surgery.
So I called in the porter, and gave him a wink!
And said, "You must call the House Surgeon, I think,"
Then I slipped out quietly and had a drink,
On that summer's day in the Surgery.

My next was a coalheaver, burly and stout,
I said, "I'm not deaf," as he started to shout,
He asked "what the —— I was talking about,"
On that summer's day in the Surgery.
I said, "You've an abscess, I'll open it — So!!"
— I've a faint recollection of seeing a toe—
The rest was a blank for an hour or so,
On that summer's day in the Surgery. F. W. G.

Milnes Marshall Memorial.

AFTER considering the proposals brought before it, the Committee have resolved that the most suitable memorial will be the maintenance and development of Professor Marshall's very valuable Library, which has been generously presented to the Owens College by his family. This Library, to which Professor Marshall during many years devoted special care, is a most valuable collection of monographs and current periodicals in Zoological Science, and affords to all qualified persons important facilities for the prosecution of original research. To maintain the real value of the Marshall Library it is necessary that it should be kept up to the level of advancing science by some fixed endowment for its development on the lines laid down by Professor Marshall himself.

The Committee further desire that the income of the funds at their disposal should be charged with the cost (not exceeding £3) of providing annually a gold medal for Athletics to be competed for by the Owens College Students. Professor Marshall took a keen interest in the social and athletic life of the College, and was thus personally known and endeared to many students outside his own classes.

The Committee think that both these purposes are in harmony with the character, and with what would have been the wishes of their friend.

To carry out these proposals a sum of at least £600 to £700 will be required to be invested as the Marshall Memorial Fund.

Cases Worth Seeing.

MEDICAL.

John Ward, No. 1, M. æt. 57, postero-lateral sclerosis.
Mathew Ward, No. 1, M. æt. 7, perforation of intestine, with peritonitis. Laparotomy on May 26.
,, No. 9, M. æt. 42, pernicious anæmia.
Luke Ward, No. 8, M. æt. 31, anæmia, with hæmorrhages in many parts.
Mark Ward, No. 7, M. æt. 49, anæmia, ? pernicious—improving on bone-marrow.

SURGICAL.

Lucas Ward, Bed No. 11, xanthelasma tuberosum.
,, ,, No. 14, severe deformity of eyelids after a burn.
Casualty Ward, Bed No. 5, ostitis of femur.

N.B.—Several complaints have reached us that some men have regarded the publication of a case in this Journal as "worth seeing" in the light of a special license to go into the wards and examine such a case at any hour of the day. We would point out that cases, whether published in this Journal or not, can only be examined subject to the ward regulations; that is only in the presence of, and *in company with*, the Visiting Surgeon or Physician under whose care the case happens to be.

Calendar of Coming Events.

June 14.—Examination in Part I. (Pharmacy) of 2nd M.B. Cantab. begins. Last day for sending in Schedules for Second Conjoint Examination.
June 18, 20, and 22.—Lectures by Mr. T. Pickering Pick, F.R.C.S., "On Diseases of the Long Bones in Children," at the Royal College of Surgeons.
June 28.—Second Conjoint Examination in Anatomy and Physiology begins.
July 3.—Examination for Sir G. Burrows' Prize.
July 4.—Final Conjoint Examination begins.
July 5.—Election to the Council of the Royal College of Surgeons of England.
July 6.—Examination for the Shuter Scholarship begins.
July 9.—Int. M.B. Lond. Examination begins.
July 11.—Examination for the Skynner Prize.
July 16.—Preliminary Scientific Examination begins.
July 24.—Examination for Medals and Prizes in Botany given by the Society of Apothecaries. First Conjoint Examination in Elementary Anatomy, Physiology, Biology, and Chemistry begins.
July 25.—Examination for Junior Scholarships in Chemistry, Physics, and Histology begins. First Conjoint Examination in Materia Medica and Pharmacy begins.
August 1.—Examination for Medals and Prizes in Materia Medica given by the Society of Apothecaries.

Obituary Notes.

HENRY FENTON, M.R.C.S., L.S.A.—We regret to have to report the death of Mr. Henry Fenton, M.R.C.S., L.S.A., of Shrewsbury. Mr. Fenton, who up to the time of his death was a Governor of St. Bartholomew's Hospital, was the son of the late Mr. P. Fenton, of Doctors' Commons. He was seventy-two years of age, and was educated at St. Bartholomew's. He took his diplomas of M.R.C.S. and L.S.A. in 1884, and practised as a Surgeon at Shrewsbury, at the Dispensary of which town he was Surgeon. On resigning this appointment he was presented with a purse containing £100, and with a microscope, as a mark of esteem. In 1869 he was Mayor of Shrewsbury.

A. H. TWINING, M.D.—It is with much regret that we hear of the sad death of Dr. Twining, Medical Officer of Health to the Union of Kingsbridge, Devon. Dr. Twining's death was the result of an accident caused by the foolish conduct of two boys living at Loddeswell. It appears that in that village May Day is known as "Ducking Day," it being the custom for the boys, when opportunity presents, to throw water over passers by. Dr. Twining was driving along with his assistant in a trap, when water thrown by two boys startled the horse and caused it to bolt. The trap was smashed, and although the coachman and assistant escaped with slight injuries, Dr. Twining received a compound fracture of the leg. He was removed to the South Devon and East Cornwall Hospital, at Plymouth, where, on May 6th, it was found necessary to amputate. On May 7th, however, he died from shock. Dr. Twining qualified as L.S.A. in 1875. He took the M.R.C.S. (Eng.) in 1876, and the M.D. of Durham in 1892. As a student he was very popular, and it will be remembered by St. Bartholomew's men of that time that he was one of the most energetic and best "forwards" in the football team. His death has removed a most popular practitioner from Salcombe and the neighbourhood, where he began practice in 1881, and where he had a large circle of patients and friends. We hear that a project is on foot to raise a memorial to him at Salcombe. He was only forty-one years of age.

Births.

JACOBSEN.—May 15th, at Ashwell, Baldock, the wife of G. Oscar Jacobsen, M.R.C.S., L.R.C.P., of a son.

WEBBER.—May 13th, at Sutton Valence, Kent, the wife of Edward S. Webber, M.B. Cantab., of a son.

WILSON.—May 19th, at the Clock House, St. Leonard's-on-Sea, the wife of A. S. Wilson, M.A., M.B., D.P.H. Cantab., of a daughter.

Marriages.

TWEEDY-OSBURN.—May 16th, at St. Saviour's, Clapham Common, by the Rev. J. R. Illingworth, M.A., Rector of Longworth, Berks, assisted by the Rev. H. F. Gipps, Curate of All Saints', Norfolk Square, Reginald Carlyon Tweedy, M.R.C.S., L.R.C.P., of Kenilworth, Warwick, son of Charles Tweedy, Esq., of Redruth, Cornwall, to Edith, daughter of Commander Francis Osburn, R.N., of Messing, Essex.

WHITLING-HOYLE.—May 16th, at St. James's Church, Benwell, Newcastle-on-Tyne, by the Rev. Canon Bromley, Henry Townsend M. Whitling, M.B., B.S., M.R.C.S.E., L.R.C.P., only son of the late Henry Townsend Whitling, of Croydon, Surrey, to Nellie, second daughter of Theodore Hoyle, Esq., of Newcastle-on-Tyne.

Deaths.

TWINING.—On May 7th, at the South Devon and East Cornwall Hospital, Plymouth, from the effects of an accident, Alfred Hughes Twining, M.D., of Salcombe, aged 41.

Reviews.

A HANDBOOK OF MEDICAL PATHOLOGY, for the use of Students in the Museum of St. Bartholomew's Hospital, by W. P. Herringham, M.D., A. E. Garrod, M.D., and W. J. Gow, M.D. (Ballière, Tindall, & Cox), 1894.—We are glad to be able to welcome, if rather tardily, the appearance of this book. In these high-pressure days, when examinations stare students in the face at every stage of their five years of study, every legitimate form of assistance should be hailed with delight: we say legitimate, because "cram" books, however seductive at first sight, are in reality of no assistance: in no sense is this a "cram" book. The authors state that their object has been to supply a long-felt want in dealing with the medical and gynæcological specimens, on the same lines as the Surgical Handbook of Messrs. Walsham & Power, and we think a very fair attempt has been made in the desired direction. The various organs are taken in the order in which they appear in the official catalogue, the diseased conditions are discussed seriatim, and attention is called to two or illustrate the various points. Here and there the student three specimens, which in the opinion of the authors will notice that it is stated there is "no specimen in the museum" of some particular condition; this is generally due to the fact that the particular appearances are too transient to be preserved and must be looked for and studied when fresh in the post-mortem room. We think that in a future edition, a short notice to this effect as an introduction would be of advantage. No doubt it is always difficult for three authors to produce a work of equal merit throughout, and "the Handbook" under consideration is no exception to the rule. We are of opinion that certain sections, those on diseases of the bronchi, lungs, and pleura for instance, might have been worked up rather more into the form of a short disquisition on the subjects dealt with: as they now stand, they appear to us to have been left too much as disjointed headings. This is perhaps an advantage in its way, as it enables the intelligent student to exercise his ingenuity in filling up the gaps. The gynæcological portion strikes us as being especially good and well up to date in its explanations of many difficult pathological conditions. The book promises to be of great use to students, to whom we strongly recommend it. It is singularly free from misprints and has a good index.

METHODE OF PATHOLOGICAL HISTOLOGY, by Prof. C. Von Kahlden, translated by H. Morley Fletcher, M.D., with an Introduction by G. Sims Woodhead, M.D. (Macmillan & Co.), 1894, price 6s.—This work is a translation by Dr. Morley Fletcher of the 3rd German Edition of Von Kahlden's *Technik der Histologischen Untersuchen Pathologisch Anatomischen Präparate.* The book has for some time been well-known in Germany as the best and most comprehensive guide for the investigator of pathological histology. In its English dress it will be found to be still more complete than the original, since Dr. Fletcher has added materially to its value by introducing as footnotes many additional methods which he has found in his own experience to be useful. The translation is very well done, and we congratulate Dr. Fletcher on having produced so excellent a volume. We recommend the book to all those who are engaged in pathological investigation, and feel sure it will prove useful to the student, general practitioner, and original worker.

WE draw the attention of Club Secretaries to the fact that each month the publication of the JOURNAL is delayed by their "slackness" in regard to the sending in of their Reports.

ACKNOWLEDGMENTS. — *Guy's Hospital Gazette, St. George's Hospital Gazette, London Hospital Gazette, St. Thomas's Hospital Gazette,* "*Some Surgical Cases,*" by G. R. LOWE; *Report of Swimming Club* (sent in on morning of publication).

St. Bartholomew's Hospital Journal.

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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 5*s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers,* Messrs. RICHARDS, GLANVILLE & Co., 14, *Cockspur Street, London, S.W.*

St. Bartholomew's Hospital Journal.

JULY 14th, 1894.

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

WHEN the idea of a ST. BARTHOLOMEW'S HOSPITAL JOURNAL was first mooted, one of the main arguments put forward in support of it was that publicity might be given to clinical news, which was hardly worthy of a place in the larger Medical Journals, and which was yet of such interest, especially to students, that its publication in a Hospital Journal would—to use the old expression—"meet a long-felt want."

Frequently, when going round the wards with a Surgeon or Physician, one hears the remark, "this is a most interesting case," or one's attention is drawn to some especially interesting feature of an otherwise common case, such, for example, as an unusual combination of symptoms, or some departure from the course generally followed by such cases. Those men who are fortunate enough to be present at the time, will probably make such a case the subject of conversation with their friends at lunch, or while sitting round the fountain, and thus a limited publicity is given to a small proportion of these cases.

On the other hand, a large number of men who have not had the opportunity of seeing the cases themselves—for no one man can see more than a very small percentage of the cases in the Hospital at one time—never hear of them at all, and thus, though they are close at hand, an immense amount of useful and interesting clinical information is lost to them every day.

Surely those who put forward the argument we have mentioned above, did so with justice, and surely an attempt to prove the truth of it is well worth the making; yet hitherto the Journal has in no sense fulfilled this requirement.

The blame—if blame there be—in connection with this *still* much-felt want, does not, in our opinion, lie at the door of the Editorial Staff, success can never attend an effort to report clinical news without the active co-operation of the staff of dressers and clerks. A labour which, divided amongst the whole staff of dressers and clerks, is hardly worthy of the name, would, if devolving upon one or two individuals, represent a serious undertaking.

If the dresser or clerk of each case belonging to the class we have mentioned were to write a short account, not necessarily of the whole case, but of the specially interesting feature of it, and send it to the Cloak Room, addressed to the Editor, we on our part would gladly print it, and as a result, the usefulness of the Journal would be materially enhanced.

We have been dressers and clerks ourselves, and we know the toiling life that these most unhappy mortals lead, at the beck and call of house surgeons or house physicians from "morn till dewy eve," but surely we are not asking a great thing of them, perhaps half-a-dozen lines scribbled on a scrap of paper and put into an envelope.

Verb. sap. sat.—It is enough that we have drawn attention to the need of these reports, and doubtless, ere the next number goes to press, their number will have caused congestion at the Cloak Room, and "Tommy" will doubtless have been compelled to allocate a special shelf to "Letters to the Editor."

Then, as we have already mentioned, the usefulness of the Journal will be enhanced, and its interest will be greatly increased, not only to present students, or even

to Old Bart.'s men, but as a record of observed clinical facts, it will be of interest to every member of our profession.

A letter printed in the Journal some months back, suggested the formation of a "Clinical Club," with an end in view which had many points in common with ours at the present time. We think it a matter for regret that this suggestion has not been acted upon, but we trust that even if the day of a Clinical Club has not yet come, that for a regular system of reporting rare clinical manifestations which occur in the Hospital, is close at hand.

Edward Stanley, F.R.S.,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

The Mid-Sessional Address, delivered to the Abernethian Society, on June 21st, 1894, by

ALFRED WILLETT, F.R.C.S.

MR. PRESIDENT, Ladies and Gentlemen,—I do not feel it incumbent upon me to offer any apology for the subject I have selected for this Mid-Sessional Address, which, at the invitation of the Abernethian Society, so flatteringly conveyed to me by your Presidents and Secretaries, I have the honour to deliver this evening. Keeping my audience in view, I might have chosen some medical subject, such as cancer, scrofula, small-pox and vaccination, cholera, or diphtheria, and discussed it in a quasi-popular and scientific aspect; or again, some social question, such as the best means of preserving health, longevity, cremation *v.* other methods of disposing of the dead, &c. My objection to one and all of these, or any like them, is that they have no special relation to the place or to the occasion. It seemed to me that to the Abernethian Society, after John Abernethy himself [and with regard to an address on this illustrious man I have been forestalled by Dr. Norman Moore]—I repeat that after that great surgeon whose name is immortalised by its incorporation in the Abernethian Society of this hospital and school, I could not select a more appropriate theme than that of Edward Stanley, one of his pupils and successors in this ancient royal hospital. One who, like his master, laboured faithfully for the enhancement of the fame of St. Bartholomew's, one who did so much to promote the renown of its medical school, and one who has left a bright example to all comers to, and to all connected with, St. Bartholomew's, be they students who have just joined, or be they teachers on the staff. Lastly, as I enjoyed the privilege of "dressing" under Mr. Stanley, I know full well how much I learnt from him, so that it is with no little satisfaction I attempt to lay before a new generation of Bart.'s men the characteristic points in Mr. Stanley's life and work.

I regret to have no portrait of Mr. Stanley to show you. There is a double disappointment over this circumstance. To me, as lecturer, that I am unable to direct your attention to this or that characteristic feature, whilst to you, as my audience, the satisfaction is denied of being able to realise what the aspect of the man was of whom I am speaking. Thus we both are in risk of failing to catch something like enthusiasm which a telling life-like portrait of Mr. Stanley would have afforded us. I have only to mention the well-known portraits of Hunter, by Reynolds; of Abernethy, by Lawrence; of Paget, by Millais, to indicate what I mean. I have it on good authority that Mr. Stanley would never consent or allow his portrait to be painted, and he was never photographed. In those days, I say it with some shame and much regret, the present custom of the dressers paying their surgeon, assistant surgeon, and house surgeons the compliment of asking the staff to join them in being photographed in a group had not come into practice, neither had caricature come into vogue as a means of impressing permanently the comic side of a man, yet during his earlier career Mr. Stanley was caricatured often in this wise. During part of the time that he was lecturer on anatomy, Mr. Wormald and Mr. MacWhinnie were demonstrators of anatomy, Mr. Stanley was not an artist. The demonstrators were both accomplished draughtsmen, and one or other had always to make the drawings on the black-board to illustrate the subjects of the lecture. When, say the dissection of the neck required to be drawn, Wormald would slyly add a face and give it Mr. Stanley's physiognomy—caricatured you may be sure, for one must own, as I shall almost immediately show, that his features and expression readily lent themselves to grotesque reproduction. I may mention that Mr. Wormald is my authority for the statement I am now making, and he added that when Mr. Stanley recognised the trick played upon him, neither his self-possession nor his good temper deserted him, and his only remark was, "Come, come, Squire, now this is too bad," and rubbed out the unnecessary and objectionable addition to the anatomical drawing.

After Mr. Stanley's death, a plaster cast was taken of the mask and from that this bust was made, but I must say it conveys no truthful likeness of the man, nor, to those who knew him, does it recall Mr. Stanley to us, for the bust gives one the impression of a man of rather colossal proportions, whilst in point of fact Mr. Stanley was not much, if at all, over 5ft. 2in. He was, up to the day of his death, active and nimble in his movements; his figure was compact and squarely built, with short neck, round head, which at back and sides was fairly covered with abundant short curly grey hair, features large and rather uncouth, large prominent aqueline nose, and thick lips, the lower much everted, but these not very attractive features were more than redeemed by large intellectual eyes, which in conversation were full of life, whilst mobile features and a genial smile lent attraction to a face expressive of earnestness, honesty, and good temper. In conversation he displayed much vivacity, this deepened into a solemn impressiveness when teaching in the wards or lecturing. His language was clear and emphatic, although his voice was in some respects far from good. It seemed as if his tongue was too large for his mouth, and so he spoke in a thick spluttering sort of way. He had short legs and small feet, rather awkward arms, whilst heavy hands and clumsy fingers often placed him at a disadvantage.

Let me now give some account of Mr. Stanley's career. I have drawn largely for it upon the obituary notices that appeared shortly after his death. Edward Stanley was born about the year 1702. His father was in business in London, his mother being, I believe, the sister of Mr. Thomas Blizzard, Surgeon to the London Hospital. He was educated at Merchant Taylors' School, and in 1808, when only about sixteen years old, was apprenticed to Mr. Thomas Ramsden, one of the Surgeons to St. Bartholomew's Hospital. This was a good political step, for it will no doubt cause you some astonishment to learn that in the good old times, as they are often called, the almost sure, and certainly the only road to a position on the Surgical Staff of this, or for the matter of fact, on any of the London Hospitals, was to become apprenticed to one of the surgeons, usually the best known or most renowned, and to pay him a fee of 500 guineas, then, if the apprentice were passably diligent, he was given minor appointments and finally elected on to the staff.

At the age, then, of sixteen, we find young Stanley entering at this hospital, and two years later, on the death of Mr. Ramsden, the apprentice was transferred to Abernethy. One of Stanley's biographers states of this period of his career as follows:—"The earnest and methodical manner in which he pursued his studies in general, and his devotion especially to Anatomy and Pathology, attracted that gentleman's (*i.e.* Abernethy's) attention, and from an early period a lasting friendship existed between the teacher and the pupil. The first fruit of his industry was the construction of the Hospital Museum of Morbid Anatomy, the labour and expense of forming which he shared with Mr. Abernethy, and to which he added many preparations, especially in illustration of diseases of the bones and joints. This valuable museum they presented as a gift to the hospital." Thus, Mr. President, originated our splendid museum, the largest and most complete Museum of Morbid Anatomy in the kingdom, I believe.

Mr. Stanley passed the Royal College of Surgeons in 1814, he was elected Assistant Surgeon to this Hospital in 1816, being then, you will please observe, only twenty-four. He held the important teaching posts, first as Demonstrator, and then of Lecturer on Anatomy. At that time the Lectureship on Anatomy included Physiology, *i.e.*, was a Joint Lectureship; he followed Abernethy, and lectured on these subjects from 1826 to 1848, when, upon his resignation, the Lectureship was divided, and he was succeeded by Mr. Skey, as Lecturer on Anatomy, and by Sir J. Paget, as Lecturer on Physiology. In 1838, Mr. Stanley was elected Surgeon, and rapidly became famous as a Clinical teacher of great and unique power. Here, for a moment, I may just stop to remark that whilst only an Assistant Surgeon to the Hospital he had no opportunity of teaching, for the duties of an Assistant Surgeon in those days were confined to helping the Surgeon at operations, and taking duty for the senior, when the latter was absent on leave or through illness. Our casualty, out-patient, and special departments are, comparatively speaking, quite modern developments.

Later on I will return to the subject of Mr. Stanley's gifts and powers as a Clinical teacher. To resume the historical sketch of his career. So early as 1830, when only 38 years of age, he was made a F.R.S., the competition for which honour was then far less keen than now. In 1832 he was elected a life Member of the Council of the Royal College of Surgeons, and delivered the Hunterian Oration in 1839. He became a life Member of the Court of Examiners in 1844, and here again I may pause to remark that until 1858 the examination for the M.R.C.S. Diploma consisted of one hour's viva voce—at the end of three winter and two summer Sessions—on Anatomy, Physiology, Pathology and Surgery. A system in strange contrast to the perpetual examinations which I fear a man considers now burdens his student's life.

Mr. Stanley was twice elected President of the R.C.S., in 1848 and 1857. In 1843 he became President of the Royal Medical and Chirurgical Society, and in 1858 received the distinction of being appointed Surgeon Extraordinary to the Queen.

At the risk of being deemed wearisome, I have been anxious to bring prominently to the front what a distinguished career Mr. Stanley's was, and how highly his abilities and character were regarded by his professional brethren, indeed, viewed in some points of Mr. Stanley's attainments, or rather want of them, this is not a little remarkable. I have mentioned some of his physical defects, and for truth's sake I ought also to mention some of his mental or perhaps more strictly they should be called his educational defects, defects he never got the better of. It is obvious, from what I have said, that Mr. Stanley had very distinctly definite scientific qualities, he had a longing after, and he was an eager inquirer into pathological knowledge; he was a patient, accurate, and intelligent investigator and collector, yet he was singularly wanting in culture of the higher sort, or of any appreciation of the arts. I have incidentally mentioned he could not draw. Sir James Paget has told me of the curious requests Mr. Stanley would make to him when drawing diagrams to elucidate his lectures in Physiology: for instance, he would wish to have both sides of the face drawn in profile in one picture, or the outside and inside of the cheek; he could not understand why, if he could see both sides of a patient's face by the simple movement of his own head from side to side, both could not be delineated in one picture, and so see both sides of the thing at once as he put it. After all these do not amount to much, and when taken with his great good qualities, scarcely amounted to more than quaint oddities of mind. For who is there that has not his own pet special eccentricity or mannerism, as it were, we recognise such readily enough in each other, but like our sins, fail to perceive our own.

We have, then, in Mr. Stanley's career, brought out very strongly how largely a man's future depends upon his own exertions, and how, when the moving principle is a determination to succeed, he will usually attain his end, in spite of many mental, educational, and physical defects, and it was these points in Mr. Stanley's case which made me remark how much there was in his career of encouragement for all. For it has been aptly said, "Mr. Stanley's career affords a striking example of the eminence that may be attained by the steady application of plain good sense and sound judgment to a subject which commands the undivided attention of their possessor." Undoubtedly, when he became surgeon, Clinical Surgery was *the* subject to which Mr. Stanley gave his undivided attention, and devoted all his energy.

Mr. Stanley communicated several papers to the Royal Medical and Chirurgical Society, chiefly bearing on his favourite subject, affections of bones. He was the author of a Manual of Practical Anatomy, a Memoir on the Mode of Performing the Lateral Operation of Lithotomy.

He was also the author of the first catalogue of our Museum. I have mentioned this laborious undertaking. With nothing much to go upon, having to examine and report upon all the old specimens he found stored up, it is not difficult to realise what a long and severe task this was. This catalogue was published in 1831. He had compiled the whole of it, quite in the early morning, coming down to the Hospital often at 6 a.m. to avoid trenching on his official hours as demonstrator.

I have brought down from the museum a small selection of his original specimens. All were collected, mounted, described, and catalogued by Mr. Stanley himself. I have not brought them here with any intention of dilating upon what each of the specimens is intended to show. Such a proceeding would be, I conceive, entirely out of place, for it would be converting an address into a lecture; moreover, I know that many of you are perfectly familiar with them, for they have been used for generations at lectures and demonstrations by succeeding teachers in surgery. Many of the specimens are quite classical, drawings of them appearing as illustrations of typical diseases in the majority of works on surgery. I bring them to your notice with a feeling of reverential devotion to Mr. Stanley's pathological genius, "Si monumentum quæris circumspice." Truly our museum is indeed an imperishable monument to Mr. Stanley.

His chief literary production was "A Treatise on Diseases of the Bones." A work which will always remain classic and which for many years was the standard book on the subject. The arrangement of the subject shows both how exhaustively he treated it and how methodical and orderly he was. Part I. contains seven chapters on what we should now call general pathology of diseases of bones. Chapter I. Hypertrophy and atrophy of bone. II. Neuralgia of bone. III. Inflammation of bone. IV. Suppuration in bone. V. Caries. VI. Ulceration of bone. VII. Death of bone; Necrosis. Part II. Tumours of bone. *a.* Tumours of bone which pulsate. *b.* Osseous growths arising in considerable numbers from the skeleton and in the soft tissues. Part III. contains four chapters on constitutional disease of bones. Chapter I. Rickets. II. Conditions of bone designated arthritis and fragilitas ossium. III. Scrofula in bone. IV. Hard carcinoma, melanosis in bone. Part IV., three chapters on special diseases of bones. Chapter I. Morbid growths from the jaws. II. Diseases of the bones of the spine. III. Diseases of the periosteum.

The description of the inflammatory affections in this work is extremely accurate, and shows what a truthful observer Mr. Stanley was; there is only one disease omitted, which in our present lights seems remarkable, he describes it, but failed to correctly interpret its pathology. I allude to inherited syphilitic affections of bone. One can see it in his descriptions, for he speaks of cases of symmetrical caries in children, and alludes to the presence of keratitis, but he classifies them with others, all under the term, scrofula of bone, he describes the ordinary acquired constitutional syphilitic affections and their cure by iodide of potassium. His classification of tumours of bone would of course not hold good now; indeed, he seems to foresee that a better nomenclature was required; yet, here again, his description of the different varieties is excellent, he describes although again without naming "Myeloid."

From this time my narrative will take chiefly the form of my own personal reminiscences of Mr. Stanley. I entered at St. Bartholomew's, 1st October, 1857, and came on to dress for him on 1st April, 1859. Although this date was towards the close of his career as surgeon, for he resigned in the summer of 1861, there was no trace of decay, he was as regular and punctual in his daily visits, including Sundays, as ever, and took the same vivid interest in his patients. It may interest you to know the wards under Mr. Stanley's charge. He had the whole of Kenton, Darker, and Sitwell Wards, the front ward of Treasurer, now Stanley Ward, and two beds in each of Abernethy and Lucas, which were regarded as meritorious or emergency beds, and some twenty patients in Lazarus and Magdalen Wards, which were then three times as large as the present Charity Ward, so that he had well over 100 beds of the 400 divided between the four surgeons, and as his senior, the late Sir William Lawrence had still more. The two juniors, Mr. Lloyd and Mr. Skey, fell comparatively short.

Taking in order his plan and style of clinical teaching and his hospital work in general, I would remark first upon the immense pains he took in unravelling a case. Invariably he placed more importance upon, and paid more attention to, the physical examination of a diseased part than to the history given by the patient. In his examination he was cautious, almost to slowness, so as to miss nothing, carefully directing the attention of those around to each point, then, with quite judicial impartiality, he would weigh the pros and cons for a particular hypothesis, whilst almost invariably, from a singularly retentive and accurate memory, he would bring his experience to bear on the case under review. Finally, he would deliver his opinion. Whether it was to be called sagacity or whether only the result of great painstaking, Mr. Stanley was less frequently wrong than anyone I have known. He never shirked giving his opinion when asked, and all his colleagues sought and placed great reliance on his unbiassed opinion; I say unbiassed because, excellent opinions as he gave, he would never stick to his guns. If any other surgeon differed, saying, "I don't agree with you, Mr. Stanley," he caved in at once, withdrew his own opinion and accepted the alternative. Whether this was innate shyness or modesty I cannot say, but no one ever mistrusted his own opinion so much as he; and it was proverbial that Sir William Lawrence could make him say the opposite of what he had previously said and perform an operation which he had denounced. These were defects which detracted from his greatness as a surgeon and as a man, but in no way from the value of his teaching. In his treatment he was most judicious, always anxious not to overdo the part. He had reliance on a few drugs, and he set his face against two practices then very common, overdosing and over stimulation. Some of his precepts have become traditional.

He taught that one of the most reliable indications of a fracture having consolidated was that complaint of pain could be no longer elicited on trying to move the fragments. Another, the reliable signs for diagnosing fracture of the neck of the femur. I can hear him say now. "When an old person falls on his trochanter major, if he cannot get up, and when raised cannot stand, and when brought to the hospital it is found that the injured limb cannot be lifted unaided off the bed, if it is found to be shorter and everted, and, lastly, if pain is elicited in making pressure over the front of the joint, then to a certainty the surgeon is justified in saying that patient has an intracapsular fracture of the neck of the femur and treating him for that injury, whether or not crepitus can be detected."

Mr. Stanley's Clinical Lectures always drew a large audience. Everyone felt he would learn something. They were carefully prepared, the features of the several cases clearly pointed out, and the deductions he drew strongly emphasised. I remember now one he delivered intended to direct our attention to the evils of over stimulating patients after operation, he pointed out how a patient after herniotomy kept daily getting worse, in spite of increasing quantities of brandy prescribed by his house surgeon, how feverishness, restlessness, sleeplessness, nausea, and exhaustion steadily increased, "then," said he, "I saw, Gentlemen, the patient must assuredly die, unless some change were made. It was clear brandy would not save her, but might it not be doing harm, keeping up irritation. I determined to try if milk could not effect a change. I ordered no more brandy to be given, but a dessert-spoonful of milk and water every five minutes whilst awake. From that time she has steadily improved, all the signs of constitutional irritation disappeared, and she has made an excellent recovery, that case has made a great impression on me. Gentlemen, I hope and trust and believe it will upon you." This occurred when the fashion of giving brandy for everything was the rage, and when the consumption of stimulants had increased tenfold in this hospital. It required no little moral courage to act and express himself as Mr. Stanley did.

Mr. Stanley had great faith in iodide of potassium — the "hydriodate of potash" as he preferred to call it, but he never administered it in large doses, and always spoke against them. Three grains, three times a day, in decoction of sarsaparilla was his favourite prescription.

Mr. Stanley was probably never a brilliant operator, yet one of his biographers says of him, "In no position did he shine more than in the operating theatre, under circumstances of grave and unexpected difficulty. He never lost his self-possession, and his courage always mounted to the emergency. He was sometimes slow—but never unsafe. He preserved under these circumstances the same order and method that he had displayed in his teaching." Speaking as I recall him in the operating theatre, I find it difficult to believe he was ever possessed of manipulative dexterity. I have already said he was short, his arms and legs were equally short, his hands thick and clumsy, he was very heavy-handed and the reverse of natty in the use of his fingers. His anatomical knowledge and quiet perseverance would of course carry him through all difficulties, but at the time I knew him he was getting into years and seemed to rely when in the operating theatre altogether upon the counsel of his assistant surgeon, Sir James—then plain Mr.—Paget, and it is on record that once when Sir James had been called out of town and was not present as expected at an operation of importance, that Mr. Stanley, finding himself perplexed and having no one to turn to, exclaimed in his dilemma, "Oh, Mr. Paget, Mr. Paget, why did you go to Southampton?" As further example of his want of dexterity, due to the physical causes I have stated, I may mention that he was wont, when amputating below the knee, to saw through one bone—say the fibula—standing on the right side of the patient—and then, saw in hand, to run round to the left of the patient to saw through the tibia; time after time have I seen this occur. In one operation Mr. Stanley quite unconsciously was irresistibly comic, and all bystanders were uncontrollably inwardly convulsed. This occurred whenever Mr. Stanley performed herniotomy for strangulation; in cutting down upon the sac, Mr. Stanley, after cutting through the skin, instead of dividing the intervening structures, always cut away the interposing fat and other tissues, and each little piece as he cut it off, he would deliberately plant down on the patient's thigh, always in a row, just below his incision, and if a piece did not stay where he put it but rolled off, or not being disengaged from the dissecting forceps at the right moment, fell on to the table, he would follow it up and again place it in line with evident satisfaction and great painstaking. You can well imagine that when we are all on the look-out for this little by-play, and then to see the very thing done—pellet after pellet being dropped in its place, and the operator all the while so absolutely unconscious that he was doing anything unusual—well, it was too funny a proceeding, it was impossible to resist a suppressed laugh, especially if one caught a neighbour's eye on the watch for the same artless plot.

Another thing in relation to strangulated hernia that intensely amused his house surgeon and dressers was when, as Mr. Stanley said, he "would break it gently" to the patient: "My good man" he would say, "you have got a hole in your belly and your guts have come out, now I must just make another hole and put them back again, just a little nick in the skin, do you see?"

With all this, Mr. Stanley was a most prudent operator, he always thoroughly weighed the risks the patient would have to run, he was distinctly of the conservative type, I believe he did not like operating, yet he never shirked it, and he was very successful in the treatment of joint diseases, which then as now formed so large a proportion of the cases in the surgical wards. There was one operation, however, and I think only one, in which Mr. Stanley seemed almost to revel, and that was for the removal of a sequestrum in a case of necrosis. With mallet, chisel, gouge, and Hey's saw,—he would spend a whole afternoon in a very satisfactory manner, it was always a point with him to remove the sequestrum intact: so he would expend much time and labour in cutting through dense new bone rather than break the sequestrum, and it was with a look of triumph that at length he drew out the piece of dead bone entire. I really think he would have regarded it as a reflection upon his skill had the useless fragment been broken.

Mr. Stanley was justly proud of his position as surgeon to this hospital, and thought and felt, as everyone else connected with it has and must ever feel, that it is the highest and best hospital appointment in the kingdom—if not in the world. I will tell you a little anecdote which shows how prominently this stood in his mind. You may not all know that our excellent and genial friend, Mark Morris, has held the post of steward since the year 1859. The last steward died on a Sunday in June of that year. I think whilst I was dressing for Mr. Stanley. Mr. Morris was then curator of the surgery. On the Monday, at 1.30, as Mr. Stanley's carriage drove up at a tearing pace, and stopped suddenly at the approach to the operating theatre as usual, Mr. Morris, hat in hand, stepped forth to meet Mr. Stanley, who said, as he alighted, "Well, Squire, what is it now—come, be quick?" Mr. Morris briefly related that the late steward was dead, and that he was a candidate for the vacant office. "Oh, I see how it is," said Mr. Stanley, "at present you are curator of the surgery, now you want to be steward, next you will want to be physician, and then I suppose surgeon," evidently the *ne plus ultra* in Mr. Stanley's point of view. Adding, in his friendly way, with one of his good-tempered nods, "I will see to it. I will see what can be done for you."

One other little amusing episode I remember quite well occurred whilst I was dressing. In those days each surgeon took duty as surgeon in Martha for three months. There were no such operations as ovariotomy in those days—the duties were very light and it was rarely that any of the surgeons were sent for, but just about that time the surgeons had remonstrated with Dr. Charles West, the then physician accoucheur, for sending for Sir James Paget, only an assistant surgeon to the hospital, to perform the operations in his ward, and they had told Dr. West the rules of the hospital required that one of the surgeons was to be sent for. So Mr. Stanley was applied to, to open an abscess that had appeared after confinement and was pointing in the vagina. Dr. West briefly told Mr. Stanley the nature of the case, and that the abscess required opening. "Now, West," said Mr. Stanley, "this is all terra incognita to me, you must just show me exactly what you want me to do. You say I am to make a dig just here, do you?" putting his finger on the spot Dr. West had indicated, and passed in a knife. Mr. Stanley rose up immensely relieved as the pus came streaming out. We all felt Dr. West had had his revenge on one of the surgeons at all events.

Two years later, in 1861, Mr. Stanley resigned, but he continued to come very regularly to the weekly operations on Saturdays. Here, again, it must seem very strange to you, that all the regular operations were and could be done on a single afternoon once in the week, but so it was and no difficulty arose. Each surgeon on an average would not have more than one operation. Such as, say, Sir William Lawrence, removal of a cancerous breast; Mr. Stanley, an amputation; Mr. Lloyd, a lipoma; and Mr. Skey a lithotrity. Mr. Stanley's resignation gave promotion to Sir James Paget, for Mr. Wormald had obtained his a few months previously, at the age of fifty-nine, on the resignation of Mr. Lloyd.

Now I come to the narration of the very affecting circumstances which attended Mr. Stanley's death. On Saturday, May 24th, 1862, he had, as was customary with him, come down to witness the operations, being in his usual health and in good spirits, and when they were over, Sir William Lawrence asked the surgeons present to go with him to Henry Ward to see a patient with a swelling of the knee, particularly desiring Mr. Stanley's opinion, who having bent over the patient for some little time for the purposes of examining the part, at length drew himself up and just uttered these words, "I think, Mr. Lawrence, this is a case of knee-joint disease, and that if all remedies have failed for many months in your hands, the case would be one favourable for resection." He spoke clearly and evidently in full possession of all his faculties; a moment after he staggered against a bed and sank, supported by those around him, on the floor. He was at once raised and placed upon a vacant bed. Momentarily he seemed to regain consciousness, when Mr. Wormald asked if he could do anything. Mr. Stanley replied, "I am quite well, Wormald, I never felt better in my life, it's only stomach." Tradition says, but I believe it does not rest upon any solid foundation, that Sir William Lawrence, looking round, said smartly, "Wrong again, Head." However this may be, very rapidly poor Mr. Stanley became quite unconscious, passing into a state of coma, and died in about an hour, evidently of an apoplectic seizure.

Thus died Mr. Stanley, at the age of seventy, and it was well said of him at the time, "Not the subject of failing faculties, or of lingering disease, but like a good knight in harness, on the field of his labours. His last words and thoughts for the good of suffering humanity, his last act for the credit of the hospital he loved so well. The event cast a great gloom over the hospital, but it was universally felt, that if he could have chosen his end, this was the death he would have wished to die." Here are a few comments that his death evoked:—*The Lancet* said, "A retrospect of the life of Mr. Stanley offers a useful lesson of success obtained by perseverance against difficulties, and of honours acquired by industry and rectitude. Short in stature, and at first sight unprepossessing in appearance; slow in framing his ideas and in drawing conclusions, naturally rather timid than self-reliant, without the advantage of great family interest or of early wealth, Mr. Stanley succeeded in becoming one of the leading surgeons of the day, having held during his lifetime nearly every office which might become the object of reasonable ambition. Few Surgeons," *The Lancet* adds, "have had a mind more richly stored with facts and precedents. His Clinical Lectures were excellent, and the lessons they conveyed were often imperishable, but strange to say, he did not always profit by his own advice, but would commit the very error he taught others to avoid. His unbiassed opinion was respected by all, and of all persons he was the last to know its true value. As a man he was humane, considerate, and kind, even to a fault."

The Medical Times and Gazette said of Mr. Stanley, "No one who visited with him the wards under his charge could fail to be impressed by the regularity of his attendance, by the patience with which he investigated difficult cases, or by the pains he took to render the means placed at his disposal subservient to his duty as teacher of Clinical Surgery. In this department he was unrivalled, whether in the instruction spoken by the bedside, or in the more formal but practical lectures which he gave on cases of interest occurring in his wards. Often slow to arrive at an opinion, he was always prepared to give it, and with decision. His conclusion could safely be relied upon, and when spoken was usually illustrated by reference to cases which had come under his notice, and which he possessed a happy faculty for retaining in his memory, and for relating, in a clear, concise—and for those who were learners from his remarks—impressive manner. His experience in great and critical difficulties such as must from time to time arise in an operating theatre was of acknowledged value, and his calm judgment and willing advice were fully appreciated."

In private life Mr. Stanley's career was as distinctly fortunate and prosperous. In Mrs. Stanley he found a lady, highly educated, talented, and sympathetic. She aided him in many ways, assisting in his literary work, sustaining him with her counsel and cheering him in his early days when his means were small and when it was a struggle to make both ends meet, yet his home was ever bright and attractive. At first Mr. Stanley lived in Lincoln's Inn Fields, not far from the College of Surgeons; later he removed to 66, Brook Street, and there he conducted a large consulting practice and he resided there till his death. This is the house now occupied by Sir William Savory, who moved into it after Mr. Stanley's death, so that probably for half a century at least this house has been in this way associated with the names of two of the most distinguished of the surgeons to St. Bartholomew's.

Mr. Stanley left only one son, although he had several daughters. The son did not follow his father's profession, but took orders. However, a grandson—the son of the Rev. Rainey Stanley—is in the profession, has, of course, received his medical education at St. Bartholomew's, is known to many of us; he was, I am rejoiced to add, one of my dressers—a most excellent one in every way, and bids fair, I think, to achieve substantial success; I believe I have the satisfaction of welcoming him and a brother here to-night among my audience.

Not the least of (the late Mr.) Edward Stanley's good characteristics was his love of peace. At one time rivalry amongst colleagues almost culminated in open quarrels among the staff of this hospital; if worked upon, we all know how easily jealousy or misunderstanding deepens into dislike, and dislike into something like hatred. Everyone went to Mr. Stanley in their difficulties quite naturally as the peacemaker, and to him it was a congenial task to smooth the ruffled feathers, to nip in the bud and set straight the first symptoms of offended pride or prejudice. To Mr. Stanley's example and precept we owe it that it has become traditional in this School that all work loyally together for the common good, and that differences of opinion never degenerate into open dissension. Mr. Stanley acted upon the view—I was going to say that "the devil is not so black as he is painted," but that, perhaps, is too questionable a phrase—although, probably, you all know what I intend to convey by it, and so I will put it thus, that in everyone there is some good, and if you only knew him well enough, much more good than harm, and that the harm would probably rub off under social intercourse. In this belief Mr. Stanley started the Annual Staff Dinner at Christmas, when the past and present teachers of all grades dine together, often to the number of fifty, and thus once a year cement anew old friendships. The good that has arisen from this custom is simply incalculable.

There are, I think, abundant reasons why the memory of such of our good men and great teachers of the past, like Mr. Stanley, should be kept bright and fresh in the minds of all Bartholomew men, for it is universally recognised how invaluable the traditions of a past age (when they tell for good) are in forming the tone, in giving prestige, and in stimulating the work in an institution such as ours, and so ensuring continuity in the high character and reputation it has acquired. To Mr. Stanley the present generation owe much in all these respects. Without many advantages and certainly with many deficiencies, yet, with indomitable perseverance, he made his own position as a man of science, a surgeon in the first rank, a teacher of clinical surgery, almost without a rival in his day. With the full approbation of his professional brethren, he attained the highest honours which they could bestow on him. Throughout his long career he was ever the indefatigable worker, and almost in harness, it may be said, that he died, beloved and venerated by all who knew him. His career is a remarkable instance of a man starting in life at an early age, thrown on his own resources in a profession for which it would be said he had not received any sufficient educational training, yet taking to it and doing the work that came to his hand with all his might; early impressing his teachers that in him was one on whom the responsibilities of this great hospital and school might fitly be placed, culminating as the great master of clinical surgery, as the successful surgeon, as the honoured and trusted friend, and leaving behind him a record and a reputation which ought to and will endure for ages.

In depicting Mr. Stanley, I have endeavoured to do so honestly, not omitting his failings as I and others saw them, but equally I hope doing justice to his great and noble qualities. I have desired to present to you a man of no transcendent genius, nay, of hardly more than average ability, who, almost without fortune or friends, by his own unaided energy, having a good start in his professional life, so availed himself of his opportunities that he reached the topmost rung of the ladder. I stated in an early part of my address that Mr. Stanley's career was full of encouragement to every student of this hospital. I believe you will all admit I have made good that statement, for I hope you all feel that the course Mr. Stanley followed you can take, and that the position he gained is within the reach of any of you who will work as he worked, and strive to do his duty as Edward Stanley strove, and found alike pleasure and reward in his self-appointed task. I beg to thank you all most heartily for your patient attention to me.

THE result of the election to the Council of the Royal College of Surgeons, on July 5th, was:—

Mr. Howard Marsh	327
Mr. Reginald Harrison	266
Mr. James Hardie	250
Mr. Davies-Colley	215
Mr. Herbert Page	181

The first three were elected. We congratulate Mr. Marsh on being at the head of the poll.

Some Surgical Cases.

[*Reported with* MR. BUTLIN'S *kind permission.*]

THERE are some surgical cases which retain their interest for long periods of time. Such, for instance, as those operated on for the radical cure of hernia, varicocele, or varicose veins. We may watch them, if we are able to keep them under observation, for years, to note the ultimate success or failure of the operation. The same is the case with diseases such as myxœdema and cretinism, of which, though not strictly surgical, I have seen excellent examples in the surgical wards. Myxœdema is a disease the treatment of which is so modern that even now it would be unsafe to say that a patient has been absolutely cured by the administration of thyroid extract. We cannot say for certain that should the treatment be discontinued the patient will not relapse in time into the original condition. It is possible, therefore, that during a three months' period of dressing one might acquire too hopeful ideas on the subject of the treatment of certain diseases, which would be unfortunately dissipated by watching the case, or even seeing it once again after a lapse of a few months, or a year. The case of myxœdema which I quote has been under treatment for nearly two years, during which time I have constantly seen her. Appended is a short description of her condition on admission, and her progress under treatment.

J. H. H., widow, *æt.* 58, admitted to Sitwell, under the care of Mr. Butlin, on November 14th, 1892. *History:* widow 28 years; eight years ago noticed difficulty in walking, grasp became weak, pain in shoulders and legs; seven months ago lost appetite, abdomen began to swell, dyspepsia. B.O.—Catamenia ceased at 40.

P.H.—Born at Dorchester; left there *æt.* five, has since lived in Clerkenwell. Good health. No history of alcoholism.

F.H.—Unimportant; none of similar condition.

P.C.—Walked to hospital. P. 68, T. 97·6. Appetite fair. B.O.—Skin "ichthyotic." Hair black and coarse. Expression dull. Complexion clear and waxy. Eyelids slightly swelled. Lips somewhat livid, thick, dry. Tongue large, protruded evenly. Saliva copious, runs from mouth when patient lies on her side. Speech thick and slow. Gait staggering, feet do not feel the ground at first. Abdomen distended; liver extends from sixth rib to 2½ in. below costal margin; spleen not enlarged; no tumour can be felt; some dullness in both flanks not altered on movement. Chest, nil. Legs not swelled, veins varicose. Sensation slightly impaired, more marked on right side. Feeling of numbness in feet, hands, and thighs. Grasp, both hands equal but weak. No delayed sensory impressions.

Thyroid gland cannot be felt, except for a small mass on left side of neck. Urine copious, pale colour, sp.gr 1020, acid, cloud of alb.

November 20th, 1892.—Half a lobe of sheep's thyroid given twice a week, macerated in ʒii. beef tea. Patient remained in Hospital till December 21st, 1892, during which time she steadily improved. After each administration the temperature rose slightly, also a quickening of the pulse and sometimes diarrhœa. After discharge from the ward, came up twice a week for the dose till the end of January, 1893, after which she attended once a week. Improvement continued. Expression clearer and more intelligent, appetite improved, speech readier and more distinct, grasp stronger, gait natural.

January 30th, 1894. Patient attends regularly, appears now to be in a normal condition for her age. Now takes one of Burroughs & Wellcome's tabloids of thyroid extract (gr. v.) every three days. Has suffered a good deal from cough, and sometimes diarrhœa.

Equally interesting is the well-known case of sporadic cretinism, the boy "Henry," who has been in the Hospital on and off for the last seven years, and who was recently in Colston. The case is fully reported in a paper by Mr. Butlin in the last volume of the St. Bartholomew's Hospital Reports (Vol. xxix. p. 101). He has been treated for a similar period to the case of myxœdema with thyroid extract, first by subcutaneous injection, and then by the mouth, and has progressed marvellously. The curious part of the case is that he has now developed a lateral curvature of the spine. About this time last year he was complaining of pains in the lumbar spine, but nothing definite could be discovered; he has now a well-marked curvature. Whether this condition is due to his rapid growth as a result of treatment is a nice question.

Radical cure of Hernia in late life.—It is usually considered inadvisable or useless to perform this operation after the age of 50, or thereabouts. I will give brief notes of two cases, both over 65, on whom it was performed.

H. L., Charwoman, *æt.* 68. Admitted into Sitwell at 5.15 p.m. on January 14th, 1893, under Mr. Butlin, with strangulated left femoral hernia. *History:* 3 years lump in left groin with pain. Heavy work. Lump gradually got larger. 14 days ago pain worse, some vomiting. Yesterday violent vomiting. B.O. twice, but not at all to-day. During the night vomited "blackish stuff." Great pain in left groin. *P.C.* Very collapsed. Vomited some brown fluid of fæcal odour. Swelling in left inguinal region size of a pigeon's egg. Skin over it red, and slightly œdematous. No impulse on cough. Patient prepared for operation. Shaved, washed, and scrubbed with soft soap and water, then with carbolic (1:40), and a pad of lint soaked in carbolic (1:20), applied and bandaged on.

6.30 p.m.—$CHCl_3$, in theatre. Mr. Butlin applied taxis for a short time but the hernia could not be reduced.

The ordinary operation for the relief of the strangulation was then performed. Plain lint dressing was used, cotton-wool sponges and warm water for lotion. Patient rallied well after the operation. Nutrient enemata (Egg i. Milk and beef essence equal parts to ʒiv. with Liq. Pancreat: ʒi. and Sodæ Bicarb. gr. xxx.) were ordered every four hours.

Jan. 19th.—Wound dressed and found to be healed. A pad of lint soaked in carbolic (1:40) was applied.

Jan. 20th.—Operation for radical cure performed by Mr. Butlin. The wound was opened up and the sac freed. A double ligature was passed through the neck of the sac and tied on either side. The ends of the ligatures were then passed up the crural canal and there fixed to the crural arch, thus holding the neck of the sac well up. The fascia covering the Pectineus was then dissected up for about one square inch, turned up and sutured to the crural ring, thus closing the canal. Wound washed out and closed with catgut. Plain lint dressing.

Jan. 31st.—Wound dressed and found to be perfectly healed.

The chief points about this case are the very short duration of the strangulation, or at least of the symptoms and the excellent manner the patient withstood the shock of the two operations within a week. I have not seen or heard anything of the patient since she left the Hospital, and so am unable to give any report of the ultimate results of the operation for radical cure.

The case which follows is one of radical cure of hernia in a man of 67. Apart from the question of his age, great interest attaches to the intervention during recovery from the operation of gouty phlebitis. Books say very little about this condition, and the best account I can find of it is in Sir James Paget's Clinical Lectures (1875). The attack was sudden on the sixth day after operation, the constitutional disturbance slight, no tendency to suppuration or pyœmia, an "apparent metastasis" occurred in the opposite ankle; all these agree with the writer's account of the condition. He further says that it is very likely to recur, and oft recurrence leads to permanent results. Gouty phlebitis appears to be rare, though, doubtless, the condition often goes unrecognised, being set down to other causes. How the diathesis affects the veins, whether in a different manner to that which obtains in ordinary phlebitis, or why it should affect the veins at all, it is difficult to say. Doubless the pressure of the dressings was sufficient to cause some slight retardation of the blood stream and thus to determine the diathesis to that particular vein.

J. J. H., cordwainer, *æt.* 67. Admitted August 8th, 1893, to Colston, under Mr. Butlin, with left inguinal hernia. *History:* Noticed lump six months, always reducible. B.O.

P.H.—Good health. Attack of gout in left big toe ten years ago.

P.C.—Strong-built man. There is an incomplete, indirect, left inguinal hernia.

Aug. 9th.—Parts prepared for operation. Shaved, washed, and scrubbed with soft soap and water, rubbed with ether, then with carbolic (1:40), and finally a dressing of carbolic gauze soaked in carbolized glycerine (1:40) was applied, covered with protective, and bandaged on.

Aug. 10th.—Ether administered in theatre. Mr. Butlin performed Bassini's operation. An incision three inches over inguinal canal, which was laid open from end to end. In the canal was the sac of the hernia, containing a small loop of intestine. The sac was separated from the spermatic cord, and opened with scissors. The intestine was very adherent to the sac, and was separated with difficulty. Sac was drawn down, a double ligature passed through it and tied on either side, the part below cut off and the stump returned into the abdomen. No omentum was present. The abdominal muscles were then separated from each other, the internal from the external oblique, and the transversalis from the transversalis fascia. The internal oblique and transversalis, being drawn down, were ligatured by several separate silk sutures to the posterior border of Poupart's ligament. A small space was left at the upper end of this line of sutures for the cord to pass through. The aponeurosis of the external oblique was then united over the cord by a series of single silk sutures, and the skin finally closed by a continuous catgut suture. Carbolic gauze soaked in $HgCl_2$ solution (1:2000) was used for the dressing. Further, to prevent any swelling in the scrotum, and to lessen the chances of orchitis, a long strip of iodoform gauze was wound round the scrotum and fixed with a finger bandage.

Aug. 12th.—T. 100·2°; P. 104.

13th.—T. 100·2°; P. 100.

14th. T. 98·4°; P. 84.

15th.—Pain in left leg during the night. The left leg is distended and dusky in colour, superficial veins engorged. A tender point one inch below Poupart's ligament over common femoral vein. A diagnosis of gouty phlebitis was made. The dressings were examined and found not to be at all tight. The wound was perfectly healthy. Limb elevated and wrapped in cotton wool; hot bottles placed near. T. at night 101°; P. 100.

16th.—T. 98·6; P. 100. Mr. Waring reported that no tubercle bacilli could be found in the sputum.

21st.—Legs less swollen. Urine normal. T. normal.

28th.—Some œdema of right ankle. Left leg still slightly larger than right. No œdema. T. normal.

29th.—Wound found perfectly healed.

Sept. 4th.—Left leg now appears natural.

11th.—Up in afternoon. No swelling of leg afterwards.

22nd.—Discharged to Swanley.

June 13th, 1894.—Shown by Mr. Butlin at a clinical lecture. Operation perfectly successful. No further venous obstruction.

G. R. LOWE.

Abernethian Society.

A SPECIAL General Meeting of the Abernethian Society, at which about forty-five members were present, was held on Friday, June 8th, to consider the best method in which the Centenary of the Society could be celebrated.

The President (Mr Maidlow) was in the chair, and he explained the purpose of the meeting. He further stated that three proposals had been brought forward at the last meeting of the Committee. Some of the more flighty members thought they could not do better than hold a soirée for members and their friends. They would obtain permission to use the great hall and school buildings. In the former a band should play at intervals, and refreshments should be served, while in the latter, exhibits of scientific apparatus and instruments should be on view, and Dr. Kanthack had kindly offered to occupy one of the theatres with lime-light reproductions of physiological and pathological specimens. They also proposed to invite the co operation of the other societies and clubs connected with the Hospital.

The more sober-minded suggested that a more lasting memorial in the form of a new bust of Abernethy would be more suitable; while a third proposal was to start a library of philosophical works in the Society's room. The choice rested with the members present. The funds of the Society would allow an outlay of about £100, without encroaching upon their reserve fund. Mr. Maidlow then invited fresh proposals and discussion of those already made.

Mr. F. M. Burnett thought the money should be spent in improving the Reading Room, and providing reading desks for the papers. But this had no seconder.

Mr. Stack said he thought that they could not do better than hold a soirée. There was already a very excellent bust of Abernethy, and a second library at the Hospital was unnecessary. The present one originally belonged to the Society, and was handed over to the school by them. He proposed that the Centenary of the Abernethian Society be celebrated by holding a soirée, and that the Prince of Wales, or Duke of York, be asked to be present. Mr. Paterson seconded this, and further suggested that if there was any surplus money left, it should be spent as Mr. Burnett had proposed.

Mr. Maidlow then put the resolution to the meeting, and it was carried unanimously. The meeting then adjourned.

It is thought that about the middle of next January will be the best time to carry the resolution into effect, and each member is asked to help in making the whole thing a success. If any members have suggestions to make, the Committee will be very glad to receive them.

Notes.

DURING the past six weeks great progress has been made in the movement for the reconstruction of the University of London, on the lines of the Report of the Gresham Commissioners. The Convocation members of the Joint Consultative Committee, who were nominated by the late Annual Committee of Convocation, resigned when, by the vote of Convocation in electing the Annual Committee on May 9th, it became clear that they did not represent the views of Convocation in this matter. The new Annual Committee thereupon filled up the vacancies in the Joint Consultative Committee by electing Mr. H. Cozens-Hardy, Mr. Thistleton Dyer, Dr. Allchin, Rev. Dr. Cave, Professor Silvanus Thompson, Mr. Howse, Mr. Bassett Hopkins, and Professor Hill. Before, however, the Joint Consultative Committee could meet, exception was taken by a member of the Senate to the legality of these elections. When this became known, the Committee of Graduates, who are favourable to the scheme, presented a memorial to the Senate, with a list of 856 graduates who have signified their approval. This was laid before the Senate, and we understand very largely influenced their decision, for they immediately passed a resolution, with only two dissentients, expressing general approval of the Commissioners' scheme. At the same time they invited the Annual Committee to a conference with them upon what should be the terms of reference to the proposed Statutory Commission. We understand that the Annual Committee have had an interview with the Senate, when they laid before them the following resolution passed at the last meeting of the Annual Committee, viz. :—

> "That it is desirable to memorialise Government to take immediate steps for the appointment of a Statutory Commission to frame Statutes in general accordance with the Report of the Gresham Commission, with full power to make such modifications as they may see fit after conference with Convocation and other bodies affected."

Meanwhile, an important step was taken by Professor Ramsay, of University College, who, after some delay, succeeded in bringing together delegates from all the Institutions affected by the Report, and who had signified general approval of the scheme. This meeting included not only delegates from the various colleges and schools, but also from the Annual Committee of Convocation, which was represented by Mr. Anstie, Professor Silvanus Thompson, and Mr. Waring. This meeting was held at the Royal College of Physicians, on Saturday, June 30th, when it was found that all the bodies and institutions concerned, with the exception of King's College, were agreed, and the following resolution was passed :—

> "That this meeting of delegates from Institutions mentioned in the Report of the Royal Commission on the Gresham University desires to express, generally, its approval of the proposals contained in the Report of the Royal Commission, and would urge on the Government that a Statutory Commission be appointed at an early date, with power to frame Statutes and Ordinances in general conformity with the Report of the Royal Commission."

It was resolved also that this resolution be forwarded to the Government, with the request that they will receive a deputation on the subject. The solution of the problem of a Teaching University for London, which shall be worthy of the capital of the Empire, and has occupied the attention of specialists for ten years, is now in a fair way for final settlement.

* * *

WE are glad to learn that so many of the teachers at Bart.'s have been elected Examiners in Anatomy at the College of Surgeons. Mr. W. J. Walsham, the Senior Lecturer on Anatomy, has been appointed to examine for the Second Conjoint, Mr. C. B. Lockwood is to examine for the First F.R.C.S., in Anatomy, and Mr. W. H. Jessop has been appointed to examine in "Bones" for the First Conjoint.

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DR. E. CAUTLEY has been appointed an Assistant Examiner in Physiology for the L.S.A.

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MR. D'ARCY POWER has been re-appointed Examiner in Physiology for the Second Conjoint Examination.

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MR. A. A. BOWLBY and Mr. D'Arcy Power have been re-elected Demonstrators of Practical Surgery in the School.

* * *

MR. D'ARCY POWER has been re-elected Demonstrator of Operative Surgery, and Messrs. James Berry and H. J. Waring have been elected Demonstrators in this subject, in place of Mr. Bowlby and Mr. Lockwood, who have resigned.

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MR. R. C. BAILEY and Mr. W. Mc A. Eccles have been re-elected Assistant Demonstrators of Anatomy.

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DR. J. CALVERT has been re-elected Assistant Demonstrator of Practical Medicine, and Dr. F. W. Andrewes has been appointed Assistant Demonstrator, *vice* Dr. H. B. Garrod.

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MR. E. W. GROVES and Mr. E. C. Morland have been elected Assistant Demonstrators of Biology for the ensuing year.

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WE are very pleased to see what an excellent likeness the Hon John Collier has made of Dr. Andrew. It is a three-quarter length portrait, and Dr. Andrew is standing in his characteristic attitude, his right hand in his trouser pocket, and in the other hand his well-known stethoscope.

The Fifth Decennial Contemporary Club met for their Annual Dinner, on Thursday, June 28th, at the Hôtel Métropôle. Mr. Thomas Smith was in the chair, and there were about forty-five members present. Sir James Paget was present as a guest, and amongst the members were Dr. Thorne-Thorne, Sir Dyce Duckworth, Dr. Church, Dr. Gee, Dr. Hensley, Mr. Butlin, Mr. Marsh (secretary), Mr. Power, Dr. Brunton, Dr. Andrew, Dr. Lush (Weymouth), Mr. Simpson (Weymouth), Mr. Reginald Harrison, Dr. Jefferson and Dr. Haynes (Leamington), Dr. Godson, Dr. Oliver Fowler (Cirencester), Dr. Alfred Cooper, Dr. G. V. Helm (Marazion), Dr. Rayner Batten (Gloucester), and Dr. Alfred Coleman.

The Fourth Decennial Contemporary Club has become defunct, but the remaining members have joined the fifth. This Club holds its meetings on the last Thursday in June.

The Seventh Decennial Contemporary Club dined at the Café Royal, on July 4. There were seventy members present. Dr. Tooth was in the chair. The dinner passed off very pleasantly. After the usual loyal toast and that of the Club, proposed by the Chairman, Dr. Shelly, of Hertford, gave a recitation, which was received with great applause. Dr. Street, of Westgate, proposed the health of the Chairman, and Mr. Wallis that of the Secretaries, which was responded to by Mr. Bowlby. The company separated at about 10.30.

Steps have recently been taken to bring into existence the Eighth Decennial Contemporary Club of St. Bartholomew's Hospital. All members of the hospital who joined between the years 1886-1895, and subsequently became qualified, are eligible for membership.

Gentlemen who intend to become members are requested to send in their names to one of the honorary secretaries, viz. : A. A. Kanthack, Pathological Laboratory, St. Bartholomew's Hospital, E.C. ; or H. J. Waring, 15, Upper Brook Street, W.

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WE hope shortly to publish a history of the "Contemporary Clubs," with details of the original club as far as they are obtainable.

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MR. JAMES COOPER, L.R.C.P. (Lond.), M.R.C.S. (Eng.), has been appointed Casualty Officer and Registrar to the Great Northern Central Hospital.

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MR. M. M. BOWLAN, M.B., B.S. (Dur.), D.P.H. (Camb.), who has been an occasional Student of St. Bartholomew's during the past year, has been appointed Medical Superintendent to St. George's-in-the-East Infirmary.

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DR. ARTHUR G. HAYDON, M.D. (Brux.), M.R.C.S., L.R.C.P., has been appointed Physician in Charge of the Electrical Department of the National Hospital for Paralysis and Diseases of the Heart, Soho.

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T. G. DAVY, F. G. Sadler, and Hampson, have passed the Final Examination for the Degree of M.B. in the University of Oxford.

* * *

H. WILLIAMSON has passed the Second M.B. Cambridge, in Anatomy and Physiology.

* * *

G. V. BULL has passed the First M.B. Cambridge, in Biology.

* * *

J. DALEBROOK has passed the Preliminary Scientific Examination in Chemistry, at the University of Oxford.

G. W. MICKLETHWAIT and G. V. Bull, have passed the Chemical and Physical part of the First M.B. Cambridge.

* * *

F. E. A. COLBY, W. G. Peck, and H. M. Tickell have taken the Degrees of M.B. and B.C. in the University of Cambridge.

* * *

E. GILL has passed in Medicine, Forensic Medicine, and Midwifery at the Final L.S.A. ; A. L. Saunders has passed in Forensic Medicine and Midwifery; F. H. de G. Best and F. Clarke have passed in Forensic Medicine, and A. P. Woolright has passed in Midwifery.

* * *

J. H. THURSFIELD has passed the First M.B. Oxford, in Materia Medica and Organic Chemistry.

* * *

J. WILLIAMSON, M. Gepp, and S. Shore-Nightingale have passed the Examination for the D.P.H. of the Conjoint Board of the Royal Colleges of Physicians and Surgeons.

* * *

THE importance of the medical department of an army taking the field has been recognised for some time, and each year improvements are made in connection with this department. The mobilisation of Field Hospitals and Bearer Companies has been effected this year with a thoroughness which is quite without precedent. The mobilisation took place at Aldershot, and lasted from the 15th to the 29th of May, and the march past, before General H.R.H. the Duke of Connaught, on the Queen's Birthday, included full Medical Transport (*i.e.*, two Field Hospitals and two Bearer Companies, complete in every detail according to the regulations for Army Medical Services) for the first time. It is interesting to note that Surgeon-Major F. H. M. BURTON, an old Bart.'s man, was second in command of No. 13 Field Hospital; and that two of the officers of No. 3 Bearer Company, viz., Surgeon-Major E. J. E. RISK, and Surgeon-Lieutenant F. M. MANGAN, are old Bart.'s men.

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WE note also in the *London Gazette*, of June 22nd, that Surgeon-Captain W. AINLEY SYKES, M.B. (Lond.), D.S.O. 18th Bengal Lancers, is appointed Surgeon-Major. Surgeon-Major Sykes served with the Soudan Expedition, 1885 (Suakim Medal, with two clasps, Bronze star), and with the Burmese Expedition, 1886—87, (mentioned in despatches, *London Gazette*, 2nd September, 1887; medal, with clasp; D.S.O.).

Cases Worth Seeing.

MEDICAL.

Faith Ward, No. 3, M. æt. 3, diabetes.
Matthew Ward, No. 23, M. æt. 46, thoracic tumour.
Elizabeth Ward, No. 10, F. æt. 5, curious ataxic gait.

Amalgamated Clubs.

LAWN TENNIS CLUB.

On Wednesday, Thursday, and Friday (June 13th to 15th), the ties for the Inter-Hospital Challenge Cup were decided at Chiswick Park, in most lovely weather. The final results have not yet come to hand, but will be given next month. Unhappily, we did not get beyond the first round, where we were unfortunate enough to be drawn against the holders, St. Thomas's, and were somewhat severely beaten.

Six Singles and three American Doubles were played.

In the Singles, Bousfield alone of our men won his match. In the Doubles we did better, winning four out of the nine matches.

A detailed account will be given in the next issue.

The Match Team has still the same constitution, but the order of play has undergone a change—Martin, being beaten by Baird, 6—0, 8—6, having gone down from third to fourth, and Waterhouse, having scratched to Baird, and being beaten by Bousfield, 6—3, 6—1, going down from fourth to sixth, leaves the order at present:—J. C. Padwick (Captain), W. H. Crossley, R. F. Baird, T. Martin, S. Bousfield, R. Waterhouse.

Since the publication of the last number of the Journal we have played five matches (exclusive of Cup Ties), of which two have been won, and three lost.

On Wednesday, May 30th, we played Albemarle L.T.C. at Beckenham, and suffered defeat by 9 matches to 0, 18 sets to 1, 117 games to 50. Unfortunately, our Captain and best player, Padwick, was unable to play.

W. H. Crossley and R. Waterhouse	lost to B. Mason and R. Carr, 2—6, 4—6 lost to H. N. Alston and A. Simpson, 5—7, 1—6 lost to H. Hayman and S. Mason, 3—6, 0—6
T. Martin and F. E. Price	lost to Mason and Carr, 2—6, 1—6 lost to Alston and Simpson, 2—6, 2—6 lost to Hayman and Mason, 2—6, 0—6
R. F. Baird and S. Bousfield	lost to Mason and Carr, 2—6, 2—6 lost to Alston and Simpson, 7—9, 4—6 lost to Hayman and Mason, 1—6, 7—5, 3—6

On Saturday, June 16th, we played Willesden L.T.C. on their ground, and beat them by 5 matches to 4, 11 sets to 8, 79 games to 85. For them Inchbald and Kingston played very well, and had no difficulty in beating all our three pairs. In this match we were without Padwick and Bousfield.

R. F. Baird and T. Martin	lost to W. M. Inchbald and A. K. Kingston, 1—6, 2—6 beat R. Turnbull and R. C. Cooke, 6—4, 6—2 beat V. C. Palin and S. G. Wall, 7—5, 6—4
W. H. Crossley and R. Waterhouse	lost to Inchbald and Kingston, 1—6, 2—6 beat Turnbull and Cooke, 6—4, 6—4 beat Palin and Wall, 6—2, 6—2
A. Woollcombe and F. E. Price	lost to Inchbald and Kingston, 2—6, 0—6 lost to Turnbull and Cooke, 6—3, 3—6, 1—6 beat Palin and Wall, 6—4, 6—3

On Thursday, June 21st, we played Winchmore Hill L.T.C. at Winchmore Hill, and, after a capital match, were beaten by 5 matches to 4. Neither Baird nor Bousfield were able to play in this match, or the result would almost certainly have been reversed.

On Saturday, June 23rd, we played Strathray L.T.C. at Swiss Cottage, and defeated them without the loss of a match.

J. C. Padwick and T. Martin	beat Burrell and Atkin, 6—2, 6—3 beat French and Blakstone, 4—6, 8—6, 7—5 beat Routledge and Kent, 6—2, 6—4
R. F. Baird and S. Bousfield	beat Burrell and Atkin, 6—4, 4—6, 6—3 beat French and Blakstone, 1—6, 7—5, 6—3 beat Routledge and Kent, 6—1, 6—1
W. H. Crossley and F. E. Price	beat Burrell and Atkin, 7—5, 4—6, 6—2 beat French and Blakstone, 6—4, 4—6, 6—4 beat Routledge and Kent, 6—3, 4—6, 6—2

The result was, therefore, in our favour by 9 matches to 0, 18 sets to 6, 134 games to 95.

S. Bousfield is to be congratulated on gaining second prize in the Gentlemen's Singles 2nd Class Handicap in the Kent Tournament at Blackheath. In the Final he was only just beaten by 3 sets to 2.

The fixtures for July are:—

Wednesday, July 4th, Albemarle, at Beckenham.
Saturday, July 7th, Harold, at Upper Norwood.
Saturday, July 7th (2nd team), Albemarle, at Beckenham.
Thursday, July 12th, Beckenham, at Beckenham.
Saturday, July 14th, Tufnell Park, at Hilldrop Crescent.
Saturday, July 21st, Priory, at Herne Hill.
Saturday, July 28th, Willesden, at Willesden.

SWIMMING CLUB.

At a Committee Meeting, held on May 16th, the following dates were fixed for the Club Races:—

May 22. Captaincy Race.
June 4. 3 Lengths' Handicap.
„ 8. 3 Lengths' Variety Handicap.
„ 18. 6 Lengths' Handicap.
July 2. 6 Widths' Handicap.

It was also determined that the prize kindly given by Dr. Shore should be allocated to the 3 Lengths' Handicap Race.

Mr. J. S. Mackintosh was elected to represent the Club on the Finance Committee of the Amalgamated Clubs.

The following races have been decided:—

i. CAPTAINCY RACE (10 lengths. 300 yards). Won easily by W. F. Bennett. Two others started but failed to finish.

ii. THREE LENGTHS' HANDICAP. The heats were swum off on June 4th, four started in each heat.

Results:—

1st Heat { W. F. Bennett, Scratch 1
T. C. L. Jones, 13 secs. 2

2nd Heat { W. K. Hopkins, 15 secs. 1
J. S. Mackintosh, 10 secs. ... 2

The final was swum on June 11th, and resulted in a win for Hopkins, an arm's length only separating him from Bennett. Time, 79 seconds.

iii. THREE LENGTHS' VARIETY (Breast, Back, and Side). Heats were swum on June 8th, and resulted as follows:—

1st Heat { J. S. Mackintosh 1
W. K. Hopkins 2

2nd Heat { A. Hay 1
W. J. Codrington 2

The final of this race has yet to be decided.

iv. SIX LENGTHS' HANDICAP. Swum on June 18th. Only three competitors started for this race, which resulted:—

W. F. Bennett, Scratch 1
W. J. Codrington, 45 secs. 2

J. S. Mackintosh (20 seconds) also started, but did not finish. Codrington maintained his lead up to within half a length of the finish, when the scratch man, who had been steadily gaining, spurted and won by an arm's length. Time, 2 min. 28 sec.

WATER POLO MATCHES.

ST. BART.'S HOSPITAL *v.* PRIORY S.C.

Played on May 15th, at Fitzroy Baths, and won by 3 goals to 2.

TEAM.

T. C. Litler Jones, Goal.	J. S. Mackintosh, C. M. Welburn, W. J. Codrington, Forwards.
W. F. Bennett, L. Falkener, Backs.	
L. C. Thorne Thorne, Half-back.	

ST. BART.'S HOSPITAL *v.* TADPOLE S.C.

Played at Fitzroy Baths, on May 28th. Both teams played one short. At the call of time, the score being 2 goals all, an extra five minutes was played, during which the Tadpoles scored again, and the Hospital team failing to equalise, were defeated by 3 goals to 2.

TEAM.

J. S. Mackintosh.	C. M. Welburn.
L. Falkener.	F. G. Richards.
L. C. Thorne Thorne.	S. Mason.

ST. BART.'S HOSPITAL *v.* CYGNUS.

Played at Tunbridge Wells, on June 2nd, in the open-air bath, before a large and enthusiastic crowd of spectators.

The Hospital team was severely handicapped by the coldness of the water (54°), and had to retire defeated by 5 goals to nil.

In the first half the play was of a fairly even character, our opponents' goal keeper "saving" cleverly several times, while two goals were scored against us. After changing ends the play became very one-sided and the home team scoring three more goals, the game ended as stated above. A few minutes before the end of play two members of the Hospital team, overcome by the cold, wisely retired, our defence thereby being much impaired.

The following represented the Hospital:—

J. S. Mackintosh.	L. C. Thorne Thorne.
W. F. Bennett.	C. M. Welburn.
L. Falkener.	F. G. Richards.

W. J. Codrington.

ST. BART.'S HOSPITAL *v.* CAMBRIDGE UNIVERSITY.

Playing at Fitzroy Baths on June 15th. Defending the shallow end during the first half, the Hospital team, through Welburn and Mackintosh, scored twice; while Jones succeeded in keeping his goal intact. Soon after changing over Allason scored for the Visitors, and, nothing further being obtained by either side, a good game resulted in a win for the Hospital by 2 goals to 1. For the Hospital, Mackintosh and Bennett were especially prominent, while the whole team showed great improvement in combination.

TEAMS.

CAMBRIDGE.		ST. BART.'S HOSPITAL.
A. C. Blackett (Emmanuel)...	Goal	T. C. Litler Jones.
T. Downs (Trinity)	Backs	W. F. Bennett.
E. J. Scott (Trinity)		L. Falkener.
H. M. King (Emmanuel)	Half-back...	L. C. Thorne Thorne.
H. W. Allason (Trinity Hall)	Forwards ...	J. S. Mackintosh.
R. G. Cohen (Trinity Hall)...		C. M. Welburn.
J. D. Hoare (Trinity)		W. K. Hopkins.

ST. BART.'S HOSPITAL *v.* OTTER S.C.

Played on June 22nd, at St. George's Baths. Winning the toss the Hospital defended the deep end, but fared badly at first, two goals being scored by our opponents within the first three minutes. After this matters improved considerably and some neat passing ended in Mackintosh scoring shortly before half time. During the second half of the game, shots at goal were frequent on either side, Mackintosh being prominent forward and Litler Jones defending well at goal. However, nothing further was scored, and a very pleasant game ended in favour of the Otters by 2 goals to 1.

TEAM.

T. C. Litler Jones, Goal.		J. S. Mackintosh,
W. F. Bennett,	Backs.	F. G. Richards,
L. C. Thorne Thorne,		W. J. Codrington,
C. M. Welburn, Half-back.		

Forwards.

ST. BART.'S HOSPITAL *v.* OTTER S.C.

A return match was played at the St. George's Baths, on June 29th, when the "Otters" were again victorious, and this time by the larger score of five goals to nil. The Hospital team was weakened by the absence of Mackintosh, whose position forward was taken by Thorne Thorne during the first half, and afterwards by Bennett. This re-arrangement of positions seemed to throw the whole team out, as the passing, which has usually been good, was inaccurate, and in some cases the marking of opponents left much to be desired. But for the judgment displayed by Litler Jones in goal, the score against us would have been much larger than it was.

The Hospital team was composed of:—

T. C. Litler Jones, Goal.		L. C. Thorne Thorne,
W. F. Bennett,	Backs.	F. G. Richards,
L. Falkener,		W. J. Codrington,
C. M. Welburn, Half-back.		

Forwards.

Of the six matches played up to the present, two have been won and four lost. There remain three more club fixtures, in addition to the ties for the Inter-Hospital Cup, to be played before the end of the session.

ATHLETIC CLUB.

The 15th Annual Sports were held at Stamford Bridge, on Wednesday, June 27th. We were favoured with the best of weather, and, though the attendance was by no means good, yet it was an improvement on late years. It is a great pity that there is so little *esprit de corps* amongst Bart.'s men, and considering that there are quite 200 men at the Hospital who take no part in any branch of sport, they surely might summon up sufficient energy and interest in their own Hospital to encourage by their presence the various matches and sports in which Bart.'s men are engaged. We were glad to see the following members of the staff on the ground: Mr. Marsh, Mr. Butlin, Mr. Walsham, and Mr. Bowlby. Our best thanks are due to Mr. Butlin, for having so kindly filled the office of President this season, and for the handsome prize he presented for the 100 yards race. Also to Mrs. Butlin we offer our heartiest thanks for her kindness in presenting the prizes. Great disappointment was felt at the absence from the path of Mr. P. W. James, our Captain, who we regret to say is suffering from an injury sustained at football last season, and who will be unable to represent us in the United Hospitals' Sports; we thereby losing the certainty of winning the half-mile. We were glad to see Mr. B. C. Green back again from his travels, and hope that he will soon regain his pristine all-round form. The strangers' one mile handicap brought out ten competitors, with F. S. Horan, President C.U.A.C., at scratch. H. A. Byrne, with 30 yards start, won a good race by 5 yards from F. A. Cohen (60 yards), in $4'25\frac{3}{5}$. Horan ran well, though not thoroughly trained, finishing fourth in $4'30\frac{4}{5}$; had he run with better judgment at first, he would have got a few seconds inside 4'30. On the whole, our chances for the shield are good this year, and if those gentlemen who have been chosen to represent Bart.'s will train properly, we may hope to see it once more in its old place in the Library.

We must take this opportunity of expressing our thanks to the following firms for presenting us with prizes this year: Messrs. Maw, Son & Thompson, Messrs. Mappin Bros., and Messrs. Arnold & Son. Neither must we forget to thank those genuine sportsmen who acted as officials during the afternoon, and who do so much to help on athletics at the Hospital, namely: Mr. A. A. Bowlby, who is the originator of our Athletic Club, and who kindly acted as starter; Dr. Fletcher, late President C.U.A.C. (referee), Dr. Hayward and Mr. A. N. Wilde (judges), Mr. P. Furnivall (timekeeper). The band of the "T" Division of Police enlivened the proceedings with an excellent programme of music.

The following are the details of the events:—

HEATS OF 100 YARDS LEVEL (PRESIDENT'S PRIZE).

Heat 1.—Cornish, Hay, B. C. Green, Worthington, Mason, and Maturin.

RESULT.

Cornish 1
Hay 2

Time, $10\frac{3}{5}$ secs.

Heat 2.—Johnston, Baird, Marshall, Lance, and Nunn.

RESULT.

Johnston 1
Baird 2

Time, 11 secs.

Heat 3.—Mackintosh, Stone, Deck, Harvey, and Green.

RESULT.

Mackintosh 1
Stone 2

Time, $11\frac{1}{5}$ secs.

FINAL OF THE 100 YARDS (LEVEL).

In this event the first two in each heat ran.

RESULT.

Cornish won by two yards from Johnston, who was second.

Time, $10\frac{2}{5}$ secs.

HIGH JUMP.

S. F. Smith and Green, scratch; Mackintosh, Hay, Stone, and Baird, 3 in.; and Bennett, 6 in.

RESULTS.

Stone ..... 5 ft. 6 in. 1
Smith ..... 5 ft. 7 in. } 2
Baird ..... 5 ft. 4 in. }

In this event Stone jumped extremely well. His style is good, and, with practice, should add on a good many inches.

HEATS OF 120 YARDS HANDICAP.

Heat 1.—Mason, 4 yds.; Nunn, 6 yds.; Price, 6 yds.; Simmonds, 12 yds.; Bennett, 8 yds.; and Harvey, 7 yds.

RESULT.

Nunn 1
Harvey 2

Time, $12\frac{4}{5}$ secs.

Heat 2.—Hay, 3 yds.; Baird, 5 yds.; Maturin, 6 yds.; Marshall, 7 yds.; and Woolcombe, 10 yds.

RESULT.

Baird 1
Hay 2

Time, $12\frac{3}{5}$ secs.

Heat 3.—Worthington, 6 yds.; S. F. Smith, 7 yds.; Lance, 8 yds.; and Stone, 6 yds.

RESULT.

Stone 1
Smith 2

Time, $12\frac{4}{5}$ secs.

Heat 4.—Mackintosh, 2 yds.; Powell, 6 yds.; Fernie, 8 yds.; Green, scratch; Woodbridge, 5 yds.; and Deck, 9 yds.

RESULT.

Woodbridge 1
Green 2

Time, $13\frac{1}{5}$ secs.

FINAL OF 120 YARDS HANDICAP.

In this the winners of each heat and the second of the two fastest heats ran.

RESULT.

Baird, 5 yards 1
Nunn, 6 yards 2

Time, $12\frac{1}{5}$ secs.

Baird won this event with the greatest ease. With a little more training he should show up well in the United Hospitals' Sports.

PUTTING THE WEIGHT.

Bennett and Mackintosh, scratch; Lance and Maturin, 3 ft.; Stephenson and Baird, 4 ft.; and Deck, 6 ft.

RESULT.

Bennett	34 ft. 6 in.	1
Mackintosh	34 ft. 4 in.	2
Maturin	—	3

In this event Bennett only beat Mackintosh by 2 in., but if Bennett would only learn to master the orthodox method of "putting," we feel sure that he would improve very considerably.

HEATS OF 120 YARDS HURDLES.

Heat 1.—Johnston, owes 20 yds.; Baird and Smith, scratch.

RESULT.

Johnston 1
Smith 2

Time, $19\frac{1}{5}$ secs.

This heat was won very easily by three yards.

Heat 2.—Green, owes 15 yds.; Woodbridge, owes 5 yds.; Nunn, scratch.

RESULT.

Woodbridge 1
Nunn 2

Time, $19\frac{3}{5}$ secs.

Woodbridge won easily. Green did not finish.

FINAL OF 120 YARDS HURDLES HANDICAP.

RESULT.

Woodbridge, owes 5 yards 1
Johnston, owes 20 yards 2

This race was the prettiest of the day. Everybody felt very sorry not to see Johnston win, since he owed 20 yds. and came home in the splendid time of $19\frac{1}{5}$. Woodbridge just cleared the last hurdle a yard in front of Johnston, and won by a mere shadow.

FRESHERS' 220 YARDS (LEVEL).

Mason, Hartley, Maturin, Howell, Nunn, Price, and Stone.

RESULT.

Mason 1
Nunn 2

Mason won by five yards.

QUARTER MILE (LEVEL) FOR CHALLENGE CUP

(*Presented by Mrs. Harrison Cripps*).

Cornish, Johnston, Powell, Hay, Baird, and Mason.

RESULT.

Cornish 1
Mason 2

Time, $53\frac{3}{5}$ secs.

In this event a better race than actually took place was expected, since Cornish, Mason, Johnston, and Hay, had been credited with far better times than they actually performed. Cornish, taking the lead from the start, was only once threatened by Mason in the home straight, but maintaining his lead, he won easily by five yards.

LONG JUMP.

Green, scratch; Mackintosh and Nunn, 6 in.; Hay, 9 in.; Deck, 12 in.; Bennett, 18 in.; Simmonds, Cholomley, and Price, 24 in.

RESULT.

Nunn	19 ft. 7 in.	1
Green	20 ft.	2
Simmonds	—	3

Nunn jumps in very good style, but, like the other Freshers, needs a good deal of practice.

ONE MILE HANDICAP OPEN.

This race was won by H. A. Byrne (S.L.H.), with 30 yds. start, in 4 min. 25⅗ sec. F. A. Cohen (L.A.C.), with 60 yds., was second, five yards behind Byrne. F. S. Horan, President of the C.U.A.C., H. A. Munro (Guy's Hospital), P. J. Mould and J. E. Mould (St. Mary's Hospital), W. H. Kendrick (London Hospital), H. R. Tracey (L.A.C.), S. A. Musson (S.L.H.), and P. E. Crisp (L.A.C.), also ran.

HALF-MILE HANDICAP.

Mason, 15 yds.; Cholomley and Harvey, 50 yds.; Brunt, 55 yds.; Simmonds, 70 yds.; and Price, 80 yds.

RESULT.

Cholomley	1
Mason	2

ONE MILE HANDICAP.

Johnston, 50 yds.; Hopkins, 70 yds.; Mundy, 110 yds.; Howell, 100 yds.; and Price 200 yds.

RESULT.

Mundy	1
Johnston	2
Hopkins	3

THROWING THE HAMMER

RESULT.

Mackintosh, scratch	95 ft. 6¼ in.	1
Bennett, 10 ft.	—	2

The following have been chosen to represent Bart.'s in the United Hospital Sports, on Saturday, July 14th. The heats to be run off on Wednesday, July 11th:

100-yards—C. V. Cornish and J. Johnston.
220-yards—C. V. Cornish and K. F. Baird.
Quarter-Mile—C. V. Cornish and A. N. Other.
Half Mile—S. Mason and A. Hay.
One Mile—H. Mundy and M. A. Cholmeley.
Hurdles—J. Johnston and W. R. Woodbridge.
Weight—W. F. Bennett and J. S. Mackintosh.
Hammer—J. S. Mackintosh and W. F. Bennett.
Long Jump—J. S. Mackintosh and J. H. W. Nunn.
High Jump—S. F. Smith and G. W. Stone.

* * *

In the United Hospital Sports, held on Saturday, July 14th, we again captured the CHALLENGE SHIELD, winning six events. A full report will be given in the August number.

Concert given by the Members of the Junior Staff and the Musical Society.

ON Thursday, June 28th, the Junior Staff and Musical Society in conjunction, gave their Annual Summer Concert in the Great Hall. Despite the fact that the day was one of the hottest we have had this summer, and that the evening brought no coolness, the Concert was well attended,—indeed there were not seats for all. The House Surgeons' Quarters were decked for the occasion, and during the long interval their dusty dinginess was brightened by the unwonted presence of many pretty dresses and pretty faces convoyed thither in search of refreshment.

One word about the refreshments. For those who had a "friend at Court," or rather amongst the House Surgeons and Physicians, they left nothing to be desired, Buszards had obviously sent of their best; but for those who were left to pass the interval in the Hall, or strolling round the Square, there were none. In former years—if our memory tells us truly—although the "private" refreshments were none the less plentiful, tea and coffee at least were provided for the less fortunate visitors, but this year no such supply was forthcoming, and we heard many complaints from those who were "sent empty away."

The programme, as will be seen, was a long one. We give it here in full:—

1. OVERTURE	"Oberon"	*Weber*
2. SONG	"The Garland"	*Mendelssohn*
	Dr. SCHOLEFIELD.	
3. SOLO (HORN)	Selection	
	Mr. W. F. BLANDFORD.	
4. SONG	"Masks and Faces"	*J. L. Molloy*
	NURSE POLDEN.	
5. SOLO (FLUTE)	"Romance"	*A. Cellier*
	MR. WALTON.	
6. CANTATA	"The Wreck of the Hesperus"	*T. Anderton*
7. ORCHESTRA	Military Overture	*Mendelssohn*
8. SONG	"She wore a Wreath of Roses"	*Knight*
	Dr. WEST.	
9. PART SONGS	1. "Moonlight"	*Eaton Faning*
	2. "The Three Merry Dwarfs"	*A. C. Mackenzie*
10. SONG	"Thady O'Flynn"	*J. L. Molloy*
	NURSE POLDEN.	
11. ORCHESTRA	Three Dances (Henry VIII.)	*Ed. German*
12. SONG	"Once"	*Arthur Kerney*
	NURSE MOORE.	
13. PART SONG	"O, who will o'er the Downs so free"	—
	THE JUNIOR STAFF.	
14. SOLO (OBOE)	1. "Romance"	*Ed. German*
	2. "Bourée"	
	Dr. AUSTEN.	
15. GLEE	"Sleep, gentle Lady"	*Bishop*
16. CHORUS AND ORCHESTRA	Gipsy Chorus (Il Trovatore)	*Verdi*

In commenting upon it, we must, first of all, congratulate the orchestra,—as amateurs their performance was extremely creditable, and in the "Three Dances" in particular, they were really excellent; their time, a weak point generally in the Bart.'s Orchestra, was admirable throughout. It is true that in the Cantata they did try to drown the vocalists, but we question whether this even was not well meant.

Dr. Scholefield's song, together with a second, which was put in as an addition to Part II., was very well sung. Dr. West's "She wore a Wreath of Roses" received tremendous applause, twice Dr. West was recalled to the platform, but though the demand was maintained with a determination that deserved a reward, Dr. West was inexorable and could not be persuaded to give an "encore."

The Instrumental Solos were decidedly good, especially Mr. Walton's flute solo, "Romance," which was played in excellent style.

Nurse Moore sung Arthur Kerney's "Once," charmingly; it was a pity that her name did not appear a second time on the programme. Nurse Polden also sung extremely well.

The weaks points in the programme were the Part Songs, and more especially the Cantata, each of these was still in want of much careful practice.

A great deal of interest was excited during the evening in the Junior Staff Part Song, by a rumour that though a few of the singers had been over the song together on two occasions, there had not been one complete practice. The Junior Staff, however, proved equal to the occasion, and their rendering of "O, who will o'er the Downs so free," was really a great success, though one lady, when told afterwards that there had been no practice, was heard to say, "I'm not surprised to hear it." We, editorially, think this a very unfair criticism.

A word of praise must be given to Nurse Hay, whose piano accompaniments were admirably played. Dr. Burns' re-appearance at the piano carried one's memory back to previous years.

The "Junior Staff Concert" constitutes one of those few happy occasions on which one sees so many faces of Old Bart.'s men, who seldom honour their Alma Mater with a visit, and while *Réunions* of this sort are so scarce, we feel that our thanks are due to the givers of the Concert in a double sense, and we trust that the "Junior Staff Concert" may never be allowed to lapse.

Presentation to Dr. Andrew.

ON July 28th, Sir James Paget, on behalf of Dr. Andrew's numerous friends, presented him with his portrait.

The ceremony took place in the anatomical theatre. Sir Trevor Lawrence in the chair. The theatre was crammed from floor to ceiling; nearly all the staff were present, together with the Matron, many of the nurses, and other ladies. The area was prettily decorated with flowers and ferns from Dr. Andrew's old wards. To any who knew him it is needless to say what deep regret all felt when he left us, and with what genuine enthusiasm his appearance at the ceremony was greeted.

Sir James Paget, who was received with cheers, said he was sure he would give Dr. Andrew pain in having to refer to him in a way which it was his duty to do, knowing, as he did, that Dr. Andrew's modest and retiring disposition made him dislike being praised in any way; but, at the same time, he could not help being sure that it would give Dr. Andrew pleasure in feeling that so many of his friends and pupils were in this way testifying their appreciation both of his good works and constant friendship. Of all the duties he had to perform, none could give him greater pleasure than being that day chosen as the spokesman of the many friends who had subscribed to the portrait they had before them; and he was proud to be able to say of Dr. Andrew, that he (Dr. Andrew) had been his pupil, and to testify to his constant, diligent work, his keenness after truth, and his great care and kindness to his patients.

Dr. Andrew had been his pupil, his colleague on the Staff of this Hospital, his constant friend, and, lastly, his physician; and he felt sure it was greatly owing to him that he was in such good health and strength as to be able to attend to-day.

He was glad that the Hon. John Collier had been able to paint such a speaking likeness.

Dr. Andrew was received with prolonged cheering, and seemed deeply affected. He said he considered this day one of the proudest in his life; that next to his home he had spent his happiest days at St. Bartholomew's. It was here that he was enabled to carry out the two great pleasures of his life, the teaching of students and the care of the sick. He wished here to say how much he appreciated the help he got in the latter from the nursing staff.

He felt very much the great compliment that had been paid him, and in return he asked Sir Trevor Lawrence if he would accept the portrait on behalf of the Hospital.

It was true that Sir James had pained him in some of the kind words he said, for he did not think that he had deserved them, but it was more than made up for by the pleasure he had in the honour that had that day been done him.

Sir William Savory said that in these days of advertisement, it was refreshing to hear the remarks which Sir James had made, and which he so well knew how to make, about Dr. Andrew, who, ever the most modest of men, had always endeared himself to those around him. And in this place, where he was bound to say he felt so thoroughly at home, he wished to thank Sir James, who always said the right thing in the best possible manner, for coming to-day to do honour to their friend so richly deserving of it.

Sir James Paget then said how glad he was to be able to act as spokesman for the others, and thanked Sir William, another pupil of his, for the kind words he had uttered.

Dr. Church proposed a vote of thanks to Sir Trevor for acting as Chairman, and he took this opportunity of saying how Sir Trevor always endeavoured to forward, in any way he could, the interests of the medical school.

Sir Trevor Lawrence, on behalf of the Governors of the Hospital, accepted Dr. Andrew's gift, and said he thought no place was better fitted for the portrait than the great Hall, among those of many other eminent men who had added to the fame of the Hospital by their good works.

He well remembered having heard his father (Sir William Lawrence) remark concerning Dr. Andrew, "Now, a man of his diligence and conscientious hard work could make his mark without the intervention of any outside interest."

He thanked Dr. Church for his kind words, and said he wished to do what he could to forward, as far as he was able, the interests of the medical school.

After the meeting, the students waited for Dr. Andrew in the square, and on his appearance at the school steps they loudly cheered him; while he, holding up his hand, remarked with ever characteristic thoughtfulness, that there were patients in the wards whom their cheering might disturb.

Hospital Golf.

STAFF *v.* JUNIOR STAFF AND STUDENTS.

The result of this keenly-contested match was as follows:—

STAFF.		JUNIOR STAFF AND STUDENTS.	
Mr. T. Smith	0	Mr. F. W. Robertson	3
,, H. Marsh	5	,, J. R. Smith	0
,, A. A. Bowlby	0	,, Hargreaves	4
Dr. Herringham	5	,, Furnivall	0
,, Calvert	0	,, Ellacombe	7
	10		14

DR. CALVERT *v.* MR. G. W. ELLACOMBE.

This tie was played off at Mitcham, on Thursday, June 28th, in glorious weather, and resulted in a win for Mr. Ellacombe by 7 up.

Dr. Calvert won the toss, but missed his drive, and Mr. Ellacombe, getting well off, won the first hole in 5. The 2nd, 3rd, and 4th he also won.

Dr. Calvert won the 5th, lost the 6th, but won the 7th; Mr. Ellacombe losing his ball in the pond.

Mr. Ellacombe won the 8th and divided the 9th, so that at the turn Mr. Ellacombe was 4 up. The 10th and 11th were divided, 12th, 13th, and 14th, won by Mr. Ellacombe, the 15th divided, the 16th won by Dr. Calvert, the 17th divided, and the 18th won by Mr. Ellacombe.

Mr. Ellacombe on several occasions had the better luck, and most of the holes were well fought out, Mr. Ellacombe winning many of them by one stroke only. Dr. Calvert was also greatly handicapped, not knowing the course, and was also off his drives, a fatal thing on such a course as Mitcham.

MR. T. SMITH *v.* MR. F. W. ROBERTSON.

Play was not very good for the first six holes. Mr. Robertson was at that time 2 up. Subsequently he got 3 up, and then lost 2 holes, recovering at the 14th: the 15th became "dormy," the 16th hole was won by Mr. Smith, the 17th by Mr. Robertson, and the 18th halved, Mr. Robertson winning with 3 up.

MR. BOWLBY *v.* MR. HARGREAVES.

Mr. Hargreaves took the first 4 holes in 5, 3, 6, 4, Mr. Bowlby having hard luck with his second at both the 3rd and 4th. Mr. Bowlby won the 5th with a fine put. The 6th was halved. Mr. Bowlby took the 7th, the 8th was halved. Mr. Bowlby lost his ball at the 9th, making Mr. Hargreaves 3 up at the turn. Mr. Hargreaves took the 10th and 11th. Mr. Hargreaves' drive landed him in a ditch at the 12th, and the hole fell to Mr. Bowlby. The 13th was halved, the 14th going to Mr. Bowlby with a fine put. Mr. Hargreaves just managed to halve the 15th with a long put, making him "dormy" 3. Mr. Hargreaves took the 16th, the 17th was halved. Mr. Hargreaves managed to halve the 18th. Mr. Bowlby having a stymie laid him when he was within eighteen inches of the hole.

Reviews.

NATURE'S HYGIENE, by C. T. Kingzett, F.I.C., F.C.S., published by Ballière, Tindall, & Cox, price 10s.—This is the fourth edition now before us. As the name of the work indicates it is an attempt to place before an unscientific and untrained public some of the most important hygienic processes effected by nature, in a language easy of comprehension. Looking at the immense scope of the work one is astonished that so much can be ably and clearly treated in a matter of five hundred pages, printed in large type. The "educated public" will, however, find some of the chapters on chemical processes considerably beyond its understanding. Yet it is in this part of the work that the author is most at home and most to be relied on. Were it not for his exposition on the marvellous properties of Sanitas Oil, especially in its antiseptic virtues, we could speak more strongly in praise of his deductions. A new chapter on Alimentation and Foods is included, without any special advantage to the work as a whole; several statements in this might be criticised, such as the connection of scurvy with a diet wanting in fresh meat, and the assertion that Condensed Swiss Milk, diluted in the proportion usually allowed for children, is too rich in nitrogenous food stuff. Phagocytosis and immunity are also discussed, and sufficiently clearly to give a reader unacquainted with the subject a general idea of what is meant by these terms. The bacteriological part of the work as a whole requires careful revision, and that by a competent bacteriologist. Much of it is far from up-to-date and much is unreliable. Thus the author appears to accept Lewis's comma-shaped bacillus, found in the mouth and fauces, as identical with Koch's cholera bacillus, merely because it is "identical in size, form, and reaction with dyes." Arguing, too, against the germ theory, it is "urged that it is almost, if not quite, practically impossible to perform an inoculation experiment in which, with absolute certainty, only one specific micro organism is employed." One is almost tempted to conclude that the author has never even seen, much less performed, inoculation with the pure cultures of the modern bacteriologist. A certain amount of revision by a physician would not be a disadvantage, and might prevent the introduction of such statements as this: "When the poison thus imbibed finds a home in the intestines, *typhus* fever may result"; surely typhoid fever must be meant. Of the book as a whole we may speak in partial commendation, and a scientific reader may find a fair amount of useful facts in it. Still we cannot recommend it unreservedly either to the student or to the general public. It is insufficient and not accurate enough for a systematic manual of Natural Hygiene, and on the other hand beyond the comprehension, in many parts, of the general public.

Birth.

PRUEN.—June 10th, at Sherborne Lodge, Cheltenham, the wife of S. Tristram Pruen, M.D., of a son.

Marriages.

CUTCLIFFE HAYWARD.—June 13th, at St. Clement's, Liverpool, Montagu Cutcliffe, L.R.C.P., M.R.C.S., of North Tawton, Devon, youngest son of George Cutcliffe, J.P., C.C., of Witheridge, North Devon, to Marion, elder daughter of the late William Hayward, of St. David's, Southsea.

MILES-SAVORY.—June 14th, at the Church of St. Bartholomew the Great, Smithfield, by the Rev. B. Savory, Rector, assisted by the Rev. J. Stuart-Fox, Vicar of St. Paul's, Ballspond, Wilfred, eldest son of Edward Miles, of Finsbury-circus and East Finchley, to Florence, youngest daughter of Charles T. Savory M.D., of Canonbury.

ROLLESTON-OGILVY.—June 18th, at Christ Church, Lancaster-gate, W., by the Rev. Hugh Hanmer, B.A., Humphry Davy Rolleston, M.D., F.R.C.P., Fellow of St. John's Coll., Cambridge, eldest son of the late Professor Rolleston, M.D., F.R.S., of Oxford, to Lisette Eila, daughter of F. M. Ogilvy, Esq., of 62, Queen's-gardens, Hyde Park, W.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette, St. Thomas's Hospital Gazette, St. George's Hospital Gazette, "Diseases of the Nose and Throat,"* by DE HAVILLAND HALL, M.D., F.R.C.P. (H. K. LEWIS), *The Student.*

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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 EDITOR; *or to* T. W. SHORE, M.D.; *or to* ANTHONY A. BOWLBY, *Treasurer; at the Hospital.*

St. Bartholomew's Hospital Journal,

AUGUST 14th, 1894.

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

IT would be neither fitting nor proper for us to pass over without special comment such an occurrence as the recovery of the Athletic Shield. We say *recovery* of the Shield, for when Guy's robbed us of it in 1892 we had come to look upon it as a permanent ornament to the Bart.'s Library. To men who were students at the Hospital during the seven years between 1885 and 1892 the Shield constituted an important feature in any mental picture of the Library, and it seemed difficult to realise that another hospital had actually taken it, when in 1892 it disappeared from its wonted position.

We cannot but admit, however, that the result of the contest in 1894 came as a surprise to most of us, and we should be guilty of unsportsmanlike conduct were we to make no reference to the fact that H. T. Bell, the Guy's champion, had injured his foot a short time previously. To this cause, although it does not seem to have interfered with his running in the "hundred," and did not prevent his winning the "long jump," is perhaps attributable the fact that in the "220" and the "high jump" he was beaten by men whose performances did not equal his own in previous years.

Reflection upon this recalls to our mind the recollection that in recent years fickle Fortune's hand has been tightly closed upon her favours as far as Bart.'s has been concerned, and we cannot but remember, amongt other things, that in 1892 she was particularly unkind to us in the Athletic Sports, illness preventing several of our best men from competing; that in the season 1890-91, our Association Team, having played into the final for the Senior London Cup, a unique record, we believe, for a hospital team, was beaten by St. Thomas' in the final for the Inter Hospital Challenge Cup; and that in 1892-93 accident and illness robbed our Rugby Team of some of its best players, and thus prevented our making even a good fight for the Cup. But enough of regrets. We congratulate those men who represented the Hospital in this year's sports, and, being many of them Junior men, we trust that in future years they will do the Hospital equally good service.

We would point out to them, however, that this can only be done by consistent training, and that no cause of failure is more potent than over-confidence of success.

At the same time, even the winning of the shield does not wipe out the disgrace—for disgrace indeed it is—that in this large hospital, with so many students, we do not at present hold either of the Football Challenge Cups, also that though we have indeed never yet lost the Water Polo Cup, we are seldom, if ever, visited by the Cricket, Tennis, Rowing, or Rifle Cups.

Now that we have a good ground of our own, easy of access, and with an excellent pavilion in course of erection, we hope that the first step has been taken towards the remedy of some, at least, of these evils; and we trust that when once our Clubs have taken up their abode at Winchmore Hill they will be more generally supported, that such a condition of things will obtain that no man will think of playing for an outside club when he is wanted by the Hospital, and that Bart.'s will take that position in the athletic world which is suited to so large a collection of men, and to the oldest Hospital in London.

Clinical Lecture on the Radical Cure of Inguinal Hernia.

With a detailed description of the Operations and of the after-treatment of the Patients, by

H. T. BUTLIN, F.R.C.S.

GENTLEMEN,—A year and a-half ago I gave a lecture on the radical treatment of hernia, in which I advocated the performance of the operation, and dealt with the subject in general terms. At that time I suggested that these operations have been gradually growing in favour in the Hospital, and ventured to predict that as many operations would be performed during the year 1893 as had been performed in the ten years from 1882 to 1891 inclusive.

That prediction has been more than fulfilled, for Mr. Berry tells me that 102 operations for the radical cure were performed during the year 1893, compared with 50 operations during the ten years, and during the year in which my lecture was delivered (1892) 40 operations were performed; so that the last two years have furnished 142 of these operations, to compare with 50 in the previous ten years. These operations have occurred in the practice of most of the surgeons and assistant-surgeons, although a great many of them were performed by Mr. Lockwood and myself.

As operations for the radical cure of hernia are likely to take a very large place in the work of the future, it is very important that they should be performed with the best prospect of success. To ensure this, it is desirable not only to select a good operation from among the many which have been designed, but to carry out every detail of it with the greatest care and thoroughness. My lecture to-day has for its object to give you a detailed description of the operations I am in the habit of performing for the cure of inguinal hernia, and the conditions which I believe to be conducive, if not essential, to success.

The operation which I have most frequently performed is that which is called after Professor Bassini, of the University of Padua. So far as I am aware, it does not differ largely from that practised by the French surgeon, M. Lucas-Championnière; but I prefer Bassini's operation, because the description of it is very clear, and the surgeon knows what is intended to be done, and how to do it.

It is divided into four stages, and I shall give the description according to the translation of Professor Bassini's paper, which I made for myself.

FIRST STAGE.—The skin is incised along the whole length of the inguinal canal, and the hæmorrhage is arrested.

SECOND STAGE.—The aponeurosis of the external oblique is divided from the external to the situation of the internal ring, the edges of the incision are turned, one up, the other down, the cord and the neck of the sac are isolated and raised up *in toto*. The forefinger is passed beneath these structures, and the neck of the sac is isolated from the cord up to the opening of the hernia. This isolation of the neck of the sac must be carried up to the iliac fossa—that is up beyond the mouth of the sac itself. The body and base of the sac are then isolated, the sac turned outwards, opened, and its contents examined. The contents, with the exception of thickened omentum (which is removed), are reduced, the mouth of the sac is closed, and the part beyond the ligature is cut away.

THIRD STAGE.—The cord is lightly drawn up on to the abdominal wall and, if necessary, the testis with it. The lower margin of the incision in the aponeurosis of the external oblique is turned downwards, and its under aspect cleared until the posterior margin of Poupart's ligament is displayed, which must be cleared as far up as half-an-inch above the point at which the cord issues from the pelvis. Then, the outer border of the rectus abdominis and the three-fold layer (formed by the internal oblique, the transversalis muscle, and the transversalis fascia) are separated from the aponeurosis of the external oblique in front, and from the sub-peritoneal fat behind, until this three-fold layer can be easily approached to the posterior margin of Poupart's ligament. The three-fold layer is fastened to the posterior margin of Poupart's ligament over a length of about three inches outwards from the spine of the pubes, so as to push the cord a little further up than natural towards the anterior superior spine of the ilium. For this fastening, single thick catgut sutures are best, and they should be inserted through the three-fold layer at least an inch above its lower margin, so as to have a good grip of the muscle. The two sutures nearest to the spine of the pubes are made to take in the outer border of the rectus abdominis muscle.

FOURTH STAGE.—The cord and testis are replaced. The edges of the incision in the aponeurosis of the external oblique are united, and so far down as to diminish the size of the external ring; and the skin incision is also closed.

Such is the operation of Bassini, a somewhat severe proceeding, but well-designed and likely to be successful, if it is carried out thoroughly in suitable cases. I should probably have continued to treat almost all patients on whom I operated for the cure of inguinal hernia, by this method, had I not been so fortunate as to see a series of cases which had been treated by Mr. Silcock very successfully by a less severe operation. Mr. Silcock did not describe his operation in detail, but spoke of it as a slight modification of the operation of Lucas-Championnière. I could not, however, find much resemblance, in the short description he gave, to that of Championnière. It seems to be adapted for cases in which the patient is young, the hernia not large, and the parts in good condition. In fact, for those cases of inguinal hernia which are most favourable for an operation.

As I have performed it, this operation is as follows:—

The situation of the internal ring and the inguinal canal for a part of its distance downwards are exposed.

The sac is found and separated from the structures of the cord, and the separation is carried up to the point where the sac joins the parietal peritoneum.

The sac is opened and its contents are reduced or treated in the same way as in Bassini. The sac is then twisted well up to the peritoneum, a double suture is passed through its twisted neck, and the neck is tied. In order to maintain the twist, I pass one end of one of the two ligatures (for the neck is tied like the stump of an ovarian tumour) up through the twisted sac for a distance of about two-thirds of an inch, this end is then passed through the three-fold layer (described above); the other end of the same ligature is passed through the same layer at another point, and the two ends of the ligature are tied together, so as to draw the stump of the sac upwards and outwards, that is, in a direction contrary to that which it occupied in the inguinal canal.

No attempt is made to re-construct the wall of the inguinal canal. The wounds in the aponeurosis of the external oblique and in the skin are closed, and the operation is concluded.

Whether Bassini or the twisting operation is performed, it is exceedingly important that every care should be taken to avoid the occurrence of suppuration, not only because convalescence is rendered much slower by it, but because it is generally thought that recurrence of the disease is much more likely to take place if there is deep-seated suppuration. With this in view, the operation is performed with every antiseptic precaution, and I know no operation which affords so good a test of a method as this operation for the radical cure of inguinal hernia. The least want of care is almost certain to be repaid by suppuration, more or less profound and profuse.

Preparation of Patient, &c.—The bowels are cleared as usual before all operations. The whole of the pubic region and scrotum is carefully shaved on the day previous to the operation, the parts are then scrubbed with soft soap and water, afterwards washed with ether, then with a solution of biniodide of mercury (1 in 500). The region of the wound is covered with carbolic gauze 5% soaked in a solution of biniodide of mercury (1 in 4,000), which is kept on until the operation.

Only three people touch the wound or instruments: the operator, his assistant, and one dresser. Their hands are scrubbed with warm water and soap, after the nails have been cut and cleansed, and are then placed for rather longer than a minute in a solution of the biniodide (1 in 500). The dresser uses forceps and scissors, and scarcely ever needs to touch either the ligatures or instruments with his hands. And, during the operation, the assistant rarely puts his fingers into the wound. The penis of the patient is wrapped round with blue gauze.

All the instruments are boiled, then placed in a solution of carbolic acid (1 in 60).

Sutures.—I use almost invariably catgut, which is prepared by my house-surgeons. It is readily absorbed and, according to its thickness, requires from five to ten days or a fortnight for its complete absorption. For the ligature of the neck of the sac medium-sized catgut suffices, unless the sac is twisted and sewn up beneath the transversalis fascia, when the thickest catgut is used. For the re-construction of the wall of the inguinal canal, very thick catgut is used; for the suturing of the aponeurosis of the external oblique and of the skin, medium-sized catgut.

My objections to silk are, that it is difficult to thoroughly cleanse it, and even if the silk itself has been rendered aseptic, it affords an excellent material for the growth and development of micro-organisms, if, by mishap or ill-fortune, any have gained access to the wound. I have known silk sutures discharged from the deep parts many weeks after the healing of a wound, and no one cares to introduce a continuous silk suture deep down in an operation wound. Further, I think it unnecessary to make use of a material which remains so long unchanged as silk is justly assumed to do. The only use of the sutures, so far as I understand them, is to keep the various structures in place until they are fixed there by adhesions; and this process, I imagine, takes place within a fortnight in wounds which heal by the first intention.

Treatment of Omentum and Sac.—Two questions arise during the course of nearly all these operations: what is to be done with the omentum, and how far up must the sac be removed? To the first of these my reply is, that not only is it desirable to remove the whole of the omentum which is found in the interior of the sac, but to draw down and remove as much of it as can be drawn down without undue traction on its attachment. The weight of such a mass of omentum is very considerable, and, if it hangs low, is likely to add much to the danger of recurrence. Also, it is a curiously supple and insinuating substance, and I have often been surprised to observe how it "oozes" through tiny openings in the wounded sac during an operation. About a year ago, in the performance of an inguinal colotomy, I left rather too wide a space between two of the sutures in the upper wall of the incision; on the day following the operation, a little piece of omentum was found projecting through this opening, which had been so small as not to have been observed, and, in the course of the next two days, quite a large mass of omentum lay on the abdominal wall above the intestine. No harm resulted, but the readiness with which the omentum can and will make its way through a minute opening impressed me very much, and I could not help thinking that, in case such conditions were left as might make recurrence of hernia possible, the presence of such an insinuating and heavy material must make the likelihood of recurrence much greater. I do not, on the other hand, go so far as M. Lucas-Championnère, who fears the evil influence of omentum so much that he searches for it in the abdomen within the mouth of the sac.

On the second question, I have no doubt. The whole of the sac should be removed, right up to, and even beyond, the point where it joins the parietal omentum. If there are any circumstances which render this very difficult and dangerous, so that it cannot really be accomplished, in such a case the probability of recurrence of the hernia will be very much greater; and, if the twisting operation is performed, the twist should be carried up and the ligature applied as high as when the sac is removed in Bassini's operation.

Drainage and Dressing.—In the lighter cases of operation, I am not in the habit of draining the wound. But if the operation is severe, and there has been disturbance of the deep structures and there is consequently danger of oozing, especially of blood deep down beneath the fascia and muscles, I usually insert a tube of small calibre or one or two pieces of gutta-percha tissue. The wound is dressed with blue gauze, which is soaked in a 1 in 4,000 solution of biniodide of mercury. Over the wet gauze, dry gauze is placed, and over this boracic wool, while outside carbolic gauze and water-proof sheeting is fixed by firmly applied spica bandages.

The scrotum is wound round with narrow strips of iodoform or blue gauze, and the strips of gauze are carried up and fixed to the dressings on the abdomen. This application maintains slight pressure on the testicle and prevents it from hanging down; and thus diminishes the tendency to effusion of fluid into the tunica vaginalis and orchitis, which I have sometimes seen after these operations.

If drainage has been employed, the dressings are changed on the Monday following the Thursday on which the operation is performed, and the drainage is removed. If drainage has not been used, the dressings are not changed until the Monday week, a period of eleven days after the operation. The wound is then probably healed, and the skin sutures or remains of sutures may be removed. A light dressing, two or three pieces of broad plaster and a bandage are applied, to guard against any accidental re-opening of the wound.

Diet.—The diet consists for the first forty-eight hours of very small quantities of liquid at frequent intervals. At the end of two or three days, if the patient is in good condition, a more liberal diet is allowed, and soon soft solid food.

Aperients.—A good deal of difference is observed in the practice of surgeons in regard to the ordering of aperient medicine. I usually order a dose of medicine on the Saturday or Sunday after the Thursday operation, and I do so with the distinct intention of producing movement of the intestines within the abdomen, in the hope that even slight movement of coils of bowel at so early a period, may suffice to prevent adhesions of bowel together, or to the omentum, or the parietal peritoneum. Adhesions may produce kinking of the bowel or some condition which may later lead to internal strangulation or obstruction. In the hope of preventing this, I readily run the slight risks which are incurred by the early administration of an aperient.

Of course it will be understood that the change of dressing, the diet, and the administration of medicine will depend on the condition of the patient. The description just given is a description of the routine practised in my wards.

Period of Rest.—Patients are kept in bed for three weeks, and in the hospital for a month or five weeks after the operation (Bassini's), and are then sent to the Convalescent Hospital for a month. They are advised not to begin to work, if their work is heavy, for a month after leaving Swanley. But I doubt whether this advice is often followed, so I think it may be assumed that most of the patients return to their work, however heavy, at the end of two months from the operation. After the lighter operations, so long a period of rest is not essential, but after any operation for the radical cure of inguinal hernia, it is very desirable that the patient should not perform heavy work or take violent exercise for two or three months at least.

Wearing of a Truss.—A truss is not ordered. Indeed, I have a great objection to the wearing of any instrument after the operation. If the case is likely to be successful, a truss is not needed, and, if carelessly applied, may do far more harm than good. If, on the other hand, the case is not likely to prove a permanent success, the wearing of a truss is not likely to improve it; and a truss need not be worn until there are symptoms of recurrence of the disease.

The best cases for operation.—We are all probably agreed that the best cases for operation are those of small congenital hernia in young subjects, particularly in young adults; but my operations have not been limited to this class of patients. Of those who are shown to-day, one is a man forty years of age, another is more than sixty-two years old. Both men are actively employed, and the younger of them tells me his work is exceedingly heavy. In truth, while the large majority of my patients have been young men, I have not refused the operation to any patient who desired to undergo it, provided he was a fit subject for an operation. I have not, of course, held out hope to these older patients that the operation would completely cure them, but that it would probably improve their condition, and give them a chance of cure.

Of the success of operations comparatively so young as these larger operations for the radical cure of hernia, we can scarcely yet say when there is no reasonable probability that it may not be successful, although we may form a good idea, from the study of the anatomy and pathology of the disease, when and under what circumstances the operation is likely to be successful. This is a knowledge which can only be acquired by the experience of operations performed under various unpropitious circumstances.

The essential for success is, I believe, in every case the removal or destruction of the sac up to, and even beyond, its junction with the parietal peritoneum.

(Of eleven patients who had been treated by Bassini's method, and who were asked to attend the lecture, seven came. The abdominal wall, in one case, seemed to be a little weak, but the muscles on both sides were soft and flabby in this patient. There was no return of the hernia in any case. The patients were not selected. Those who lived in or close by London were written for, and, with one exception, it was not known whether the operation had or had not been successful. Two of the remaining patients had left their addresses, and the letters were returned. One patient was unable to attend, and I received notice of the death of the fourth patient from causes unconnected with his rupture, which had remained well until his death.)

Diphtheritic Sore Throat.

A Paper read before the Abernethian Society by

J. A. HAYWARD, M.D., M.R.C.P.

PART I.

IT is with no ordinary amount of misgiving that I venture this evening to introduce the discussion on Diphtheritic Sore Throat, for not only is the whole subject of Diphtheria, as a disease, still wrapped in much obscurity, but the relation of its particular manifestation in the throat to that of other affections which closely resemble it, has been, and is still, a source of endless confusion, and hence I must crave your indulgence in my endeavour to gather up and arrange some threads of knowledge from among the tangled web of facts, theories, and speculations. Everyone will agree that it is important from time to time to sum up our knowledge of an obscure disease, and endeavour, in the light of fresh discoveries or theories, to come, if possible, to some definite conclusion as to its nature: for, without at least some definite working hypothesis, how easy it is, when we come to its

treatment, to fall into the quagmire of empiricism, or the still deeper slough of sceptical passivity. Especially is this of importance in regard to Diphtheria, bearing in mind the enormous and increasing mortality due to this disease, and the difficulties which beset a clear understanding of its natural history, causation, diagnosis, and treatment.

I shall endeavour this evening to sum up the facts which are known about Diphtheria, and discuss the relation of the diphtheritic to other forms of sore throat, especially as regards diagnosis; and I cannot help thinking that the subject is peculiarly suitable for discussion at a meeting of this Society, whose members have had ample opportunities for observation and reflection.

It may not be amiss to mention that a severe affection of the fauces, pharynx, and larynx, accompanied by formation of membrane, has been recognised since the earliest days of medicine, and various are the names by which it has been known. From the accurate descriptions of its characters, the symptoms to which it gave rise, and the different ways by which it proved fatal, both in epidemic and sporadic form, very little doubt can be entertained that the disease described corresponded in all particulars to what is known as Diphtheria at the present day.

Doubtless, too, many other varieties of throat affection were included in these descriptions—acute tonsillitis, quinsy, scarlatinal sore throat, syphilis, and even scurvy. Severe manifestations of all were included with true Diphtheria under the name of cynanche maligna, malignant angina, gangrenous inflammation of the fauces, and other terms too numerous to mention.

But as Bretonneau aptly remarks in his "Second Memoir on Diphthérite," which was read before the Académie Royal de Médecine in 1821:—"We never fail to discover a familiar object in the most incorrect drawing. Thus we easily perceive the principal features of the diphtheritic affection when we have studied them according to nature, in the descriptions which have reached us, at whatever epoch, and under whatever denomination its ravages have been noticed. Truth makes its way through the prejudices of the age and of the schools, and often the testimony rendered to it has the more value, as it escapes without the consciousness, and contrary to the intention of him who offers it."

For instance, the description given by Aretæus of the Syriac ulcer in the first century after Christ is probably the earliest account we have of Diphtheria. The disease occurred in epidemic form, and the ulcers on the tonsils are described as being covered by a certain concrete "humour," which was white, or purplish, or black in colour, and surrounded by an area of inflammatory redness. There was a tendency of the humours to run together, and not infrequently to spread into the larynx. He adds, moreover, that children suffer most frequently, and gives a graphic description of the mode of death from suffocation, concluding with these lines, which, at the risk of being thought pedantic, I will quote (translation from Boerhaave):—

"Inspiratio magna est; expiratio vero parva; raucitas adest; vocisque defectio. Hæc signa in pejus ruunt, cum subito in terram collapsis anima deficit."

From Aretæus down to the 16th century there is very little recorded that is of value, and nothing that was not already known. Epidemics which were almost certainly diphtheritic in nature occurred during the 17th and 18th centuries in Italy, where the disease was known as the "morbus strangulatorius," and in Spain, under the expressive title of "garrotillo."

In Great Britain, Fothergill described, in 1733, a membranous affection of the fauces which was probably true Diphtheria.

However, the greatest confusion prevailed, and it is quite evident that in many cases different stages of the same disease were described as distinct clinical entities, and similar appearances in different diseases were classed together. Before the time of Bretonneau these severe forms of sore throat attended by formation of membrane were classed as malignant angina, if the fauces were especially affected; as croup, if the larynx and trachea were involved; as scorbutic gangrene, if the mucous membrane of the mouth and gums suffered.

Bretonneau was the first to make an attempt to classify scientifically these various forms of throat affection.

Following Laennec, he based his classification on anatomical appearances, and declared his belief that scorbutic gangrene of the gums, croup, and malignant angina were only one and the same form of phlegmasia, as he termed it; that this phlegmasia was a morbid affection, *sui generis*, and could be distinguished by its characters and course from other phlegmasiæ; and he finally, at the end of his third memoir, describes the distinctive characters of the different forms of angina. He divided them into catarrhal angina, tonsillar angina, mercurial membranous angina, membranous angina, scarlatinal angina, and diphtheritic angina, or, as he termed it, diphthérite.

The following is his description of the appearances in diphthérite:—"Redness and tumefaction of one of the tonsils, rarely of both; erratic fever generally and lightly marked; some white spots are soon discovered on the surface of the swollen tonsil. These spots, which are more or less numerous, are due to the formation of a pellicular, lichenoid exudation, which falls off spontaneously, and is easily detached. There is considerable enlargement of the glands of the neck. From the beginning this enlargement is marked by its disproportion with the extent and intensity of the inflammation of the mucous surfaces. The deglutition is not very painful, and it becomes less and less so.

"The tumefaction of the tonsil which has become first affected augments, and a redness of a very variable extent circumscribes the exudation, which is sometimes rapidly extended to the velum palati, the uvula, pharynx, and the tonsil of the opposite side.

"After this sudden extension the progress of the diphtheritic fibrinous inflammation most frequently remains temporarily suspended. The intumescence of the lymphatic glands either diminishes or does not continue to increase. There is no fever—or hardly any.

"After a more or less prolonged absence of the symptoms for a few days, or for a few hours, the cough begins, which is either dry or accompanied by a frothy expectoration. It soon becomes hoarse, and indicates the first symptoms of the propagation of the diphtheritic inflammation into the air passages."

In the diagnosis from the anatomical appearances of the membrane, Bretonneau and Empis, who wrote in 1850, laid stress on the coherence and colour of the membranes; the method by which it commenced as a *thin serous exudation* from the mucous membrane; the ulceration under the surface; the tendency to spread to the larynx and nares, and to infect sore places over the body generally; its invading power, not remaining localised as in scarlatina and other affections. A good deal of stress was laid by them upon the method, by which the membrane commenced to be formed. My own experience is that both when the membrane is extending over the mucous membrane or when it reforms after a piece has been detached, it begins more like a very thin greyish-white filmy transformation of the surface, often quite dry, and certainly not like an exudation. I hope this point will receive notice in the discussion.

In scarlatina, they pointed out that the pseudo-membrane began as a number of whitish spots of exudation on the tonsils, and afterwards became confluent; it generally remained localised; it showed no tendency to spread to the larynx or infect distant parts of the body; the membrane was detachable, and left no ulcerated surface; it was not coherent, and could not be peeled off as a distinct membrane.

They also pointed out, in these two diseases, differences as regards the enlargement of the glands of the neck, the constitutional symptoms, complications and sequelæ, and mode of death in fatal cases; and, in fact, to their description there is little we can add at the present day of the distinctive characters of Diphtheria, with the exception of the albuminuria which so often occurs, and the subsequent paralysis.

To Bretonneau then is due the credit of having pointed out the several characteristics which constitute Diphtheria as a distinct specific disease.

The tendency of the profession since Bretonneau's Memoir has been to include other inflammatory affections of the fauces accompanied by formation of membrane as diphtheritic in nature: the term having this advantage, that used in the sense in which it is so often employed it forms a convenient loophole of escape from a definite diagnosis.

Indeed, a double significance now attaches to the term "diphtheritic" according as it is used in a clinical sense to mean of or pertaining to the disease called Diphtheria, or in a pathological sense to characterise a particular variety of inflammation of mucous membranes in general, and not necessarily in any way connected with true Diphtheria.

Virchow classified inflammatory affections of mucous membranes into the catarrhal, croupous, and diphtheritic varieties.

Now both in croupous and diphtheritic inflammation a so-called false membrane is formed.

In the former, the chief distinguishing feature is that the membrane is made up of coagulable exudation, which is collected on the surface of the epithelium and there forms an uniform layer, which can be readily stripped off from the inflamed mucous membrane underneath. When separated it does not leave an ulcerated surface, and the epithelium only suffers damage in its more superficial layers.

In diphtheritic inflammation there is an actual coagulative necrosis of the epithelium, and even of the superficial layers of the mucosa, the affected tissue dying, as it were, *in situ*. The membrane is made up of the altered tissue elements with a fibrinous coagulum arranged in a more or less reticulated manner, and containing in its meshes the altered epithelial cells, and in the deeper layers abundant leucocytes. When separated a raw surface partially or completely denuded of its epithelium is left underneath.

It is well recognised that the occurrence of these two varieties of membrane depends to a great extent on the particular structure of the mucous membrane affected. Thus the croupous form is usually recognised in the larynx and trachea where the epithelial cells are columnar in form and where there is in addition a thick basement membrane. The diphtheritic variety is most commonly seen in the mouth and pharynx, where there is a thick layer of squamous epithelium. In fact, it is common in a case of pharyngeal diphtheria, which has extended to the larynx and trachea, to find all varieties of the inflammatory process as we proceed from the mouth and pharynx to the trachea and smaller bronchi. In the latter, indeed, the appearances are identical with capillary bronchitis.

Now, is there ever a true croupous inflammation of the fauces and pharynx? Whether the follicular exudation, which is so often seen in acute tonsillitis and in the scarlatinal throat, and consisting of coagulated exudation mixed with epithelial cells and pus corpuscles, should be called croupous I will leave to a more experienced pathologist to say; fibrinous would be a preferable term, as it involves no sense of connection with the clinical term croup.

Again, do we ever meet with a true diphtheritic (used in its pathological sense) inflammation of the larynx and trachea, a necrotic transformation of the epithelium and superficial mucosa, firmly adherent and incorporated with the underlying tissues? Such cases, I think, certainly are rare, and such are not the appearances which are seen most commonly in the post-mortem room when the membrane is found loose, detachable, and often breaking down.

Yet in many cases the thick laminated casts which are coughed up, their coherence, the stippled appearance of their external surface where the membrane has formed deeply around the mouths of the glands, suggest that the process has been diphtheritic rather than croupous.

Have we always, then, in the disease Diphtheria this diphtheritic form of inflammation?

Most assuredly we have not. Over and over again in the epidemic and sporadic form has it been proved that not only may sore throats, which resemble those seen in acute follicular tonsillitis, be truly diphtheritic (used in its clinical sense) in nature, but that given an epidemic, it is impossible to discriminate between mild forms which may prove to be infective and those that are not so.

Again, sometimes in scarlatina a membrane is seen on the tonsils, extending on to the pillars of the fauces or the arch of the palate, which resembles in all particulars the membrane which is seen in genuine Diphtheria.

True! Diphtheria is often a concurrent affection with scarlatina, but almost always occurs later in the course of the disease, but in the early stage of scarlatina, and in the cases of so-called scarlatina anginosa, the appearance of the throat may be indistinguishable from genuine Diphtheria.

Again, it is often impossible, from the appearance of the fauces, to give a clean bill of health as regards diphtheria in that ill-defined affection, hospital sore throat, which occurs so frequently in those who are run down in health when they are exposed to impure air, foul smells, and other insanitary conditions, forming, as it were, a kind of pathological barometer, which gives us warning of the contamination of our environment when it shows itself in the overworked house-physician, the austere sister, the patient and studious clerk, or the long-suffering probationer.

Again, there is no reason to doubt the evidence of those who have seen the formation of false membranes in the throat and in the larynx, as the result of the contact of boiling water, and of various chemical irritants, membrane which in appearance was exactly like that formed in Diphtheria.

An interesting case is recorded in the Report of the Committee appointed by the Medico-Chirurgical Society to investigate the relations of Diphtheria and Croup, where membrane formed in the fauces and pharynx as the result of swallowing a quantity of eau-de-cologne, and was identical in macroscopical and microscopical appearances with genuine diphtheritic membrane.

Indeed, this Committee, after examining numerous cases, and carefully weighing the evidence, reported as follows:—"The similarity of the appearance, relations, and mode of formation of the false membrane under the various conditions in which it is found, lead to the belief that if Diphtheria is a distinct and well-defined specific disease, the power of production of false membrane in the larynx and trachea is not peculiar to it, but that its poison shares the power of giving rise to it with other poisons and irritants, and that its distinctive characters must be sought, not in the presence of false membrane, but either in some peculiar characters of that membrane or in other and independent conditions. In fact, it appears to us that the formation of false membrane in the larynx and trachea is merely a mode of reaction of the mucous membrane which may be set up by various conditions."

The late Dr. Hilton Fagge, who formed one of the members of this Committee, also has expressed his opinion elsewhere, that the "definition of Diphtheria as a disease must rest, not on the histology of the exudation, but on its pathology, and the symptoms to which it gives rise; in other words, less on anatomical than on physiological characteristics."

In what light, then, are we to regard these inflammatory affections of the mucous membranes, and what are the factors which are concerned in their production?

In the first place, it is necessary to have an agent in the production of the inflammatory process, whether mechanical, physical, chemical, or biological, and in the next place the result of its action may be modified according to the particular way in which it is employed, and the particular locality affected, its intensity, and lastly, on what may be termed, for want of a better word, the personal equation of the tissues themselves, which will include partial or complete susceptibility or immunity.

It is not to be wondered at, then, that specific affections of the fauces and pharynx give rise to such puzzling clinical pictures. Unfortunately their mucous membrane seems to afford special advantages for the growth and development of certain micro-organisms which have ready means of access in the air inhaled, and in articles of diet, and, in addition, we know how often their resistance to adverse influences is weakened by chronic inflammatory changes, whether the result of inherited predisposition, of frequently-recurring catarrhs or other forms of irritation. And, moreover, present in these mucous membranes are areas of lymphatic tissue, often actually reaching the surface, and uncovered by epithelium—a form of tissue which seems to be peculiarly liable to be seized upon by micro-organisms as suitable for their growth and development, often unprotected as these areas are by a covering of epithelium—and as in the tonsils forming crypts and recesses which afford a secure lodging for the peripatetic microbe, and, often as not, exhibiting a rate of growth in excess of their vitality.

It seems clear, then, that in the past, the confusion which arose as regards these inflammatory affections of the fauces, pharynx, and upper air passages, was due to a mistake in the conception that each variety of inflammation, to say nothing of the gradations by which they shade off one into the other, was pathognomonic of a particular disease.

Hence the terms, "catarrhal," "croupous," "diphtheritic," terms which, literally, have only a pathological significance, but which have become so polarized, as Oliver Wendell Holmes would say, by short tradition and association of ideas that they have come to represent clinical entities—catarrh, croup, diphtheria—and it is with difficulty that we can disabuse our minds of the particular meaning which has been handed down attached to them.

But, as I have indicated above, the poison generated in diphtheria may be associated with the catarrhal, croupous, or diphtheritic, or even gangrenous form of inflammation, according to its lesser or greater intensity, the site of its action, and the susceptibility of the tissues.

Thus we see that the characters of Diphtheria of the fauces and pharynx as laid down by Bretonneau were too exclusive, but it by no means detracts from the great merit which is due to him for having recognised Diphtheria as a distinct specific disease, and, indeed, in the majority of cases true Diphtheria of the throat does present all those characteristics which he so ably pointed out, and in these cases the diagnosis is not difficult.

Take a typical case as seen in a child or young adult, with a history of sore throat which has generally lasted at least two or three days, or the onset of which may have been quite insidious, we may notice at a glance that the patient is seriously ill. The face is pale, and anxious, and worn, there is great muscular prostration, complete loss of appetite, and, possibly, but not always, difficulty in swallowing. There is not the acute onset so constant in scarlatina, nor is the fever high; sometimes subnormal with cold extremities, a blue tinge about lips and eyelids. The pulse may be hardly perceptible; there is no rash on the body; sordes are present on the lips; the breath is foul; the tongue furred; there may be a thin offensive discharge from the nares; but the constitutional symptoms vary exceedingly, and many types are seen in the disease.

On inspecting the throat, a white or yellowish membrane is seen adhering to the tonsil, on one or both sides; it often extends on to the arch of the fauces, or the uvula, or the wall of the pharynx. It is thick, coherent, and adherent to the parts underneath, and if an attempt is made to detach it, it leaves an excoriated surface, or it may be so adherent that it is impossible to get it away. It is generally raised somewhat above the surrounding mucous membrane, which itself varies in appearance, but is generally swollen, redder than normal, dry, and often covered with tenacious mucus.

The glands on one or both sides are enlarged, hard, and tender.

Albumen is often present in the urine in considerable quantity. The membrane is reproduced if it has been torn away, and in many cases it tends to spread into the nares or the larynx.

Now in such a case there is no difficulty in the diagnosis, but it is made not only on the anatomical appearances of the throat affection, but is confirmed by the course, symptoms, and characteristics of the disease itself.

But in many cases it is quite impossible to arrive on the first occasion at a definite opinion, and the puzzled physician must wait the course of events to throw some light on an obscure case, or confess his ignorance and invoke some beneficent deity who will aid him in his dilemma. In this case the *deus ex machina* comes in the form of the bacteriologist.

Discovery of Bacillus.—Before 1875, though Diphtheria was known to be a specific infectious disease, yet nothing had been ascertained as to the nature of the specific infectious poison.

No special micro-organisms could be found during life in the blood, or after death in the tissues. Locally, in the throat, numbers could be found, but none of these were so constant, or, if constant, could be proved to be the *vera causa* of the disease.

In 1875 Klebs discovered a bacillus which subsequent researches have proved beyond doubt to be the true cause of Diphtheria. Other observers previously, on insufficient grounds, had attributed the disease to various micrococci which can always be found without difficulty in the membrane; but the crucial test of separating a pure cultivation, producing from this the disease in animals, and recovering again the same organism from their bodies after death in pure cultivation had failed in all cases.

Klebs declared that his bacillus was the specific organism. It was found, he stated, almost constantly in the superficial layers of the membrane, together with numerous other micro-organisms. Cultivations of this organism when injected into guinea pigs gave rise to sloughing at the seat of inoculation, and many of his experimental animals died with symptoms of acute poisoning.

His great difficulty was the separation of pure cultivations with the imperfect methods then in vogue, and his results were so inconstant and ambiguous that no definite conclusions could be drawn from his experiments.

Loffler was the first to isolate the bacillus by using dilute emulsions of diphtheritic membrane, and cultivating the organisms on blood serum. He found that he could obtain isolated colonies by this method of the diphtheria bacillus, which outstripped in growth on this nutrient medium the other micro-organisms which were present. He found that it grew best at a temperature of about 30° C. on blood serum, and that it would also grow on agar and in beef broth; but he failed to grow it on gelatine.

Working with pure cultivations he succeeded in producing a quickly fatal disease in rabbits, guinea pigs, and pigeons, by inoculating pure cultures on the surfaces of mucous membrane which had been previously abraded.

By injecting pure cultures into guinea pigs subcutaneously, a localised œdematous swelling was produced at the seat of inoculation; the animals became seriously ill, refused food, and generally died within twenty four to forty eight hours with depression of bodily temperature and great muscular weakness.

Post-mortem.—No bacilli could be found in the internal organs. In some of the cases reported they were recovered from the local tumour, and in cases when smaller doses were used, and the animal lived for several days, fatty degeneration of the heart, liver, and kidneys was observed.

Loffler also pointed out another fact, that a bacillus indistinguishable from that of diphtheria morphologically and in its mode of growth, could often be found on the tonsils and pharyngeal mucous membrane of children and adults in perfect health. To this he gave the name of the pseudo-diphtheria bacillus. Opinions were now divided as to whether this was really a distinct organism, or whether it was the essential bacillus which was harmless for evil when in contact with the unaltered mucous membrane, but which exhibited its pathogenic properties when it could find suitable soil on a surface damaged by inflammation or other cause, special stress being laid on some breach of surface from denudation of the epithelium.

There are obvious difficulties in the acceptance of such a view. It is hard to imagine that such a sword of Damocles could be hanging over the heads, or rather suspended from the palates, of seemingly healthy individuals: and, as Klein has pointed out, if the absence of epithelium is the organism's opportunity, such is never lacking where areas of lymphatic tissue in the tonsils and elsewhere reach the surface. And, moreover, when the physiological relations of the tonsils are altered in the chronic hyperphasia so common in children, we should expect that they would invariably suffer from Diphtheria.

A priori reasoning, then, would seem to negative the view that the bacillus found on healthy mucous membranes can be identical with the bacillus diphtheriæ; and Klein not long ago pointed out distinguishing features between the two, when grown on artificial media, so that in all probability the two organisms are quite distinct.

Roux and Yersin confirmed Loffler's experiments. Moreover, they pointed out the important fact that broth cultures, which had been passed through a Chamberland's filter, and freed from the bacilli, as proved by microscopic and culture tests, were capable of producing the same effects, when injected into animals, as the injection of the broth cultures containing the bacilli, and, moreover, if small doses were used, and the injections repeated, characteristic diphtheritic paralysis ensued; and they also separated from these broth cultures a small amount of a toxic albumose which possessed the poisonous properties of the broth cultures in a more concentrated form. The bacillus itself is a straight or slightly-curved rod-shaped organism, presenting as a rule an enlargement at one extremity, so that it is more or less club-shaped; sometimes dumb-bell forms are seen.

It is non-motile, it grows rather slowly on gelatine, at a temperature of 20° C. without liquefaction and, in streak culture appears in from 3 to 4 days as a number of separate minute greyish white clots, not unlike the growth of streptococcus pyogenes. When grown on agar at a temperature of 39° C. it appears within 48 hours, also as a number of small greyish white colonies, which quickly coalesce into a continuous streak. If an isolated colony is watched from day to day it is seen to spread out at the periphery, the centre remaining thicker and more opaque, and it reaches its limit of growth in a week or ten days. On serum its growth is rapid, and at a temperature of 39°C. is recognisable at the end of 24 hours. On hydrocele fluid, which I have used largely in making cultivations, the earliest growth appears in 24 hours, and the colonies are whiter and more opaque than on other nutrient media.

One very characteristic feature of growth is the different appearance which the bacillus presents in cultures more than a few days old. So-called involution forms are observed, the bacillus is often elongated and thread-like, the protoplasm becomes segregated into minute clumps and dots, so that without staining and the use of an oil immersion it might be mistaken for a short streptococcus, and the club at one end becomes enormously enlarged. It grows in alkaline beef broth, which quickly becomes cloudy, but presents no film on the surface; less readily if the broth is acid; also readily in milk. They are killed by a moist temperature of 60° C.

If diphtheritic membrane is dried slowly and kept for 5 or 6 months, the bacilli are still said to be capable of growth if inoculated on a suitable nutrient medium, but they lose in great measure their pathogenic properties. Under no condition have spores been observed, and it is also stated that the presence of combined air and sunlight has an inhibitory effect on its growth and virulence. The bacillus stains readily with aniline dyes. Guinea pigs, rabbits, cats, dogs, pigeons, sheep, and cows are susceptible, but rats and mice are immune.

The bacilli are found throughout the membrane, but not in the tissues of the mucous membrane, or in the internal organs. Klein states that the virulence depends in great measure on the nature of the nutrient medium on which they have been grown. Thus on agar-agar their pathogenic properties rapidly decline, but when grown on gelatine they are retained for a longer period.

To obtain the Bacilli from the Membrane.—The method which I have employed with the greatest amount of success is to pick off a piece of membrane from the fauces with sterilized forceps, and immediately transfer it to a tube containing sterilized salt solution. If a distinct piece cannot be detached, which is often the case, a small piece of sterile cotton wool may be wound round the forceps and smeared over the surface of the membrane. In one case in which I obtained an abundant growth of the bacillus I inoculated the tubes direct from the throat, merely touching the surface of the membrane with the platinum needle. If a piece of membrane has been obtained, it should be thoroughly washed with several relays of sterile salt solution, by allowing it to sink to the bottom of the tube, then decanting the fluid off in a vessel containing an efficient antiseptic, then pouring in a fresh amount of the salt solution and shaking.

After five or six washings, about half an inch of fluid is allowed to remain at the bottom of the tube, and with the membrane this is poured out into a sterilized watch-glass, and cut up with sterilized scissors into small pieces. One of these pieces is then taken up with the loop of platinum wire, and smeared over the the surface of agar, serum, or hydrocele fluid. From the surface a cultivation is made in a second tube, and so on to three or four tubes. In this way the number of organisms is diminished in each tube. Finally, the tubes are incubated at a temperature of 39° C. I have certainly had less trouble in separating the bacillus in this way than by making plate cultivations on agar or gelatine.

Another piece of the membrane is taken up on the wire, the excess of fluid drained off on blotting-paper, and the membrane smeared over the surface of a cover glass. This is then dried, and placed in acetic acid, 1-3, to dissolve the mucus, then thoroughly washed, dried again, and placed in Loffler's blue or methyl violet, and allowed to remain for about half an hour.

In this way the bacillus may with good fortune be recognised as a probability, but I have never felt certain till the cultivations confirmed the result. Most skilled bacteriologists declare that they seldom fail to obtain pure cultivations, in cases where they have recognised the bacillus, by staining direct from the membrane.

The greatest difficulty which I have found is in separating the bacillus from the crowds of other micro-organisms also found in the membrane, chief among which are the staphylococcus aureus and albus, and varieties of streptococcus or diplococcus. Hydrocele fluid I have most certainly found to be a very useful nutrient medium. After ensuring that it has been obtained sterile by keeping the fluid in the warm chamber for several days, it is solidified by raising the temperature to 69° or 70° C.; at this point the fluid soon solidifies, forming a greenish, semi-translucent, solid medium. The cause of this solidification I do not know. If raised to a higher temperature the albumen is coagulated and thrown down in opaque flakes. The special use of hydrocele fluid lies in the fact that many of the other micro-organisms do not grow at all on this medium, staphylococcus aureus and albus in many cases not putting in an appearance, when they were at the same time crowding out the diphtheria bacillus on agar tubes which had been prepared at the same time and in the same manner.

Dr. Klein tells me that he finds a variety of organisms fail to grow on hydrocele fluid, and possibly this may serve to explain a fact which I have noticed, that I have never seen a hydrocele suppurate after tapping. I should be glad to hear this evening what has been the experience of others in this respect.

On serum the bacillus grows rather faster than on hydrocele fluid, but again is crowded out by other micro-organisms. It is not so easily obtained, and requires greater care in its preparation.

During the last three or four months I have examined bacteriologically membranes from the throat in nine cases of suspected diphtheria; in five of these I succeeded in growing pure cultivations of the bacillus diphtheria. In three cases I examined the membrane coughed up in tracheotomy cases, and was successful in two cases. In two cases from membrane from the epiglottis, obtained from the post-mortem room, bacilli were found in both. In one case, from membrane on the lip of a child who was in Radcliffe, I obtained no bacilli. In one case from membrane on the eyelid of a child who was in Radcliffe, I obtained typical bacilli, but did not get a pure cultivation. In a case recently in the post-mortem room, where membrane was present in the throat, larynx and trachea, and stomach, the bacilli were obtained from the stomach membrane.

I have no doubt that bacilli were present in many of the cases when I failed to find them, and the failure was no doubt due to my lack of skill. Indeed, in two of my cases, the bacilli were discovered merely by chance.

Of course, in regard to diagnosis in these cases, positive evidence of the presence of the bacillus was alone of any value.

(To be continued.)

Appointments.

MR. GEORGE HEATON, M.A., M.B., F.R.C.S., to be Honorary Surgeon to the General Hospital, Birmingham.

* * *

DR. CECIL YATES BISS, M.A., M.D. (Cantab.), L.R.C.P., to be Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

* * *

MR. R. C. BAILEY, M.S., F.R.C.S., to be Surgeon to the St. Pancras Dispensary.

* * *

MR. H. M. TICKELL, M.B., B.C. (Cantab.), M.R.C.S., L.R.C.P., to be Junior House Surgeon to the Cheltenham General Hospital.

* * *

MR. H. E. BATEMAN, M.R.C.S., L.R.C.P., to be Honorary Medical Officer to the York Dispensary.

* * *

DR. HERBERT WILLIAMS, M.D. (Lond.), D.P.H. (Cantab.), to be Medical Officer to the Isolation Hospital of the Port of London Sanitary Authority, at Denton, Gravesend.

The Forthcoming Centenary of the Abernethian Society.

THE history of debating societies has yet to be written, and it will well repay perusal. The great burst of Parliamentary eloquence which marked the first thirty years of the reign of George III. seems to have led to the formation of innumerable debating clubs in London and in the Universities of Oxford and Cambridge. The love of dialectics thus attained was manifested in many ways. It led, in London, to the formation of those reactionary clubs which at first favoured the principles of the French Revolution. In the Universities the individual clubs gradually became fused into the two great debating societies or unions which have been the nursing mothers of those who were to attain the highest positions at the bar and in the senate. But in spite of the fusion, a few still survive in the different colleges in the form of debating and essay societies, whilst others, like the Decade Society of Balliol, have gained a world-wide renown from the brilliant careers of many of their members.

Each hospital in London originally had a debating society attached to its medical school. Some of these societies have died, some have become merged into more flourishing bodies of later origin, some have proved themselves the parents of great scientific societies, whilst yet others have remained very much in their original condition, promoting among students personal research, careful study, and fair discussions. The Abernethian Society, is perhaps, the highest and the best type, as it is certainly the most flourishing of this latter class.

The hospital societies have done very much for the medical student. They have taught him to speak—a gift which rarely comes naturally to an Englishman—and they have thereby fitted him to perform those public duties which, as members of the body politic, each is called upon to perform. It may be as the guiding spirit of the village in which he practises, as mayor of his county town, as a member of the bench of magistrates, or, perchance, in the still more exalted position as an office-bearer in one of those old and world-renowned Corporations in which it is not unusual to hear the highest rhetorical skill combined with a depth of knowledge and an impartiality of judgment which at once marks us members of the greatest of the learned professions.

The idea of forming a scientific society in connection with a medical school appears to have started in the hospitals of Guy and St. Thomas, then united and situated side by side in the Borough, almost on the site of what is now the London Bridge railway station. There, in 1771, the Physical Society was inaugurated. It had a long and glorious career, numbering amongst its members most o

the distinguished physicians and surgeons who made and maintained the reputation of the two great Borough hospitals during the first half of this century. It died in 1852, but its traditions are ably carried on by the Pupils' Physical Society at Guy's Hospital, and by the Medical and Physical Society, established in 1820 at St. Thomas's Hospital. The Middlesex Hospital Medical Society was founded in 1774, and it still flourishes. In 1795 the Abernethian Society held its first meetings under the name of the Medical and Philosophical Society, with John Abernethy, the assistant-surgeon to the hospital, as its founder and one of its first presidents. At the beginning of the present century the Westminster Medical Society began to hold its meetings. Its membership was originally confined to the students of the Great Windmill Street School of Medicine, where Wilson lectured and Brodie demonstrated. The society held its meetings first in Sackville Street, and then in Exeter Hall. It afterwards migrated to the London Hospital, but it has long ceased to exist as a separate body. The University College Medical Society was founded in 1828, the King's College Medical Society in 1833, that at St. Mary's in 1866, and the London Hospital Medical Society as lately as 1873.

The Middlesex Hospital Medical Society has alone been able to celebrate its centenary; the Abernethian will do so next year. From the very nature of the event we can none of us hope to see the bi-centenary of our Society, though we are certain that it will in due course be held. It behoves us, therefore, to take advantage of the present opportunity, not with too lavish a hand, however—*subeunt morbi tristisque senectus*—and it may happen to us, as it has happened to our fellow societies, to feel the pinch of poverty, so that we may be glad of a small reserve "when the evil days come upon us, and when the years draw nigh, when we shall say we have no pleasure in them."

The question of a fitting mode in which to celebrate the Abernethian Centenary has already engaged the attention of the officers of the Society. They are so able that we may well await their decision with confidence, feeling assured that what they do will be well done, and in the best interests of the Society. Whatever steps are taken, however, to celebrate the Centenary, whether by a conversazione or by some other form of festivity, we ought to have some tangible and permanent memorial of the event. This, perhaps, would best be done by drawing up a short account of the history of the Society, to be issued to each member on his election, that he may know of its past glory. The very interesting article which appeared in the first issue of the Journal over the signature N. M., a signature well known to all who love the antiquities of medicine in general and of our hospital in particular, and a most sure guide to a rare combination of detailed learning with charm of style, shows that there is still abundant material for the drawing up of such an account. It should not be forgotten, moreover, that in addition to the books mentioned in that article, the Library contains a clearly-written volume in manuscript, giving the most important papers read during the session 1849. In it are articles by Mr. Holden, Mr. Kingdon, Mr. Sharpin, Mr. Humphry, and many others whose life-work has since reflected such credit upon the school in which they received their technical education. There are several good reasons for making this history at once. First, and most important, we have the materials ready to hand. The minute books and reports of societies whose officers change annually are in constant danger of being lost or mislaid. There is no corporation, there is hardly a society in existence in which the *acta* are even tolerably complete, and every year makes it more difficult to fill up the gaps. The occasion of the Centenary is peculiarly appropriate to carry this design into execution. We are, too, at the present time, particularly rich in men who are skilled in medical antiquities. The greater part of the work connected with the history of medicine in England, which has been published recently, has issued from members of our school. We have only to refer to the hospital reports to see how many of the staff have interested themselves in this subject, and it is certain that each or all of these gentlemen would be only too happy to direct anyone who would undertake to collect materials for the history, and would afterwards help him to revise what was written. Would it be possible to enlist the services of him to whom we owe "The Two Foundations of St. Bartholomew's Hospital" and the re-issue of "The Orders and Ordinances for the Better Government of the Hospital of Bartholomew the Lesse"? Dare we aspire to obtain something from the pen of our most honoured alumnus, who early in life discovered the Trichina spiralis in muscle, and, if report speaks correctly, first made known that discovery at a meeting of the Abernethian Society? He, indeed, could tell us more than anyone now living about that portion of medical history which is almost a sealed book, of the lives and actions of the physicians and surgeons of the first thirty years of this century, when medical journals hardly existed and obituary notices were not written. He might thus, in his vigorous old age, fittingly associate himself with the scenes of his youth, and confer a lasting benefit upon the Abernethian Society by once again associating his name with it upon the one-hundredth anniversary of its foundation.

TO SUBSCRIBERS AND ADVERTISERS.

MESSRS. RICHARDS, GLANVILLE & Co. having ceased to be Publishers and Advertising Agents for the Journal, Subscriptions and all moneys now due, or which in future may become due, for Advertising, should be paid to Mr. H. B. MEAKIN, at the Hospital, until further notice.

Smithfield Market Fifty Years Ago.

SMITHFIELD Cattle Market. Who has not heard of Smithfield—ancient Smithfield? It was exclaimed against as a nuisance for the best part of a century before anything was done to find a remedy. The causes which retained Smithfield as a cattle market so long were potent enough. Smithfield was a cattle market for many centuries; once it was a field outside the city walls; sixty years ago it was a market-place of a most remarkable kind, lying just outside our King Henry VIII.'s gateway, embedded in the heart of London. For many years the grazier and the butcher were remonstrated with; they were told of the impropriety of driving sheep and bullocks through the crowded streets, exposing passengers to danger, as well as the cattle to injury, and causing detriment to shops. They used to answer that it is all very true, but that Smithfield has a venerable name, and that cattle of all kinds from all parts of the kingdom are brought to it; that the man with a few pounds in his pocket has a chance of suiting himself as well as he who comes to lay out hundreds; that the market-place occupies a kind of centre near the General Post Office and old-established places of business, and is, therefore, very favourably situated for the prompt transaction of business; and that to remove it would run the risk of splitting the *one* universally-supplied market into many. There was some reason for these statements, for mere attachments to old habits, and the mere power of monopoly on the part of the Corporation of the City could not of themselves have prevented the removal of Smithfield Market. Attempts made to establish other cattle markets—for example, in Islington—at first failed; so that Smithfield fifty years ago still continued to be one of the nuisances of London.

Smithfield, fifty years ago, was a cattle market on Mondays and Fridays; and a hay and straw market was held there on Tuesdays, Wednesdays, and Saturdays. The great market day was Monday, or rather, Monday morning. The market-place was a large irregular area enclosed by houses, with St. Bartholomew's Hospital on the south side. It was so arranged that the cattle used to arrive in the outskirts of London on Sunday and towards evening they were driven into the City. There were then two great thoroughfares by which the cattle were brought into London by the great northern road, over Highgate Hill, and through Islington; and by the eastern inlet to the City, the Whitechapel Road. Cattle began to arrive in Smithfield about nine o'clock on Sunday night and continued to swarm in until towards morning. During the dark nights of winter when the supply of cattle was greatest, and especially about the time of what was called the "Great Market," near the end of the year, the scene in Smithfield was terrific. The drovers were furnished with torches—for Smithfield was then but poorly lighted by a few dim gas lamps—to enable them to distinguish the marks on the cattle, to put the sheep in the pens, and to form the beasts into droves. The latter were all placed with their heads to the centres of the droves, which was done to enable the purchasers to examine the bodies of the animals more easily. This was not accomplished without very great exertion. The different flocks of sheep had to be kept from mixing with each other, and the bullocks were severely beaten over the nostrils to compel them to form into the drove or circle, and then to stand patiently.

What a wild combination must have been presented on a dark winter's night by the lowing of the beasts, the tremulous cries of the sheep, the barking of the dogs, the rattling of sticks on the heads and bodies of the animals, the shouts of the drovers, and the flashing about of torches! As morning dawned the purchasers began to arrive, and arduous work then began for both buyer and seller. When a bullock had been purchased it had to be separated from the rest of the drove, and the poor animal, not only reluctant to be driven out, but naturally dreading a repetition of the former treatment, thrust its head into every drove it passed, causing showers of blows to descend on it and on every animal it disturbed. Then a flock of sheep, let out of a pen, ran hither and thither, sometimes emerging from the market scattered by a waggon or a coach, and sometimes darting with rapidity in the direction they are not wanted to go. Woe to the novice or the first year's Bart.'s man who in those days attempted to pass through Smithfield on a wet wintry Monday morning!

The cattle market held on Fridays in Smithfield was of very minor importance when compared with the market on Mondays. But there was a horse market held on the afternoon of Fridays, which, though far from a creditable affair, was exceedingly amusing. The knowing look of the jockeys who were attempting to display their broken-down animals to the best advantage, the fun and laughter going on at one part of Smithfield, where costermongers were wont to assemble to buy and sell their asses, were not without attraction to those who could relish scenes of low drollery and coarse and boisterous mirth. The character of Smithfield as a horse market was not very high. In 1828 it was described as the means of bringing together "all the rogues and thieves within ten miles of London," and that it was "the most abominable scene that can be imagined."

Very little meat was sold by butchers in London on a Monday, hence they preferred the market of live stock to be on Monday rather than on any other day, as they had more time to attend to it. The smaller retail butchers did not buy animals in Smithfield; they preferred to purchase from the carcase butchers, who had their places in different parts of London. These were found principally in Warwick Lane, which runs from Newgate Street to Pater-

noster Row; in Newgate Market, which was hard by; in Leadenhall Market, and in High Street, Aldgate, which is still the butchers' quarter.

In Smithfield, too, there was for seven centuries held annually "St. Bartholomew's Fair." It arose out of the privilege granted in 1133 by royal charter to the Priory to celebrate the feast of St. Bartholomew on the eve of St. Bartholomew's day, on the day itself, and on the day following. Except for certain periods of intermission, this fair was held annually for three days until the City authorities in 1843 prohibited the assembling of shows at all or any kind in Smithfield; but although prohibited in 1843 in Smithfield, it was permitted to be held in a field adjoining New North-road, and called Britannia Field, in Hoxton. This action of the City authorities was the beginning of the end, for the people never regarded the fair at Hoxton in the same light as the old one in Smithfield, and it was found to be impossible to change the sentiments of the people in regard to amusements, or to divert commerce from the time-honoured channels in which it had been wont to flow for centuries. Only two or three fairs were held at the new site, so that the attempt to preserve the fair, but change its meeting place, fell dead from the first.

The market soon followed the fate of the fair, and the opening of the present meat market in 1868 obliterated all traces of the state of things which had existed in Smithfield for seven centuries.

VIATOR.

Notes.

THE East or Surgical Block of wards is now turned out for repairs, redecoration, and cleaning, and the work of construction of the new supplementary Operating Theatre over the staircase, is in full progress. When completed this will make a most valuable addition to the surgical equipment of the hospital. The work is to be finished before October.

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MR. ALFRED WILLETT has been elected one of the Vice Presidents of the Royal College of Surgeons of England.

* * *

MR. C. B. LOCKWOOD has been elected one of the Hunterian Professors of Surgery and Pathology at the Royal College of Surgeons. His lectures will be "On Traumatic Infection."

* * *

DR. H. D. ROLLESTON has been appointed Goulstonian Lecturer at the Royal College of Physicians for 1895.

DR. S. GEE has been appointed a Censor of the Royal College of Physicians, and amongst those who are to examine at the College Examinations during the next year are:—Dr. Lauder Brunton in Materia Medica and Pharmacy, Dr. Lewis Jones in Elementary Physiology, Dr. V. D. Harris in Physiology, Dr. H. D. Rolleston in Anatomy, Dr. Hensley in Medicine, Dr. Griffith in Midwifery, and Mr. Langton in Surgery.

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DR. SHORE has been re-appointed Examiner in Elementary Biology at the "First Conjoint."

* * *

MR. C. B. LOCKWOOD has been re-elected Examiner in Anatomy at the Society of Apothecaries.

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WE hear that Mr. Henry Power, who for over twenty years has honorably filled the office of Senior Ophthalmic Surgeon, has recently resigned in consequence of having attained the age limit.

* * *

IT is announced that Dr. Kanthack will give a course of Elementary Practical Bacteriology, beginning in October.

* * *

HE will also take a class in more advanced Bacteriology for the D.P.H., during October, November, and December.

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MR. C. P. WHITE, M.R.C.S., L.R.C.P., has been appointed as "The Treasurer's Research Student in Pathology and Bacteriology." We congratulate Mr. White on his election as the first "Research Student." He receives £80 a year, with a grant of £20 for expenses.

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MR. W. SELBY, who passed third in the competition for commissions in the Indian Medical Service in February last, has preserved his position after his training at Netley. He gained the Parkes' Memorial Bronze Medal, and was honorably mentioned in the departments of Pathology and Military Medicine.

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MR. A. W. F. RUSSELL, who was eighth on entrance, has passed out eighth from Netley.

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S. S. F. BLACKMAN, who, after attending the Preliminary Scientific Class, and gaining the Entrance Scholarship in Science, went to St. John's College, Cambridge, where he has had a most successful career, has recently obtained a First Class in the Second Part of the Natural Sciences Tripos at the end of his third year at Cambridge.

V. H. BLACKMAN, who, like his brother, attended the Preliminary Scientific Class, and gained the Open Scholarship in Science, and subsequently entered at St. John's College, Cambridge, has just obtained a First Class in the First Part of the Natural Sciences Tripos.

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A. C. HILL, who, after a year's study at St. Bartholomew's, went to Trinity College, Cambridge, has obtained a First Class in the First Part of the Natural Sciences Tripos.

* * *

W. MYERS has obtained a Second Class in Part II. of the Natural Sciences Tripos. He studied for a year in the Preliminary Scientific Class three years ago.

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WE are pleased to hear that St. Bartholomew's had a good representative this year at Bisley. B. W. Holmes, who is so well known in connexion with the Dramatic Society, has gained a prize of £5 in the Alexandra, and £2 in the St. George's Competitions. He was also one of the winning team of the Sir James Whitehead Challenge Cup. Mr. Holmes is a member of the 20th Mx. (Artists') R.V.

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IT is, we think, a great pity that the Hospital Rifle Club is no longer active, and we trust that next year an effort will be made to revive it, and that St. Bartholomew's will be once more represented at Bisley in the United Hospitals' Challenge Cup Competition. Perhaps the main reason why the Bart.'s Rifle Team has lately been non-existent is that at present so few men belong to combatant Volunteer corps, and members of a team shooting for the Hospital Cup are required to be "trained volunteers." Time was when the Bart.'s contingent formed no mean body in the "Artists'" Corps, and a *good* time it was too. From personal experience we can assure the junior men that membership, during their student days, of a corps such as the "Artists'" opens the door to an amount of present enjoyment and subsequent pleasurable retrospect that it is difficult to realize.

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THE following men, under new regulations, have passed the Second Conjoint in Anatomy and Physiology, viz.:—H. S. Beadles, H. M. Cruddas, A. W. Dickson, F. L. Provis, H. A. Scholberg, and W. T. Stowe.

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IN Anatomy of the Second Conjoint, the following have passed:—D. L. Beath, H. C. P. Bennett, R. P. Brown, J. H. Churchill, G. E. French, F. Harvey, S. Hunt, E. Jones, T. B. Jones, F. E. Price, R. R. Thomas, and H. J. Weston.

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IN Physiology of the Second Conjoint, the following have been successful:—S. B. Atkinson, D. L. Beath, H. C. P. Bennett, R. P. Brown, W. L. Burn, M. A. Cholmeley, J. H. Churchill, W. H. Crossley, G. E. French, R. N. Geach, F. Harvey, G. S. Haynes, S. Hunt, E. Jones, B. E. Laurance, F. E. Price, W. J. Richards, S. Roach, G. Smith, J. F. Swift, R. R. Thomas, A. O. Way, H. J. Weston, and E. W. Woodbridge.

THE following have passed the Primary Examination of the Society of Apothecaries in Anatomy and Physiology:—W. H. Crossley and D. Fletcher. In Anatomy only, A. Hay and F. R. Greenwood have passed; and in Physiology only, G. E. French and C. H. R. Provis have been successful.

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AT the final L.S.A. Examination, J. G. Faber and C. W. Williams have passed in Surgery, J. W. F. Graham has passed in Midwifery, D. D. Brown has passed in Forensic Medicine, and G. J. R. Lowe has passed in Medicine, Forensic Medicine, and Midwifery.

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THE following have passed the First Conjoint in Elementary Anatomy:—A. H. Brewer, P. J. Cammidge, J. K. S. Fleming, R. Hatfield, A. G. Higgins, W. E. G. Maltby, J. W. Nunn, F. G. Richards, W. C. B. Smith, and L. E. Whitaker.

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IN Biology, C. G. Watson has passed, and in Elementary Anatomy and Physiology, under old regulations, B. F. Carlyle has passed.

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IN Chemistry and Physics of the First Conjoint, the following Bart.'s men have passed:—A. Farrington, W. H. Goodchild, T. P. Allen, L. A. Baiss, E. N. Berryman, A. H. Brewer, G. C. Campbell, G. E. Cathcart, C. V. Cornish, E. P. Court, D. Davies, C. D. A. Dowman, R. F. Ellery, J. K. S. Fleming, H. Goodman, H. S. Greaves, P. B. Grenfell, H. V. Gwynn, W. G. Hamilton, J. D. Hartley, A. G. Higgins, F. Horridge, F. M. Howell, W. H. Leonard, H. P. Lobb, W. E. G. Maltby, M. M. Martin, S. Mason, I. L. Morris, J. O'Hea, J. Perks, H. J. Pickering, F. G. Richards, E. F. Rose, H. F. Stilwell, G. W. Stone, T. H. Talbot, H. G. Wood-Hill, T. L. Wyndham.

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THE Pass List of the First Conjoint Examination in Materia Medica and Pharmacy contains the following Bart.'s men:—H. Allen, J. J. Blagden, F. Brickwell, F. A. H. Clarke, H. A. Colwell, H. Davies, G. E. Gardiner, E. S. Jones, H. L. Lambert, E. Lloyd, A. R. Mansell, E. C. Morland, A. W. S. Sheldon, W. E. A. Worley, L. A. Baiss, P. C. Barham, C. P. Burd, A. J. McN. Cuddon-Fletcher, T. D. Dawson, E. P. H. Dudley, H. D. Everington, M. H. G. Fell, C. L. Francia, G. E. Gask, H. B. Gibbins, R. Hatfield, R. S. F. Hearn, C. E. Hogan, J. G. F. Hosken, A. R. Kay, W. H. Leonard, H. F. D. Lloyd, W. C. Long, S. A. Millen, S. Neave, H. J. Pickering, R. Raines, J. H. Rhodes, W. T. Rowe, P. W. Rowland, F. W. Sheppard, H. E. Waller, C. G. Watson, E. D. Wortley, A. O. B. Wroughton.

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THE following Bart.'s men having passed the necessary examinations in Medicine, Surgery, and Midwifery, have been admitted as L.R.C.P. and M.R.C.S.:—B. L. G. Skipworth, F. R. Orella, W. d'E. Emery, L. C. P. Phillips, F. C. Poynder, J. W. Haines, C. B. Dobell, F. E. A. Webb, F. T. D. Clindenning, S. Cornish, C. M. Hewer, R. C. J. Stevens, H. S. Byers, R. H. Shepard, J. G. Faber, W. M. Borcherds, J. B. Collins, E. L. Pawlett, E. C. Adams, T. W. W. Burgess, A. D. Ducat; and the diploma of M.R.C.S. has been granted to N. Hartford, who has been attending at Bart.'s for the last three months.

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THE following Bart.'s men have been successful at the Intermediate M.B. (London):—T. J. Horder (Honours in Organic Chemistry), A. R. J. Douglas (1st Division), J. H. Churchill, A. W. Dickson, J. A. Dredge, F. A. Field, C. F. Gordon, W. J. Harding, S. Hunt, and H. Weeks. Others have passed, excluding Physiology, viz.:—H. Mundy, J. A. P. Barnes, C. Rivière, S. F. Smith, W. Wrangham;

and in Physiology only:—J. F. Bill, S. L. Box, P. W. Brigstocke, D. H. F. Cowin, L. F. Marks, E. Pratt, and A. B. Tucker, have passed. About one-fourth of the total Pass List consist of St. Bartholomew's men.

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A LARGE and influential Meeting of Matrons of various Hospitals took place in the Board Room of St. Bartholomew's Hospital, on July 13th, to initiate the very important body called the "Council of Matrons." The formation of this Council marks a very important departure in the organization of Nursing in England, for, for the first time, the responsible heads of the Nursing Departments of our Hospitals are brought together in a compact body for discussion of questions of Hospital Nursing. There were present, we hear, about fifty Matrons of Hospitals, including Miss Stewart, of St. Bartholomew's; Miss Mollett, of Southampton; Miss Ridley, Miss Smedley, Miss Suckling; Miss Medill, of St. Mary's; Miss Rogers, of Leicester; Mrs. Bedford Fenwick, and many others. Miss Stewart was voted to the chair, and after an address from her, the Matrons proceeded to pass by-laws, a copy of which we have had the pleasure of seeing. They appear to have been framed in a very sensible and business-like way. Miss Stewart enjoys the honour of having been elected the first "Chairman" of the Matrons' Council.

Amalgamated Clubs.

NEW MEMBERS.

The following students have joined the Amalgamated Clubs during June and July:—

G. F. Briggs.
S. L. Box.
D. H. F Cowin.
S. Coram.
R. de S. Stawell.
I. C. Lewis.
F. K. Weaver.
J. B. Hughes.
J. C. A. Rigby.
C. A. Robinson.
G. A. Auden.

SWIMMING CLUB.

SIX WIDTHS' HANDICAP.

Swum on July 2nd.

W. K. Hopkins, 2 secs. 1
T. C. L. Jones, 3 secs. 2

Four others started, L. C. Thorne Thorne being scratch man.

THREE LENGTHS' VARIETY HANDICAP.

The final of this race was decided on July 17th.

A. Hay, 4 secs. 1
W. K. Hopkins, 5 secs. 2

Hay won easily. Codrington (6 secs.) made a close race with Hopkins for second place. Mackintosh, the scratch man, did not finish.

WATER POLO MATCHES.

ST. BART.'S HOSPITAL *v.* CYGNUS S.C.

Played at Fitzroy Baths, on July 4th. Both sides played one short, and the game resulted in a win for the visitors by 1 goal (obtained just before half-time) to nil.

TEAM.

T. C. Liller Jones, Goal.
W. F. Bennett, L. Falkener, } Backs.
L. C. Thorne Thorne, Half-back.
F. G. Richards, W. J. Codrington, } Forwards.

ST. BART.'S HOSPITAL *v.* TADPOLE S.C.

The Hospital team turning up three short, substitutes were provided, and a friendly game played, which resulted in a draw of 4 goals all.

The remaining fixture, *v.* Priory S.C. was scratched.

The INTER-HOSPITAL CUP TIES have been postponed until October. The draw for the first round is:—

ST. BARTHOLOMEW'S *v.* ST. THOMAS'S.
MIDDLESEX *v.* GUY'S.
UNIVERSITY COLLEGE, a bye.

LAWN TENNIS CLUB.

Since the publication of the last number of the Journal, we have played four matches, all of which have been lost.

On Thursday, June 28th, we played Connaught at Chingford, and lost the match by 7 rubbers to 2, 9 sets to 4, 122 games to 94.

J. C. Padwick lost to C. B. Hunt, 6—3, 4—6, 4—6.
R. F. Baird lost to Newling, 1—6, 4—6.
T. Martin lost to Edmunds, 2—6, 3—6.
R. Waterhouse lost to Agar, 1—6, 6—1, 3—6.
A. Woollcombe lost to Watson, 1—6, 2—6.
H. A. Andrews beat Cruickshank, 4—6, 6—4, 7—5.

J. C. Padwick and T. Martin beat Hunt and Newling, 7—5, 6—4.
R. F. Baird and R. Waterhouse lost to Edmunds and Watson, 6—8, 8—6, 6—8.
A. Woollcombe and H. A. Andrews lost to Agar and Cruickshank, 3—6, 4—6.

On the following Wednesday we played Albermarle at Beckenham. They repeated their performance of May 30th, by again beating us without the loss of a match though Padwick and Martin were within an acc of beating their first pair.

J. C. Padwick and T. Martin } lost to H. N. Alston and R. Carr, 8—6, 5—7, 6—8.
J. C. Padwick and T. Martin } lost to B. Mason and S. Mason, 6—4, 3—6, 3—6.
J. C. Padwick and T. Martin } lost to H. Hayman and A.E. Simpson, 4—6, 4—6.
R. F. Baird and H. A. Andrews } lost to Alston and Carr, 3—4 (retired).
R. F. Baird and H. A. Andrews } lost to Mason and Mason, 6—2, 4—6, 1—6.
R. F. Baird and H. A. Andrews } lost to Hayman and Simpson, 6—4, 3—6, 2—6
R. Waterhouse and A. Woollcombe } lost to Alston and Carr, 1—6, 1—6.
R. Waterhouse and A. Woollcombe } lost to Mason and Mason, 4—6, 4—6.
R. Waterhouse and A. Woollcombe } lost to Hayman and Simpson, 4—6, 3—6.

The result was that we lost the match by 9 rubbers to 0, 16 sets to 4, 119 games to 81.

On Saturday, July 7th, we played Harold L.T.C on their ground at Upper Norwood. The team representing the Hospital on this occasion was abominably weak, and had we had anything like our Match Team we should undoubtedly have won fairly easily. As it was we lost by 6 matches to 3, 14 sets to 7, 111 games to 87.

W. H. Crossley and R. Waterhouse } beat E. Heald and E. B. Milner, 6—3, 6—4.
W. H. Crossley and R. Waterhouse } lost to F. Thompson and G. Thompson, 4—6, 2—6.
W. H. Crossley and R. Waterhouse } beat H. Penn and H. C. Rose, 5—7, 6—2, 6—3.
T. Martin and A. Woollcombe } lost to Heald and Milner. 8—6, 6—8, 5—7.
T. Martin and A. Woollcombe } beat Thompson and Thompson, 2—6, 7—5, 6—0
T. Martin and A. Woollcombe } lost to Penn and Rose, 4—6, 3—6.
A. A. Humphrys and A. H. Hayes } lost to Heald and Milner, 1—6, 4—6.
A. A. Humphrys and A. H. Hayes } lost to Thompson and Thompson, 1—6, 0—6.
A. A. Humphrys and A. H. Hayes } lost to Penn and Rose, 4—6, 1—5.

On the evening of Wednesday, July 11th, we journeyed to Surbiton, and being a very weak team, suffered the penalty of being beaten by 7 matches to 1. Darkness preventing the ninth match being played.

W. H. Crossley and R. Waterhouse } beat J. F. Newton and A. B. Tomkins, 2-6, 6-4, 7-5.
W. H. Crossley and R. Waterhouse } lost to A. J. McNaird and R. J. McNaird, 4—6, 3—6.
W. H. Crossley and R. Waterhouse } lost to A. B. Carter and H. C. Selle, 6-2, 5-6, 2-6.

T. Martin and A. Woollcombe } lost to Newton and Tomkins, 1—6, 1—6.
T. Martin and A. Woollcombe } lost to A. J. and R. J. McNaird, 4—6, 4—6.
T. Martin and A. Woollcombe } lost to Carter and Selle, 2—6 (unfinished).

G. Wedd and P. Wood } lost to Newton and Tomkins, 5—7, 1—6.
G. Wedd and P. Wood } lost to McNaird and McNaird, 6—4, 4—6, 2—6.
G. Wedd and P. Wood } lost to Carter and Selle, 6—4, 6—8, 2—6.

The United Hospital Sports.

THE weather ruled propitious for the 25th Annual Meeting of the United Hospitals, and, though it gave the company present one or two scares, the threatened showers held off, deciding not to interfere with so good an afternoon's sport. The company present was not as numerous as in former years, the threatening weather and the Eton and Harrow match keeping many away; but those present had a capital afternoon, for they would seldom see three better races than the 220 yards, the 440 yards, and the Half-mile, especially the last. Three Hospital records were made, a fact speaking volumes for the character of the racing.

The contest turned out to be a tussle between Bart.'s and Guy's, no other school being ever seriously in it. We managed to bring back the Shield to the Library, from which it has been missed since 1892, by the substantial majority of six wins and six seconds, to Guy's five wins and four seconds, St. Mary's taking the odd second. Prior to 1892, Bart.'s held the Shield for seven years in succession.

Guy's were unlucky in having H. T. Bell hampered by a bad foot, and he is to be congratulated on the plucky way he stuck to it. Munro, as usual, ran in excellent form and completely out-classed his rivals in the Mile and Three Miles. In the Bicycle Race, Milbank Smith rode grandly, finishing second, twenty-five yards behind the winner, after losing nearly a lap early in the race.

Of our men, Cornish ran extremely well, his speed in the 220 was a grand sight. Hay and Mason's race for the Half-mile, too, was fine, and it would be no surprise to see either of them get under even time in the future. Smith jumps in a clean, easy style, and should do considerably higher than 5 ft. 6½ in., and Johnston is certainly the best hurdler we have seen at these sports. With all these men available for coming years Bart.'s ought to keep the Shield far into the future.

Details:—

100 YARDS CHALLENGE CUP.

(Holder, H. T. Bell, Guy's. Time, 10⅜ secs. Record, B. B. Conolly, Guy's, 10⅕ secs., 1868.)

FINAL HEAT.

H. T. Bell, Guy's 1
C. V. Cornish, Bart.'s 2
J. Johnston, Bart.'s 3

Bell drew away from the others at once, and though Cornish and Johnston made an effort 40 yards from home, he won by a yard. Two feet between second and third. Time, 10⅜ secs.

HALF-MILE CHALLENGE CUP.

(Holder, P. W. James, Bart.'s; time, 2 min. 2⅛ secs. Record, P. W. James, Bart.'s, 2 min. 2 secs., 1893.)

RESULT.

A. Hay, Bart.'s 1
S. Mason, Bart.'s 2
A. McCullagh, Charing Cross 3

Batchelor, of Guy's, was fourth. Hay led soon after the start, closely followed by Batchelor, Mason, and McCullagh. Hay increased his lead in the second lap, and Mason went in front of Batchelor, McCullagh following him. In the last 300 yards all the last three closed up to the leader, and 150 yards from the tape Mason passed Hay; but Hay spurted grandly, and after a most exciting finish, won by 2 yards. McCullagh 8 yards behind Mason. Time, 2 min. 1⅕ secs. (a Hospital record).

PUTTING THE SHOT.

(Holder, C. Rolfe, London, 35 ft. 2½ in. Record, W. G. West, Bart.'s, 38 ft. 3 in., 1889).

RESULT.

W. F. Bennett, Bart.'s ..... 34 ft. 5 in. 1
J. S. Macintosh, Bart.'s ..... 34 ft. 4 in. 2
E. N. Scott, Guy's ..... 33 ft. 7 in. 3

120 YARDS HURDLE RACE.

(Holder, P. R. Lowe, Guy's; time, 17 secs. Record, J. G. Graveley, Guy's, 16¾ secs., 1877.)

FINAL HEAT.

J. Johnston, Bart.'s 1
P. R. Lowe, Guy's 2
H. N. Coltart, St. George's 3

Woodbridge, of Bart.'s, fell at the last hurdle when running third. Lowe and Johnston drew out after the second hurdle. Johnston led at the fifth hurdle, and going strongly to the finish, won by 2 yards. Time, 16¾ secs. (a Hospital record).

220 YARDS.

(Holder, H. T. Bell, Guy's; time, 23⅕ secs. Record, H. T. Bell, Guy's, 22⅜ secs., 1892.)

FINAL HEAT.

C. V. Cornish, Bart.'s	1
H. T. Bell, Guy's	2
J. V. Worthington, London	3

Bell led, closely followed by Cornish and Worthington. Sixty yards from home, Cornish ran right past Bell, and won by 2 yards. Worthington was 4 yards behind Bell. Time, 23¼ secs.

HIGH JUMP.

(Holder, H. T. Bell, Guy's; height, 5 ft. 8 in., record).

RESULT.

S. F. Smith, Bart.'s ..... 5 ft. 5½ in.....	1
H. T. Bell, Guy's..... 5 ft. 4½ in.....	2

(Smith subsequently jumped 5 ft. 6½ in.)

THROWING THE HAMMER.

(E. N. Scott, Guy's; distance, 89 ft. 5 in. Record, J. F. Frazer, Bart.'s, 93 ft. 10 in., 1890.)

RESULTS.

E. N. Scott, Guy's ..... 85 ft. 1 in.....	1
W. F. Bennett, Bart.'s..... 83 ft.	2
H. Charles, Middlesex..... 79 ft. 1 in.....	3

ONE MILE CHALLENGE CUP.

(Holder, H. A. Munro, Guy's; time, 4 min. 41 secs. Record, H. A. Munro, Guy's, 4 min. 34⅕ secs.)

RESULT.

H. A. Munro, Guy's	1
R. C. Leaming, St. Mary's.....	2
F. F. Eleves, Middlesex	3

Munro led at the 300 yards' mark, was never headed, and won as he liked by 100 yards. Time, 4 min. 36⅜ secs.

LONG JUMP.

(Holder, H. T. Bell, Guy's, 20 ft. 8 in. Record, B. C. Green, Bart.'s, 21 ft. 3 in., 1891).

RESULT.

H. T. Bell, Guy's..... 20 ft. 7 in.....	1
J. W. Nunn, Bart's ..... 20 ft. 2 in.....	2
C. T. Armson, Middlesex... 19 ft. 7 in.....	3

QUARTER MILE CHALLENGE CUP.

(Holder, F. S. Batchelor, Guy's; time, 53½ secs. Record, T. A. Guinness, King's College, 51⅝ secs.)

FINAL HEAT.

C. V. Cornish, Bart.'s	1
S. Mason, Bart.'s	2
F. S. Batchelor, Guy's.....	3

A. McCullagh, Charing Cross, was fourth. Cornish was first away, but was passed by Batchelor, whom he caught and passed again at 200 yards. From here to the finish Cornish led, chased home by Mason, who finished 5 yards behind. Batchelor was 4 yards behind Mason. Time, 52⅖ secs.

THREE MILES CHALLENGE CUP.

(Holder, H. A. Munro, Guy's; time, 15 min. 51⅜ secs. Record, H. A. Munro, Guy's, 15 min. 17⅕ secs.)

RESULT.

H. A. Munro, Guy's	1
C. D. Edwards, Guy's.....	2
W. A. McEnery, Guy's	3

Munro led after a quarter-mile, and after the half-mile led by 30 yards. He continued to increase his lead, and lapped his opponents at two-and-half miles. He won by 550 yards. Time, 15 min. 16 secs. (a Hospital record).

FIVE MILES BICYCLE RACE.

RESULT.

Austen Wood, Guy's	1
H. J. Milbank Smith, Guy's	2
A. S. Bruzard, London	3

Milbank Smith's coat got entangled in his hind wheel, and he had to dismount to remove it. This lost him nearly a lap and cost him the race, as he could not get on terms with Austen Woods, though he finished only 25 yards behind him. He was heartily applauded for his plucky effort. Time, 15 mins. 24⅛ secs.

Mrs. Horsley, the wife of the U.H.A.C. President (Mr. H. A. Victor Horsley, F.R.S., F.R.C.S.), distributed the prizes.

Ballads of the Smoking Concert Club.

(Continued.)

"IN THE GLORIOUS DAYS TO COME."

Of the days to come I am going to sing,
Of "Looking Backward"—and that kind of thing,
And of the great joys the millenium will bring
In the glorious days to come.
There'll be no love, no greed, or hate,
We shall all be equal, and all sedate,
And be washed once-a-week at the expense of the State,
In the glorious days to come.
Well, I may have ridiculous taste,
But I'll give you my sentiments free!
That the world just at present is quite good enough,
And no worse than it ought to be.

We shall all be alike, in the same style dressed,
All efforts at culture will be sternly suppressed,
You won't be allowed to know more than the rest,
In the glorious days to come!
If a man any symptom of brain power should show,
They'll trephine him and take out a lobe or so,
They'll whittle him down to the level below,
In the glorious days to come.
Well, I may have ridiculous taste,
But I'll give you my sentiments free!
No Act ever passed can make a fool wise,
For he always a fool will be.

How nice when we all quite equal shall be,
All have the same breakfast, and dinner, and tea,
And get whiskey served out once a fortnight free!
In the glorious days to come.
There'll be a few taxes, but no more bills,
And nobody's soap, and nobody's pills,
Will disfigure the valleys and blot out the hills,
In the glorious days to come.
Well, I may have ridiculous taste,
Of my sentiments this is but one,
That a few things, perhaps, may be better arranged
In the glorious days to come.

Some frivolous folk will think it is tame,
When women and men are dressed the same;
And you're known by a number instead of a name,
In the glorious days to come.
There'll be no such thing as the wise or great,
Our corns and hair will be cut by the State,
We shall all eat out of a common plate,
In the glorious days to come.
Well I daresay it's all very well,
And may seem a nice prospect to some,
But I'm thankful to say I shall not be alive,
In the glorious days to come. F. W. C.

St. Bart.'s Hospital Smoking Concert Club.

(SEASON 1894-95.)

The following dates have been secured for Concerts, which will be held in the French Room, St. James's Restaurant, W.

October 27th. | November 17th.
December 8th. | February 2nd.
March 9th.

Correspondence.

To the Editor of ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

DEAR SIR,—I am requested by the Dance Committee to inform you that the sum of £15 6s. (fifteen pounds six shillings) has been handed to the Treasurer of the Samaritan Fund of St. Bartholomew's Hospital by Mr. H. J. Waring (Treasurer, Dance Committee). The above sum being the balance of the proceeds of the Dance, held in aid of the Fund, at 77, Harley Street, on May 30th.

I remain, faithfully yours,
D. L. E. BOLTON, *Hon. Sec.*

Awards of Prizes and Scholarships.

We have already announced the names of the winners of the Kirkes, Brackenbury, and Lawrence Scholarships. Since then the results of the competition for the Mathews Duncan Medal, for the Sir G. Burrows and Skynner Prizes, and for the Shuter Scholarship have been published as follows:—

MATTHEWS DUNCAN MEDAL AND PRIZE. The Medal was not awarded; but the Prize was won by L. Phillips.

SIR GEORGE BURROWS' PRIZE.—H. S. Byers.

SKYNNER PRIZE.—H. S. Byers.

SHUTER SCHOLARSHIP.—T. H. Molesworth, S. D. Rowland.

Meeting of the Physiological Society at St. Bartholomew's.

ON Saturday, July 14th, the Physiological Society held a meeting at St. Bartholomew's. This is the first time the Society has honoured us with a visit, and a most successful meeting was held. The proceedings began with tea in the Library at four o'clock, after which the members and visitors assembled in the Physiological Laboratory. Among those present were Dr. Pye-Smith, Dr. Pavy, Dr. Waller, Professor Weir Mitchell of Philadelphia, Professor Blackadder of Montreal, and other physiological *savants*. Dr. Garrod made a communication on the Coloration of Uric Acid Crystals, and showed several beautiful specimens. Drs. Edkins and Fletcher gave the results of some experiments they have made to determine the part played by the intestinal epithelium in the transformation of carbohydrate into fat. They fed animals on various cereals, and after a given time the animals were killed, and the intestine examined for fat in the epithelium of the villi by the osmic acid method. The summary of their results is that the fat in the epithelium of the villi is in proportion to the amount of fat present in the food. This conclusion is opposed to the views of Dr. Pavy, who believes that carbohydrate is converted into fat by the epithelial cells. In the discussion which followed, Dr. Pavy took part. Dr. Lewis Jones showed an interesting piece of electrical apparatus which he thought might be of service in nerve muscle physiology. Dr. Kanthack followed with specimens illustrating selective Chemiotaxis, giving a short explanation of them. Dr. Andrewes showed specimens of a Bacterial Pigment which he has succeeded in isolating. His demonstration of the properties of this pigment with chloroform, and its change of colour with alkalis and acids, was much appreciated. After a short communication from Mr. F. Stanley Kent, the meeting adjourned to the Anatomical Theatre, where lantern demonstrations were given by Mr. Kent and Mr. D'Arcy Power. The latter showed a beautiful series of photograph slides exhibiting the results of irritation of normal epithelium, and the production, by this means, of appearances similar to those described by others as the protozoon parasites of cancer. Dr. Klein gave a short account of "Bactericidal Poisons," after which the company dined in the Great Hall of the Hospital. The dinner was in every way a great success, forty-three members and guests being present, and the catering by the College manciple left nothing to be desired. Dr. Klein occupied the chair, and among those present were Dr. Pye-Smith, Mr. Henry Power, Dr. Kanthack, Dr. Copeman, Captain Smith of the Veterinary College, Dr. Starling, Dr. Lauder Brunton, Dr. Norman Moore, Mr. Thomas Smith, Mr. Lockwood, Professor Weir Mitchell, Professor Blackadder, Sir Dyce Duckworth Dr. Shore, Mr. Langton, and others. After dinner, a vote of thanks to the Treasurer and Governors of the Hospital was passed, and the company separated at nine p.m. We hear on all sides that this was one of the most successful of the meetings of the Society during the past year, and we hope it will become an annual fixture.

Obituary Notes.

DR. HERBERT GOUDE.—We regret that we have to record the death of Dr. Herbert Goude, Resident Surgeon to the Small-Pox and Vaccination Hospital, Highgate, which took place suddenly on July 16th. The suddenness of the fatal attack gave rise to the suspicion that Dr. Goude died from other than natural causes, and in consequence an inquest was held. The medical evidence, however, showed that the cause of death was fatty degeneration of the heart. Dr. Goude was forty-seven years of age, and was a "Bart.'s" man. He took the M.R.C.S. in 1870, and F.R.C.S. (Edinburgh) in 1880.

In 1887 he became M.D. of Durham. Whilst a student, he had a distinguished career, and held the offices of House Surgeon and Midwifery Assistant. He was subsequently House Surgeon to St. Mark's Hospital for Fistula, House Surgeon to the Lock Hospital and Registrar to the National Orthopædic Hospital. Subsequently he specialised in State Medicine, and held the office of Resident Surgeon at the Highgate Small Pox Hospital for some years previous to his death.

JOHN CAPORN SMITH, M.R.C.S., L.S.A.—Mr. J. C. Smith died at Great Yarmouth, on July 15th, at the ripe age of eighty-two. Mr. Smith was born at Northampton in 1812. He was educated at the Merchant Taylors' School, and at St. Bartholomew's Hospital. He became M.R.C.S. in 1834, and L.S.A. in 1835. In 1836 he began practice at Great Yarmouth. He was for many years Surgeon to the Great Yarmouth Hospital, and, until last year, was Surgeon to the Great Yarmouth Workhouse, a post which he held for thirty-nine years. He was formerly President of the Norwich Med. Chir. Society and of the East Anglian Branch of the British Medical Association. He had for many years an extensive private practice, and in addition was highly respected. He was senior J.P. for the borough, and an Alderman. He took a prominent part in Freemasonry, having been three times Master of his lodge, and twice Senior Provincial Grand Warden of the Provincial Grand Lodge of Norfolk. In 1886 Mr. Smith celebrated his golden wedding and received many handsome presents from friends, colleagues, and patients. He leaves a widow, one son, and three daughters. The funeral took place on July 19th.

Review.

DISEASES OF THE NOSE AND THROAT, by F. de Haviland Hall, M.D., F.R.C.P. (H. K. Lewis), 1894, cr. 8vo, price 10s. 6d.—This is the latest addition to a series which already includes such excellent books as Lewer's "Diseases of Women," and Steavenson and Lewis Jones' "Medical Electricity. The book contains two coloured plates, and fifty-nine illustrations: the coloured plates represent laryngoscopic views of the larynx and vocal cords during inspiration, and during phonation: they are extremely well done, and, since the parts are named, will be found useful by students who meet with a difficulty in identifying the anatomy of the larynx, as seen in the dissecting room, with that seen with the aid of the laryngoscopic mirror.

The majority of the illustrations are representations of instruments, and, as such, considerably lighten—to the student—the task of reading the book. One hundred and sixty-eight pages are devoted to the nose, accessory sinuses, and naso-pharynx, 137 to the pharynx proper, while 190 are given to the larynx: the author has evidently aimed at the "happy medium" between a "cram book" and a treatise on the subject, and on the whole has succeeded.

The book throughout gives evidence of the expenditure of much care in its production, and is, for a text book, singularly free from dogmatic statements.

The references to other authors are very numerous, and the various views with regard to such questions as the pathology and treatment of chronic atrophic rhinitis and ozæna are given with much fairness, even when opposed to those held by the author. We are surprised to see that the author still supports the view that epistaxis may be "vicarious to menstruation," a view generally regarded in our own school as a "relic of the middle ages." We conceive the highest product of the study of medicine to be the "general practitioner" (in the true sense of the word), and since such hand-books as these, dealing as they do with special subjects, make it possible for the general student to become familiar with branches of medicine hitherto relegated almost entirely to the specialist, we welcome them, and commend them to the student.

Births.

NUTTALL.—August 4th, at Elm-avenue, Nottingham, the wife of Alfred E. Nuttall, M.A., M.B. (Cantab), of a son.

PAGET.—July 17th, at Stratford, Larawaki, New Zealand, the wife of Tom Lakin Paget, M.R.C.S., L.R.C.P., of a daughter.

TAIT.—July 27th, at Sunnyside Road, Hornsey Lane, N., the wife of H. B. Tait, F.R.C.S., of a son.

Marriages.

ANDERSON-INNES.—July 31st, at the Parish Church, Merton, by the Rev. Sydney Clark, M.A., Chaplain of the Royal Hospital, Chelsea, assisted by the Rev. E. Walpole Warren, D.D., Hugh Kerr Anderson, M.B., son of James Anderson, Frognal Park, Hampstead, to Jessie Mina Innes, daughter of the late Surgeon-General Francis William Innes, M.D., C.B.

BENJAMIN-MORGAN.—July 18th, at Christ Church, Ealing, John Knill Kinsman Benjamin, M.R.C.S., L.R.C.P., of Dorrington, near Shrewsbury, to Alice Sophia, youngest daughter of the late James Hungerford Morgan, of Mangalore, India.

RAWLINSON-ALEXANDER.—July 14th, at the United Presbyterian Church, Lenzie, Dumbartonshire, by the Rev. W. Miller, M.A., Frederick Juland Rawlinson, F.R.C.S. (Eng.), of Stuart House, Bognor, Sussex, younger son of Alfred Rawlinson, of Hurstmead, Eltham, Kent, to Edith Mary, youngest daughter of William Alexander, of Fairview, Lenzie.

SCHOLEFIELD-MARSHALL.—July 14th, at St. John's Church, Blackheath, by the Rev. J. W. Marshall (father of the bride), assisted by the Rev. Canon McCormick and Rev. J. P. Hobson, Robert Ernest Scholefield, M.A., M.B. (Oxon.), youngest son of William Scholefield, Esq., late of Weetwood, Leeds, to Elizabeth Graham, eldest daughter of Rev. W. J. Marshall, vicar of St. John's, Blackheath.

STEEDMAN-NICKOLL.—July 19th, at the Parish Church, Streatham, by the Rev. Canon Nicholl (rector of the parish, and grandfather of the bride), assisted by the Hon. and Rev. G. F. Vane, vicar of High Ercall, Salop, and brother-in-law of the bridegroom, John Francis Steedman, F.R.C.S. (Eng.), second son of the late E. B. Steedman, of High Ercall Hall, to Mary Eveline, eldest daughter of Richard Nicholl, of Exmouth, Devon. No cards. At home Sept. 26th, 27th, 28th.

WARDE GOLDIE.—July 31st, at St. John's Church, Tunbridge Wells, Wilfrid Brougham Warde, M.R.C.S., L.R.C.P., of Knowsley, to Louise Sophie Marie (Lulu), daughter of Lewis Goldie, of 22, Victoria-road, Clapham Common.

WHITE-BROWNRIGG.—July 3rd, at St. Paul's Church, Avenue road, Regent's Park, by the J. W. Bennett, M.A., vicar, John Arthur Temple White, M.R.C.S., L.R.C.P., of Hatfield Broad Oak, Essex, only son of J. Bramford White, Esq., Civil Service, Trinidad, to Alice Edith, younger daughter of Colonel H. J. Brownrigg, C.B., of 8, Lancaster-terrace, Regent's Park, and grand-daughter of the late Sir Henry Brownrigg, K.C.B., Royal Irish Constabulary. Colonial papers, please copy.

Deaths.

GOUDE.—Suddenly, on July 16th, Herbert Goude, M.D., Resident Medical Officer, Highgate Small Pox Hospital, aged 47.

SMITH.—July 15th, at Great Yarmouth, John Caporn Smith, M.R.C.S., L.S.A., aged 82.

ACKNOWLEDGMENTS.

Guy's Hospital Gazette, *London Hospital Gazette*, "*Post-Nasal Growths*," by CHARLES A. PARKER (H. K. Lewis).

St. Bartholomew's Hospital Journal.

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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 5*s., including postage. Subscriptions should be sent to the* EDITOR; *or to* T. W. SHORE, M.D.; *or to* ANTHONY A. BOWLBY, *Treasurer; at the Hospital.*

All financial communications, relative to Advertisements ONLY, *should be addressed to* J. H. BOOTY, 29, *Wood Lane, Uxbridge Road, W.*

St. Bartholomew's Hospital Journal.

SEPTEMBER 14th, 1894.

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

On the Removal of Individual Bones of the Tarsus and Metatarsus for Tuberculous Disease.

By HOWARD MARSH, F.R.C.S.,

Surgeon to the Hospital and Lecturer on Surgery.

I HAVE lately been reminded of this subject by meeting with three cases in which, while I was Surgeon to the Hospital for Sick Children, I removed single tarsal or metatarsal bones in dealing with tuberculosis of the foot. I remember a paper, published some years ago, in the *British Medical Journal*, by Brigade-Surgeon Godwin, in which he alluded to the fact that a very useful foot may still remain although some of its principal parts have been removed; and he mentions the conservative practice that has been founded on this experience as "one of the minor advances of modern operative surgery." Mr. Timothy Holmes was one of the first to draw attention to this subject at the Hospital for Sick Children: and his "Surgical Diseases of Children," published in 1868, contains an instructive chapter in illustration of it.

The three principal bones of the foot are the os calcis, the astragalus, and the metatarsal bone of the great toe; and, considering the part they severally play in the mechanism of the lower extremity, the student of anatomy might very well ask, what would be the condition of the foot when any one of these had been removed? This inquiry is of much importance, also, from a clinical point of view. Tuberculous disease frequently begins in, and for a time remains limited to, a single tarsal bone. With early rest and treatment of the general health, the great majority of cases end in recovery. If, on the other hand, cases are neglected, the neighbouring parts of the foot become involved, and at length some extensive operation, even amputation, may be required. There is a time, however, at which, although suppuration has occurred, and sinuses have formed, and although redness of the skin and swelling of the soft parts may suggest extensive disease, examination may indicate that mischief is still confined to a single bone; and there is good evidence to show that if this particular bone is carefully dissected out, sound repair will usually follow. It is only by keeping all this in mind that the surgeon can avoid the resort to amputations of the foot that ought never to have been performed. It must be allowed that the necessary accuracy of diagnosis is by no means easy. In many cases it is very difficult. The external appearances produced by disease of the os calcis, or of the astragalus, are often closely similar to those which depend on disease of the ankle joint. But a correct conclusion may generally be arrived at (1) by observing that although sinuses open close to the ankle, and just where they often do when the joint itself is diseased, yet, a probe passed into them runs not towards the joint, but towards, and often into, one of the bones. (2) The movements of the joint are found to be free, or only slightly impaired (as they may be from swelling and matting of the surrounding soft parts). (3) Although considerable swelling is present, and although, at a first glance, it may seem to involve the joint, it does

not in reality do so. This is a very important point. Swelling depending on advanced disease of the joint itself can be traced on all its aspects, but when the os calcis alone is affected, although the swelling is very marked below and behind the joint, as well as laterally below the malleoli, it is entirely absent towards the front of the joint, under the extensor tendons; while, when the astragalus is involved, although swelling is present in front of the ankle, and probably also at the lateral aspects of the joint, yet at the back of the joint, on either side of the tendo-Achillis (where swelling is well marked in disease of the ankle) it is absent.

Supposing the surgeon has convinced himself that the os calcis is so widely diseased that mere free drainage and prolonged rest will not be sufficient, but that further operative interference is called for, and supposing that on examination no sequestrum is found, but that extensive caries is present, so that only a shell of bone remains, then instead of gouging away the carious interior, the best course will be to dissect the entire bone out. The method by which this is done, however, will exercise a considerable influence on the future usefulness of the foot. The best incision for the purpose, I think, is one which, beginning on the inner side of the tendo-Achillis, just above its insertion, runs horizontally outwards, across the posterior aspect of the os calcis, and then horizontally forward along its outer surface as far as the calcaneo-cuboid joint, that is to a point about midway between the external malleolus and the base of the fifth metatarsal bone. It then turns at a right angle, and runs downwards, and then inwards nearly to the middle line of the sole. The tendo-Achillis is at once divided, but care should be taken to expose without dividing the two peronei, so that they can be hooked aside. The whole thickness of the flap mapped out by this incision should be dissected off the bone and turned downwards. By keeping the point of the knife close upon the bone, only those structures which are directly attached to the os calcis will be cut. The easiest way of proceeding is to divide the middle fasciculus of the external lateral ligament and the ligaments connecting the os calcis with the cuboid, and to open the calcaneo-cuboid joint, then to divide the ligaments connecting the os calcis with the astragalus, and turn the foot strongly inwards; the interosseous ligament can now be cut, and the soft parts detached from the inner side of the bone, care being used to cut neither the flexor longus hallucis where it lies in the groove beneath the sustentaculum tali, nor the plantar vessels or nerves. I have performed this operation some five or six times. The cavity left after the removal of the bone has filled up, though slowly, the patients have been able to walk long distances and to stand on tip-toe; and when the loss in height has been made up by the addition of a thick heel to the boot, the defect has been scarcely noticeable.

Equally favourable results may follow removal of the astragalus. The condition of the foot after the operation has been performed for tuberculosis is better than when it has been done in instances of relapsed talipes varus; for in the latter condition, the foot is often undergrown, and so distorted in its anterior segment, so that mere removal of the astragalus cannot entirely correct its position; whereas, in tuberculous cases the general position of the foot is good. I have seen children, after removal of the astragalus, who walked with scarcely any defect, and, on examination, a good deal of flexion and extension has been found to be present, owing to the connection of the tibia and fibula with the os calcis by means of a firm but not close cicatrical union.

The astragalus can be removed without the division of any tendons, by the following method, which has long been in use:—An incision starts from the lower and back part of the external malleolus, and runs forward in a curved direction till the outermost tendon on the front of the foot (the peroneus tertius) is reached. It divides only the skin and subcutaneous tissue. The tendons of the peronei brevis and longus are hooked upwards and preserved. The three fasciculi of the external lateral ligament are divided, and the joint between the head of the astragalus and the scaphoid is opened. The bone is then gradually raised from its bed, and its connections, as they are severally met with and defined, are divided. The dissection is unavoidably tedious, but the more carefully it is performed, the smaller will be the damage done to the surrounding structures.

The metatarsal bone of the great toe is not very rarely the seat of tuberculous disease involving its cancellous tissue. The mischief usually commences at its base, in the growing tissue of the diaphysis immediately beneath the epiphysial plate; and if the case is neglected, almost the whole of the cancellous tissue may be replaced by granulation tissue, loaded with caseating tuberculous products, so that the bone is little more than a shell. It is then best to dissect it out. This can be done through an incision which runs along the dorsal aspect of the bone, from its base to its head, and then turns inwards and downwards to the sole. The tendon of the extensor longus hallucis is exposed without being injured, and is drawn outwards; the metatarso-phalangeal joint is opened; and, by the use of the point of the knife kept close to the bone, the soft parts are divided and retracted, and the periosteum is, as far as possible, preserved. With care and patience (a rugine, or periosteal elevator, will be useful) the bone can be removed without division of either the abductor or the flexor brevis hallucis. The communicating branch from the dorsal artery of the foot to the external plantar, or even the external plantar artery itself, may be cut during the removal of the tarsal end of the bone; but the divided vessels are easily secured. The tendon of the peroneus longus, no doubt, acquires attachment to the cicatrix in the immediate neighbourhood of its original insertion into the base of the metatarsal bone; while its insertion into the internal cuneiform—slight, it is true, but useful as a holdfast—need not, if care is taken, be divided. The result of this operation, when it is remembered that the metatarsal bone of the great toe is the principal part of the anterior portion of the arch of the foot, is somewhat surprising. The toe is considerably shortened; but this is the only marked defect. The strength of the foot, and the patient's powers of movement, seem to be impaired in no material degree; indeed, when the periosteum can be stripped off with the other soft parts, and saved, the shaft of the bone is to some extent re-formed.

The three cases to which I have alluded above, severally showed the ultimate results of removing the os calcis, the astragalus, and the first metatarsal bone.

Case I.—Removal of the os calcis.—The operation was performed when the patient was six, thirteen years ago. On examination of the foot, it was observed that the prominence of the heel was almost completely lost, and that the malleoli were, when the patient was standing, not more than three-quarters of an inch from the ground. Thus the foot had the appearance of being much misshapen. The muscles of the calf were somewhat wasted, and the tendo-Achillis was smaller than that of the opposite limb. It was, however, firmly attached to the cicatricial tissue of the heel. The patient could stand on tip-toe easily and hop to some extent. He wore a boot the heel of which was raised about an inch and a half. With this he could walk almost as well as on the other foot, and was scarcely at all lame.

A case was recorded some years ago in one of the journals which showed how little the removal of the os calcis may impair the usefulness of the foot. In some districts of the Midland Counties there is a performance in vogue called the heel-and-toe dance. The heel and the toe of the boot are tipped with metal, and he is adjudged best at the game who can produce the most rapid, artistic and varied succession of heel-and-toe raps upon the floor. In a dancer who had long been champion, disease of the os calcis was developed, and, after a time, the bone was dissected out. In spite of this loss, however, he still maintained his position as champion in the competition.

Case II.—Removal of the astragalus.—The patient, now seventeen, had tuberculous disease of the astragalus when she was four years old. I removed the bone when she was five. The two chief respects in which the shape of the foot was changed were that it was almost completely flat, and that the malleoli were much nearer the ground than they normally would be. But the patient could flex and extend the foot upon the leg, through fully three-quarters of the normal range, and had, though in a diminished degree, the power of hopping and of standing on tip-toe on the limb. She wore a boot three-quarters of an inch thicker in the sole than the other, and with this she walked with so slight a degree of lameness that it would scarcely be observed.

Case III.—Removal of the metatarsal bone of the great toe.—The operation had been performed eleven years ago, when the patient was a boy of nine. The toe was now half an inch shorter than the great toe of the other foot. In the normal situation of the metatarsal bone the structures felt dense and firm. The patient could stand on tip-toe, though with some weakness, and he walked with no appreciable defect. One foot appeared for all practical purposes as good as the other.

These operations are but seldom required. They are entirely unnecessary in the early stages of tuberculosis, and before septic sinuses have formed. In cases in which sepsis have occurred, and the disease has spread beyond the single bone originally involved, they are insufficient; but in appropriate cases, presenting the conditions I have indicated, they afford very satisfactory results. The essential points are the selection of suitable cases by means of accurate diagnosis, and an operation carefully planned and carried out with the smallest possible disturbance of surrounding structures.

Izal in its Surgical Aspects.

BY

W. BRUCE CLARKE, F.R.C.S.,

Assistant-Surgeon to the Hospital, and Lecturer on Anatomy.

FOR close upon two years I have scarcely used any other disinfectant than Izal; and gauze soaked in Izal has served me as a surgical dressing. I have employed Izal largely for irrigation purposes, as well as for my hands, sponges, and instruments. It is interesting therefore to see how far it has fulfilled its purpose, and what are its advantages and disadvantages as compared with carbolic acid and other more commonly employed antiseptics. It is to Dr. Klein that I am indebted for first drawing my attention to the valuable properties of which it is possessed. It had been submitted to him by Messrs. Newton, Chambers, & Co., of the Thorncliffe Ironworks and Collieries, near Sheffield, having been obtained by them as a by-product during the process of coke manufacture. It is not uninteresting to turn for a moment to the steps which led up to its discovery, and the methods by which its antiseptic properties were first elucidated by rough experiment at the works before it was submitted by Dr. Klein to more rigid tests by means of which its full value was ascertained.

A chance crack in a gas retort caused the leakage into it of a small quantity of moisture, which, it is needless to say,

was speedily converted into steam, and caused the coke to be produced at a much lower temperature, whilst an oily-looking substance fell to the bottom of the retort, and the smoke issuing from the chimney was reduced to a minimum. Step by step the nature of this oily material was investigated by Mr. Worrall, chemist to the Thorncliffe Works, and its exact composition ascertained. Several other by-products of considerable value have been obtained, and the smoke which formerly issued from the chimneys of the works and blacken the country around has ceased to exist. The workmen who were engaged in the manufacture soon discovered that cuts dressed with Izal healed far more readily than those dressed by any other of the plans usually in vogue at the works, with the result that a sample was submitted to Dr. Klein for examination, who soon ascertained that it possessed very remarkable disinfectant properties, was non-irritant, and so far as the higher animals are concerned it exerted no poisonous influence whatsoever, even in very concentrated solutions. On the lower forms of life, however, its destructive properties proved to be very considerable.

The following is a quotation from Dr. Klein's statement :—

"Now I have to add a simple statement with reference to all species mentioned as 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 and 25,* for in all these instances the disinfectant used in the strength of 1 in 200 completely destroys in five minutes the vitality of the microbes; no living cultures can be produced with them. The experiments were made at first also in this instance with the disinfectant of the strength of 1 in 100, exposing the microbes in it for five, ten, and fifteen minutes; and also to 1 in 200, exposure fifteen minutes; but it need hardly be said that all vitality was destroyed, as already 1 in 200 for five minutes is a complete disinfectant. (It may not be unnecessary to state here that the same cultivations of bacillus diphtheriæ and bacillus of typhoid used in this series of experiments—namely, exposure in the disinfectant of the strength of 1 in 200—were used, and with exactly the same methods also, for comparative experiments of disinfection with carbolic acid.) Crystals of absolute phenol were dissolved in water so as to form a solution of the strength of 1 in 200; the microbes were then introduced into this solution and exposed to its action for various periods. As a result it was found that an exposure for two hours in 0.5 per cent. carbolic acid, *i.e.*, 1 in 200, does not in the least injure the bacilli; good and typical growth can be established with them after the exposure. With regard to species 22, 23, and 24 (streptococci), these I knew from previous experiments with other disinfectants to be less resistant than the staphylococci and bacilli. I have, therefore, subjected these three species to the disinfectant in weaker strength, namely 1 in 300, and found that an exposure for five minutes in this mixture is fatal to these microbes, streptococcus pyogenes, streptococcus of erysipelas, and streptococcus of scarlatina. From these series it follows that an exposure for five minutes in the strength of 1 in 200 (1 in 200 would mean one ounce of the disinfectant emulsion distributed in ten pints of water) completely destroys the vitality of the microbes of diphtheria, typhoid fever, fowl cholera, swine fever, glanders, cholera, of suppuration, of erysipelas, scarlatina, and other non-sporing pathogenic and non-pathogenic species."

In addition to these experiments on the destruction of microbes, Dr. Klein made some researches as to the solutions that should be used with a view to inhibiting their growth, and states :—

"The result of all experiments on inhibition may be briefly summarised for all the twenty-five species tested, namely : (1) Spores do not germinate in medicated gelatine or broth if the amount of disinfectant added is 0·1 per cent.; (2) no micrococcus (staphylococci and streptococci) is capable of growing in medicated gelatine or broth of the strength of 0·1 per cent. medication; (3) all non-sporing bacilli and spirilla fail to grow in medicated gelatine or broth of the strength of 0·1 per cent. medication; (4) excepted from this are the bacillus prodigiosus and the bacillus of typhoid—the bacillus prodigiosus shows growth on gelatine medicated 0·1 per cent.; the growth is retarded, and always starts from the superficial layer of the medium; it proceeds considerably slower than on normal gelatine."

Starting from these experiments of Dr. Klein's I had some Izal mixed with water in the proportion of 1 to 200, and have used it much in the same way as any other disinfectant, such as carbolic acid, corrosive sublimate, &c. Pure Izal itself is so thick and almost glutinous, being in its natural condition about of the consistency of thick cream, that in practice it is convenient to have it diluted down somewhat before use, as it does not readily mix with water all in a moment, but there is no reason why it should not be mixed immediately preceding an operation if care be taken in the process, and thus used it has the merit of portability; a drachm and a quarter in a pint of water makes a solution of the required strength (1 in 200). For washing out bladders, for throat gargles, or for ulcers it may be used weaker still, and yet with equally beneficial result.

Izal does not in reality form a solution at all when mixed with water, but only an emulsion. It will dissolve in caustic alkalies, but no longer retains its non-irritating character, which is so marked a characteristic of it whether in a pure or in a diluted condition. The pure substance has no irritating effect whatever on the skin, but is somewhat pungent to the taste. From a germicidal point of view this comparative inability to form chemical compounds is undoubtedly of considerable advantage. It cannot combine with the tissues of the body, and hence retains its germicidal properties for a lengthened period; and in this respect it differs greatly from such a disinfectant as corrosive sublimate, which by combining with the albuminous substances of the body, soon loses its power of disinfection.

Its employment for surgical dressings and ligatures.—The gauze which is used for this purpose is the ordinary gauze of commerce, and can be easily prepared by anyone. It is boiled for half an hour on two separate occasions in Izal (1 in 200), and then allowed to remain in the fluid in which it has been boiled until it is required for use. The surplus fluid is squeezed out, and the gauze applied like any other dressing. After the gauze has remained in the fluid for several days the fluid becomes almost clear, the Izal becoming fixed in the gauze. Ligatures can be prepared precisely in a similar fashion, though as a rule I have preferred to keep them in carbolic acid, which is clear, and enables one more readily to see exactly what one requires. In the case of sponges they are best cleaned by soaking them in a strong solution of washing soda (about a teacupful to a quart of water is ample) for twenty-four hours. After this they should be rinsed five or six times in ordinary water until they are perfectly clean, and then kept in Izal (1 in 200) until they are required for use. As Izal does not break up the blood clot like carbolic acid and corrosive sublimate, the difficulty of cleaning ones sponges and instruments after an operation is much less than with any other disinfectant ordinarily in use. In addition to its powerful germicidal properties it does not irritate the surgeon's hands or the patient's skin. This non-irritating character is further seen when it is employed either in washing out a peritoneal abscess, a foul bladder, or a stinking sinus. In one or two instances in which an old sinus has been hyperdistended with this fluid the effect has been very remarkable, and has caused it to heal with great rapidity, but the uncertainties which always surround the course and direction of any fistulous tract hold out but little hope of any drug panacea for their removal. It is however no small matter to feel that in using Izal one is employing a most powerful disinfectant, and at the same time one that is absolutely innocuous whether it is used for ordinary wound purposes, for washing out large abscesses, or to purify foul mucous membranes. I am well satisfied with it and shall not be easily induced to revert to the use of carbolic acid or sublimate.

* "The microbes which have been experimented with were the following: (1) Spores of bacillus subtilis (hay bacillus); (2) spores of bacillus mesentericus (a common putrefactive microbe); (3) spores of bacillus anthracis; (4) bacillus subtilis, non-spore bearing forms; (5) bacillus mesentericus, non-spore bearing forms; (6) bacillus anthracis of the blood of an animal dead of virulent anthrax; (7) bacillus of diphtheria; (8) bacillus of typhoid fever; (9) bacillus of glanders; (10) bacillus of septicæmia (mouse); (11) bacillus of fowl cholera; (12) bacillus of fowl enteritis; (13) bacillus of pneumonia; (14) bacillus of grouse disease; (15) bacillus of swine fever; (16) bacillus of swine erysipelas; (17) bacillus prodigiosus (pink), non-pathogenic; (18) spirillum of Finkler; (19) spirillum of cholera (cholera bacillus); (20) staphylococcus pyogenes aureus; (21) staphylococcus pyogenes albus; (22) streptococcus pyogenes; (23) streptococcus of erysipelas; (24) streptococcus of scarlatina; (25) proteus vulgaris (the common microbe of putrefaction)."

Notes on Aseptic Surgery.

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THE following notes are founded upon the demonstrations which I have been giving in the wards, and on Saturday afternoons in the operation theatre. They are merely "notes" and have no pretensions to completeness. They have been jotted down at various odd times, and are now published in our Journal, because I have been told that they may be of use to those with whom I have to work in the wards and in the operation theatre. At present the methods which I employ seem to be handed down by a kind of oral tradition, so that house-surgeons, dressers, sisters, and nurses are sometimes at fault to know what to get ready for operations, or how to prepare the required materials, or the patients. These points will, therefore, be dealt with as simply and briefly as possible; and in doing so I will try and make clear the reasons upon which the various details are based. It is quite impossible to practise aseptic surgery with success, unless not only the surgeon and his assistant but also the sisters and nurses, have a clear and distinct knowledge of the principles upon which it is based. Moreover, they must all possess a firm conviction of the truth of those principles.

This conviction does not grow in a day, but comes gradually, as we see that aseptic surgery is founded upon reason, is capable of proof, and gives the results which were promised.

Before we discuss the two great principles of aseptic surgery, the meaning of certain words which must often be used ought to be defined. First, I refer to the words "septic" and "aseptic," and it will be seen that both here and elsewhere various references will be given to what others have written. Those who wish to dip deeper into this subject and to know it better, are advised to consult these authorities themselves, and not to take them at second-hand.

There can be no doubt but that the word septic had originally its literal meaning and was applied to wounds which had the odour of putrefaction (σήπειν : *to make rotten* or *putrid*). This was evidently the sense in which it was used by the authors of the Pathological Society's Report upon septicæmia and pyæmia in 1879,* and by all the earlier writers upon surgery. Further, it was a matter of common observation that these septic wounds were prone to be associated with septicæmia, pyæmia, erysipelas, hospital gangrene, and so forth. In consequence, this class of diseases were themselves often referred to as septic diseases, and their occurrence was observed when wounds became putrid.

* Pathological Soc. Trans., vol. xxx. p. 1, *et seq.*

Cases were observed, however, in which septicæmia or pyæmia occurred without any decomposition of the fluids in contact with the wound.* The discovery of more exact methods, especially Koch's invaluable method of cultivating bacteria upon solid nutrient media,† such as gelatin,‡ or agar-agar, explained this mystery, and showed that many of the bacteria of septicæmia and pyæmia caused no odour of putrefaction.

On the other hand, many of these bacteria reveal their presence by causing inflammation and suppuration, so that pus became an important indication. At the present time I believe it is correct to say that most surgeons would call a pus-producing wound "septic," quite apart from the occurrence of a putrid odour.

Used in this way, it is clear that the word "septic" has been divorced from its original meaning, and implies that the wound is infected with pyogenic bacteria, which, it is to be remembered, are also capable of causing pyæmia, septicæmia, and other grave affections. Pus is, however, rather a crude test of wound infection. I have often, by means of culture experiments, ascertained the presence of bacteria, such as staphylococcus aureus or streptococcus pyogenes, in wounds many hours before any pus appeared. There are some who hardly recognise the presence of pus unless considerable quantities are present. Those who are accustomed to inoculate culture materials from the wounds which they have treated, know that the slightest moisture is a highly suspicious circumstance, and nearly always implies infection.

There is yet another class of wounds which is infected with various kinds of bacteria derived from the patients' skin. In some of these the suppuration is so slight that it is often ignored; in others it is absent. The pathogenic properties of these skin bacteria are almost unknown, so that provisionally it is wise to class them with the other pyogenic bacteria, and call the wounds in which they occur septic. It will be easy, when our knowledge permits, to give more definite names to wounds of this kind.

Thus the word "septic" always implies the presence of bacteria; but not necessarily the presence of those of putrefaction, or even those of suppuration. I have been asked whether I should call a wound which contained tubercle bacilli "septic." No: I should call it "tubercular," thus placing it in its proper class. It might, of course, be —and usually is—septic as well as tubercular. In truth, it may be imagined that, as our knowledge grows, wounds which are now called septic will gradually fall into other classes. This, however, in no way affects the principles of of our wound treatment, which, as will be seen, aims at the absolute exclusion of all bacteria, quite irrespective of their supposed properties.

In the following notes the term aseptic will be applied to wounds or things which contain no bacteria, or, in other words, which are sterile; also any method of wound treatment which aims at sterility will be called aseptic. This is slightly different from the sense in which the word is used by some surgeons. For instance, in a popular French text-book* three methods of wound treatment are described: the aseptic, which aims at sterility by the use of dry or moist heat for all instruments, dressings, or materials; the antiseptic, which aims at attaining the same end by the use of chemicals; and, lastly, the mixed method in which both of the preceding are used. It will be seen later that the mixed method is the one which I am in the habit of using, but with an abiding faith in the efficacy of heat, and a profound scepticism as to the power of chemicals. Thus the word aseptic has undergone some evolution since, in 1882, Mr. Watson Cheyne wrote that the method "introduced by Mr. Lister . . . attains the ideal of results, viz., a complete absence of putrefaction—an asepsis. His method, then, is best designated by the term expressing its result—Aseptic."†

With regard to two other words which are also in constant use, namely, "antiseptic" and "disinfectant," it is customary to say that an *antiseptic* is that which prevents or retards the growth of bacteria, and a *disinfectant* is that which kills them outright. In this sense an antiseptic would be useless as a disinfectant, although a chemical disinfectant might, when diluted, become an antiseptic. All this may seem rather casuistical and complicated, but the differences must be mastered, otherwise antiseptics will be used under the impression that they are disinfectants. I can adduce an instance in which my ignorance of the fact that I was only using an antiseptic, when I ought to have used a disinfectant, probably cost the unfortunate patient her life.

The two great principles upon which aseptic surgery is founded are, as I have stated elsewhere‡: (1) That the healthy unexposed tissues are sterile; (2) That suppuration and the other septic diseases of wounds are due to microbes introduced from without. It would require volumes to narrate the facts upon which these two inductions are based. Each one must convince himself or herself of these truths by study, and, if possible, by experiment. Everyone ought to read, at least, the writings of our greatest surgeon, Sir Joseph Lister,§ and the lucid experiments of the late Professor Tyndall.‖ The work of

* Pathological Society's Report, p. 29.

† "Mittheilungen a. d. Kaiserlichen Gesundheitsamte," vol. i., 1881, p. 18. Translated by Victor Horsley, for New Sydenham Society, 1886.

‡ The gelatin which is used is the same kind as that which is used for making the ordinary jelly which is served at table. It melts at a temperature a little higher than summer heat. Agar-agar is a firmer kind of gelatin, which bears a much higher temperature, and melts at about 50 C.

* "Manuel de Petite Chirurgie de Jamain," 7e éd., by Terrier et Péraire. 1893.

† "Antiseptic Surgery." W. Watson Cheyne. 1882. Page 51, foot-note.

‡ See three reports on Aseptic and Septic Surgical Cases, *British Medical Journal*, Oct. 25, 1890; May 28, 1892; and Jan. 27, 1894.

§ I have daily reason to deplore that the epoch-making writings of Sir Joseph Lister have not been collected and published in a single work, as has just been done for the late Sir William Dowmain,

‖ "Essays on the Floating-matter of the air in relation to Putrefaction and Infection." London, 1881.

the last scientist is a sure foundation upon which to build.

Asepsis would be impossible were it not that the healthy unexposed tissues and organs are sterile. This has been ascertained by the convincing experiments of Lister, Pasteur, Tyndall, and others,* and is confirmed every moment by the results of surgical practice. Investigations show that bacteria are absent from the blood and from the various organs—from the kidneys, ureters, bladder, and urethra, and from the urine of healthy individuals; from the liver, gall bladder, and biliary ducts, and from the bile; from the salivary glands, and the saliva in their ducts; from the acini of the lungs and smaller bronchioles, and from the expired air, provided it is not mixed with the secretions of the mouth or air passages; they are also absent from the mammary gland, and from the milk in its ducts, and from other organs and secretions which it is unnecessary to specify. The entrances into the various ducts and passages are, however, exceptions to these rules; so that, to obtain the various secretions uncontaminated with bacteria, stringent precautions are required.

The absence of bacteria from the various tissues, organs, and fluids may be ascertained by direct observations. Bacteria cannot be seen in any of them so long as they are obtained from healthy individuals. Improvements in microscopical methods only serve to establish this statement upon a surer basis. It is obvious, however, that such minute objects as bacteria might elude the most patient and skilful search.

But experiments fully substantiate the results of direct observation. Portions of organs or tissues may be kept under a protecting shade or in nutrient media for indefinite periods without any change occurring. I have before me a piece of fat which was removed from the healthy living body more than two years ago. It has floated in nutrient broth all this time without any change at a temperature the most favourable for the growth of bacteria. The fat looks as fresh and yellow as the day of its removal from the body, and the broth as clear as when it was made. In other tubes of nutrient fluid are portions of skin and subcutaneous tissue, of muscle, and of peritoneum, all of which have behaved the same. Had any of the ordinary bacteria been present in these tissues decomposition would inevitably have ensued. It has been abundantly proved by the experiments of Pasteur, Lister, Tyndall and others, that the decomposition of dead organic substances is caused by bacteria. The slight chemical changes which sterile dead organic substances undergo owing to the slow conversion of albumen and fat into other compounds, and owing to crystallisation, need not be taken into account. By some observers whole organs have been preserved entire by simply protecting them from bacterial contamination. Furthermore, it is now a matter of everyday knowledge that milk, vegetables, fruit, and meats of various kinds, can be preserved almost indefinitely by destroying the bacteria which may have got into them, and by afterwards protecting them from fresh contamination. Anyone who has worked at experimental pathology soon becomes convinced of the truth of this great induction. Not only can he grow nothing from healthy tissues, but after successful inoculation with pure cultures of anthrax, tubercle, staphylococcus aureus, or streptococcus pyogenes, and so forth, he finds in the tissues the organism he placed there, and none other.

For the success of experiments such as I have mentioned, much depends upon the skill and accuracy of the experimenter, and upon the ease with which the organ can be removed from the body. Some are more easily contaminated than others, and it is particularly difficult to succeed with very hairy animals. Here again, as the knowledge and skill of experimenters grow, better and more certain results are obtained, and the sterility of the healthy tissues and organs becomes more fully substantiated. The controversy which has raged around this most important subject, reminds one of that which was waged over the theory of spontaneous generation; and there is no doubt but that it is ending in the victory of those who believe in the sterility of the healthy, living tissues. Mark the word *healthy!* It is not at all improbable but that there are conditions of the body, rare, indeed, and ill understood, in which clouds, as it were, of bacteria pass through the circulation. If there be no determining influence, these escape from the body, or are killed within it, without doing any harm. A bruise, a wound, or other *locus minoris resistentiæ*, is, however, sufficient to arrest their course and enable them to cause suppuration or other diseases. As I proceed, some evidence will be brought in support of this hypothesis; but at present I merely wish to draw attention to the importance of the qualification "healthy." Later it will be seen how careful we are to avoid any operations, except those of strict necessity, upon patients who are not in perfect health.

Under ordinary circumstances death is followed by decomposition with such certainty that it is hard to think of these changes apart from one another. It is most important, however, to realise that decomposition does not follow in the footsteps of death, whether it be of the whole body or of a part, unless bacteria are present and able to act. But bacteria are so universal that they attack all dead tissues which are suitable food for them, unless their action is prevented. The bacteria of putrefaction are so universal that their absence from normal dead tissues may be taken as indicative of the absence of other kinds. I use the words normal tissues, to exclude such as contain tubercle, actinomyces, and other organisms of the same kind.

* Hauser, in an able monograph ("Ueber das Vorkommen von Mikro-organismen in lebenden Gewebe gesunder Thiere. Archiv für Experimentelle Pathologie und Pharmakologie, 1886," vol. xx., p. 162), gives many references to the literature of this important subject.

Putrefaction of albumenous materials was originally thought to be due to a microbe which was called by Cohn the bacterium termo. Hauser* differentiated the bacterium termo into three species, which he named proteus vulgaris, proteus mirabilis, and proteus Zenkeri. He says that these bacteria cause decomposition of wound secretions, mortification of tissues, and toxic phenomena of greater or less severity. † They are pathognic for rabbits and guinea-pigs. Hauser ‡ gave rather massive subcutaneous injections, and produced locally inflammation, œdema, suppuration, and necrosis. After death the internal organs showed no signs of disease, but proteus vulgaris was recovered in pure culture from the peritoneal effusion of a guinea-pig. Cultures of proteus vulgaris and of proteus mirabilis which had been sterilised by filtration caused a rapidly fatal result when injected into the venous system (a true sapræmia). Two facts seem to stand out from Hauser's work, namely, that he used very large doses of his cultures, and that no alterations were seen in the internal organs. An examination of the blood and of the tissues by modern bacteriological methods does not seem to have been made.

To test the sterility of small organs, tissues, bits of skin, sponges, towels, silk, fluids, discharges, or substances from wounds, or other materials, transparent fluid culture media are most convenient and speedy. They are more easily prepared than the transparent solid media, and, I believe, give more reliable results. The following are the ingredients of Hüppe's broth, which is one of the more easily-made kinds.§ Boiled water, 1 litre; pepton powder, 5 grammes; grape or cane sugar, 5 grammes; extract of meat, 30 grammes. These are to be mixed together in a glass beaker (with a cover to prevent the unnecessary entrance of dust) and boiled over a gas-burner or spirit lamp. Whilst boiling, the mixture should be neutralised with a few drops of a solution of carbonate of soda. This should be added until the litmus paper begins to turn blue. After having been boiled for a quarter of an hour, the fluid should be filtered until quite clear, and then decanted into clean and sterile test-tubes, until they are filled for about two inches of their depth. These are then plugged with sterilised cotton-wool, which prevents the entrance of bacteria, and the whole sterilised by steaming for half-an-hour upon, at least, four consecutive days. The first boiling kills the cocci and bacilli, the subsequent ones kill the several swarms of bacilli which have germinated from spores, before they have time to develop fresh spores. The sterility of these tubes ought to be tested by keeping them for a few days in an incubator at the temperature of the human body.

The transparent solid culture media are troublesome to make, and can now be obtained without difficulty from a number of manufacturers. Goffi, Dr. Klein's laboratory assistant, is good enough to supply me with all the media I require. They are required for the correct diagnosis of the kinds of bacteria which may have grown in the broth.* Roughly speaking, broth will tell in twenty-four or forty-eight hours whether anything is septic. It is, however, necessary to wait much longer before it is safe to assert that anything is aseptic. Sometimes so few bacteria are present in the substance which is being tested that some days are required for their multiplication.

The culture tube of broth, gelatin, or agar-agar is used in the following way:—The assistant sterilises a pair of ordinary dressing forceps in the flame of a spirit lamp or Bunsen's burner; then he holds the mouth of the test tube which he is about to open, in the flame until the projecting part of the wool plug, and all of its mouth, are thoroughly sterilised. Next, holding the test tube at a slight obliquity, to prevent dust and bacteria falling into it from the air, he rotates and withdraws the plug with the sterilised forceps, presents the tube to the operator, who puts the material into it with sterilised instruments, and, finally, disinfects the plug in the flame, and thrusts it back into the test tube. The tube is then placed in an incubator, which is usually kept at a temperature of 75° F. (summer temperature). The various departments at St. Bartholomew's now contain incubators, so that anyone can practise for himself. But those who are not near such accommodation will find one of Hearson's incubators easy to manage, and reliable. Many bacteria will grow in a warm room, and I should think a conservatory or greenhouse would be a good place, if an incubator could not be obtained. Everyone ought to do some experiments of this kind. At first the experimenter will be humiliated by his failures, but afterwards his standard of perfection will be extraordinarily raised. Everyone, too, who has the opportunity ought to attend Dr. Kanthack's lectures and demonstrations upon bacteriology. Such knowledge as he imparts is as important in surgery as a knowledge of anatomy, physiology, and pathology.

(To be continued.)

* "Ueber Fäulniss Bacterien und deren Beziehungen zur Septicæmie." Leipsig. 1885. P. 12, *et seq.*

† Loc. cit., p. 76, *et seq.*

‡ P. 76, *et seq.*

§ "Micro-Organisms and Disease." Klein (third edition, 1886), gives explicit directions for preparing culture media.

* For the diagnosis of Bacteria, Eisenburg's "Bakteriologische Diagnostik," published by Voss of Hamburg, third edition, 1891, is almost indispensable. It has been translated into English.

Chronic Laryngeal Obstruction following Diphtheria.

By H. J. WARING, M.S., B.Sc., F.R.C.S.

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IT occasionally happens in patients who have suffered from diphtheria, and upon whom on this account the operation of tracheotomy has been performed, that considerable difficulty is experienced in respiration when the trachotomy cannula has been removed. Very rarely it is found impossible to leave off the use of the cannula. When this condition occurs there is generally some obstruction to the free passage of the inspired air in the lower part of the larynx or upper portion of the trachea. This obstruction takes the form of exuberant granulations, which, springing from the mucous membrane, partially or completely fill the lumen of the respiratory tube. This growth of granulation appears to occasionally follow an attack of laryngeal diphtheria which has extended to the mucous membrane lining the upper portion of the trachea. After the membrane has separated and been coughed up, a raw surface is left, which, instead of becoming covered with normal epithelium, becomes the seat of granulations which grow inwards, and ultimately, partially or completely, block the air passage. These granulations appear to be larger and more exuberant in that portion of the larynx which lies below the true vocal cords. The direct exciting cause of this exuberant growth is not very apparent. Probably extensive ulceration of the laryngeal mucous membrane, after separation of the diphtheritic false membrane, is a predisposing cause, and the accumulation of secretions and pieces of membrane in the space below the vocal cords and above the tracheal cannula, may act as an exciting cause. In whatever way this obstruction has been brought about, when present it gives rise to much inconvenience and disappointment. The following is a case of this kind.

"David A. aged 8, was admitted to the hospital on May 25, 1890, suffering from diphtheria, and immediately afterwards the ordinary operation of tracheotomy was performed. The patient recovered from diphtheria, but although many attempts were made to leave off the tube, each time after its removal difficulty in breathing was experienced and the tube was replaced. On one occasion the tracheotomy wound was enlarged. This condition remained permanent until June 17, 1891, when the boy was admitted into a surgical ward. On laryngoscopic examination the larynx below the true vocal cords appeared to be occluded with exuberant red granulations. During respiration no air passed through the larynx, on its way to the lungs. On June 21, the old tracheotomy wound was enlarged upwards, the first ring of the trachea and the cricoid cartilage being cut through. The lower portion of the larynx appeared to be entirely closed with granulations. These were scraped away with a small Volkman's spoon, and in this way the lumen of the respiratory passage was restored at the obstructed part. A medium-sized O'Dwyer's intubation tube was now introduced through the mouth into the larynx, so that the flange of the tube rested upon the vocal cords, and the lower portion extended through the lower part of the larynx into the trachea, the lower extremity being below the original tracheotomy aperture. After a certain amount of mucus and blood had been coughed up, the breathing through the tube was quite free. No air passed through the wound after recovery from the anæsthetic, the patient remained quiet, the tube being easily retained.

"June 22. Patient comfortable. No pain on account of tube. Slight cough. Fluid food taken with some difficulty.

"June 23.—Tube still retained. Takes milk, but act of swallowing caused some cough.

"The tube was kept in for three weeks when it was coughed up. At this time the tracheotomy wound had entirely healed, and the boy breathed freely, the air passing along the normal passage. A few days afterwards difficulty in breathing was again experienced, and the intubation tube was re-inserted, and allowed to remain for some days. After several intubations, lasting altogether over a period of more than two months, the use of the tube was entirely discontinued, and the boy was discharged. The voice was somewhat feeble and hoarse, but showed a gradual improvement. The boy has been seen and heard of several times since his discharge from the hospital, and has continued well, no further difficulty in breathing being experienced.

The success which followed the use of intubation tubes in the above-cited case, points to their value in the treatment of chronic laryngeal stenosis or obstruction which has followed an attack of laryngeal diphtheria. These tubes have been used to a considerable extent in America in the treatment of the acute stages of diphtheria. In these cases, however, it is very doubtful whether they are an improvement upon the ordinary method of tracheotomy; since often it has been found necessary to resort to tracheotomy after intubation has been performed. It appears to be quite possible that they may act as a means of promoting the spread of the diphtheritic process from the larynx to the trachea.

In cases of chronic laryngeal obstruction or stenosis which occasionally follows diphtheritic attacks, and in which it is found impossible to dispense with the use of the tracheal cannula, they offer an easy and ready means of restoring the air passage to its normal condition. In old-standing and severe cases like the above, it will be necessary to divide the cricoid cartilage and scrape away the exuberant granulations, but in early cases this procedure will scarcely be necessary, since the continued pressure of the intubation tube will cause them to atrophy.

[For permission to make use of the above case I am indebted to Mr. Langton, in whose ward the case was treated when I was his house-surgeon, and for this I beg to offer him my thanks.]

Diphtheritic Sore Throat.

A Paper read before the Abernethian Society by

J. A. HAYWARD, M.D., M.R.C.P.

PART I.

(*Continued from page 163.*)

I MUST now briefly refer to the important results which Dr. Klein has obtained in his experiments with the diphtheria bacillus.

In his first series of experiments with a bacillus which was obtained from diphtheritic membrane, and which answered in all respects to that described by Klebs and Loffler, he was quite unable to confirm the results of these observers; but with another bacillus obtained from the same membranes, and differing from

the Klebs-Loffler bacillus in morphological characters, and also in the fact that it grew on gelatine at a temperature of 20° C., he produced a very remarkable specific inflammation by inoculating it on the cornea and conjunctiva of cats.

The inflammatory products were capable of inducing a similar condition on the cornea of other cats, and, microscopically, showed a bacillus which was smaller than the Klebs-Loffler, and which also differed from it, in that Klein's bacillus would grow readily on gelatine at a temperature of 20° C.

Continuing his experiments, he pointed out that from diphtheritic membranes two varieties of bacilli could be frequently separated. One of these was identical with the bacillus he obtained from the corneal inflammatory products in cats; the other answered to the description of the Klebs-Loffler bacillus. The former, which he regarded as the true diphtheria bacillus, differs from the latter or pseudo-bacillus, in that it grows more quickly in broth, grows on gelatine, and the cultures remain active for many months. Moreover the true bacillus grows in milk at a temperature of 20° C., and the pseudo-bacillus does not grow at all under the same conditions.

Finally, out of 22 cases of human Diphtheria examined, the true bacillus was found in every instance and separated pure, the pseudo-bacillus only in 12 cases.

Klein having isolated what he regarded as the true bacillus repeated his experiments on guinea pigs and other animals, and this time with positive results. He found that the inoculation of a small quantity, ¼ to ½ c.c., of a pure cultivation in broth, gave rise at the seat of inoculation within twenty-four hours to a necrotic swelling, the animals dying within forty-eight hours with profound muscular weakness and great rapidity of respiration. With less virulent material obtained from agar cultures death was postponed, and in many of these cases paralysis of the limbs ensued. After death pure cultivation of the bacillus could be obtained from the local tumours; no organisms were found in the other tissues, but frequently the lungs were congested, and fatty degeneration of the liver and kidney was present.

Further experiments were directed to the elucidation of two very important facts which had previously been noticed, and which have important bearings on the etiology of Diphtheria in the human subject.

The first fact is, that concurrently with epidemics of Diphtheria, cats have in certain instances been noticed to suffer in the localities where Diphtheria was prevalent from an epidemic and fatal disease. The symptoms begin with sneezing, coryza, cough; difficulty in breathing and swallowing frequently follow; the animal loses its appetite, emaciates, its coat becomes rough, muscular weakness supervenes, and death often takes place within a fortnight or three weeks.

When examined after death, the lungs of the cats are found invariably to present patches of pneumonic consolidation, with minute hæmorrhages; a thin membrane is often found in the trachea and bronchi; the liver presents dark necrotic areas, and the cortex of the kidneys shows marked fatty degeneration.

Now, Klein experimented on cats by injecting cultures derived from human diphtheritic membrane, and produced an exactly similar disease, and with the same post-mortem appearances.

Again, by injecting virulent cultures into the trachea, he induced the formation of membrane and of pneumonic areas in the lungs, which, examined by microscope, revealed abundant diptheria bacilli, and from which pure cultures could be obtained.

Once more, by feeding cats with milk, which had previously been mixed with pure cultures of the bacillus, similar symptoms and post-mortem appearances were produced.

It can hardly be doubted then that this epidemic disease of cats is due to the same bacillus as is Diphtheria in the human subject, and indeed, several instances have been recorded where cats have become infected from human beings, and *vice versa*.

To quote one striking instance. At Enfield, in the year 1888, a little boy had a fatal attack of Diphtheria. On the first day of his illness he vomited, and the cat of the house eager, no doubt, for novel epicurean delights, licked the vomit as it lay on the floor. In a few days, and after the death of the boy, the cat was noticed to be ill, and her sufferings being severe the owner had her destroyed. During the early part of its illness this cat was let out in the back yard. A few days later a neighbour's cat with whom, doubtless, terms of intimacy had existed, was noticed to be ill. This cat also had been out in the back yard at night. However, this second cat recovered, being carefully nursed by four little girls, all of whom later developed the disease. No other source of infection could be traced.

The second fact which Klein investigated related to the conveyance of the infection in milk.

Well-known epidemics definitely ascertained to have originated in this way, have occurred, among other places, at Camberley, Croydon, and Bishop's Stortford. In both the Croydon and Bishop's Stortford epidemics, it was found that certain cows from the dairy which supplied the milk were suffering from a contagious ulcerative eruption on their teats and udders, which presented certain definite characters.

Klein, experimenting on cows by inoculation with virulent cultures of the bacillus derived from human membrane, was able to induce a disease in cows and calves attended by a definite train of symptoms.

Briefly: a local tumour was produced at the seat of inoculation from which the bacilli could be recovered. The cows suffered from loss of appetite and cough. The temperature was raised, and death, preceded by great muscular prostration, ensued in certain of the cases. In four cases an ulcerative eruption occurred in the teats and udders, precisely similar to that which had been observed in the Croydon and Bishop's Stortford cows.

After death no bacilli were found in the internal organs, but they could be recovered from the local tumour and cultivated pure; and injections into guinea pigs of these bacilli gave identical results with other injections made from bacilli obtained from human diphtheritic membrane. Moreover, bacilli were obtained, during life, from the milk of these cows. All sources of contamination during the process of milking being carefully guarded against.

Thus far, then, we see that these experiments on animals afford proof that the bacillus is the true cause of Diphtheria. For—

1st. The bacillus can be separated from human diphtheritic membrane and grown outside the body in pure culture.

2nd. Injection into animals of these cultures produces a disease which resembles in the main Diphtheria in the human subject: and is especially characterised by lesions in the lungs and kidneys, in itself a suggestive fact, inasmuch as broncho-pneumonia and albuminuria are common in the human disease; and again, in protracted cases paralysis ensues in animals exactly resembling ordinary human diphtheritic paralysis.

3rd. From the local seat of inoculation the bacilli can again be separated and grown in pure cultivation, and these are found to possess the same properties as the original cultures from the human membrane.

Also, as I have already mentioned, it would seem certain that during the life history of the bacillus in the tissues, or in culture media, some subtle poison is produced which absorbed into the system produces the characteristic features of the disease.

Now Dr. Sydney Martin has lately conducted important investigations as to the nature and mode of production of these poisonous products which are formed by the agency of the bacilli.

His method consisted in a chemical examination of:—

1st. The tissues of human subjects who had died from Diphtheria.

2nd. The diphtheritic membrane itself.

3rd. The products formed in culture media.

It would be hardly profitable to relate the complicated processes adopted, especially as they may be found in the Local Government Reports for 1891.

It will be sufficient for my purpose to mention that in eight cases he was able to separate from the tissues of patients, who had died from Diphtheria, a small quantity of a toxic albumose, which resembled, by chemical tests, the ordinary peptic albumoses.

The spleen was found to contain the greatest amount. Present with these albumoses an organic acid was found in very minute quantity. Injection of this albumose into guinea pigs and rabbits was made, both subcutaneously and into the veins, in single and in multiple dose.

In subcutaneous injection, in single dose, local œdema was produced at the seat of inoculation, and an irregular rise of temperature.

In intravenous injection of ·122 grammes per kilo. of body weight, death ensued in three hours with fall of temperature, weakness of the hind limbs appearing in one hour and a-half. Intravenous injection in small quantities when repeated from day to-day gave rise to—rise of temperature, a general and progressive paresis of the muscles of the trunk and limbs, loss of weight, diminished knee-jerk, and sometimes diarrhœa. Rapid respiration preceded death, which occurred sooner or later in proportion to the strength and frequency of the injections.

In those animals in which paralysis had ensued before death, careful post-mortem investigation revealed no noteworthy microscopic changes in the internal organs.

A careful microscopic examination was made of nerve trunks from various parts of the body and of their terminal filaments, by teasing out the fibres and staining with osmic acid and carmine. The spinal cord and medulla were also examined.

Remarkable changes were found in many of the terminal nerve-filaments; marked degeneration of the white substance of Schwann, with rupture of the axis-cylinders was found in many of the fibrils, different branches being affected in different degrees, so that in the same nerve-trunk healthy fibres were found side by side with others that were diseased.

These nerve changes were found without exception in all the animals experimented upon and in various situations the nerves of the orbit and palate, the phrenics, muscular and sensory trunks in the limbs, and the pneumogastrics.

Associated with these changes, fatty degeneration and loss of striation were observed in many of the muscles, especially the heart; the changes here, as in the nerves, affecting different fibres of the same muscle in different degrees.

Special investigation was now made in the same direction in human subjects who had died of Diphtheria, or from subsequent paralysis, and the nerves and muscles in these were found to present changes identical with those which had been produced experimentally in animals.

Further proof can hardly be needed that these albumoses found in the tissues after death, and the nerve and muscle degeneration in animals, and in patients who had died from Diphtheria, stand in the relation of cause and effect.

From human diphtheritic membrane Sidney Martin has further extracted albumoses in different stages of digestion, and corresponding to the stages which are found in the peptic digestion of proteids. He found, moreover, that the extract of the *membrane* caused fatal results in far smaller doses than the albumoses which he had obtained from the tissues; that it was also capable of attenuation by heating, and that boiling destroyed its poisonous properties.

Roux and Versin have obtained the same results from extracts made from artificial cultivations in broth.

These extracts when injected in exceedingly minute doses produce the same paralysis and nerve and muscle changes as the albumoses obtained from the organs of those who had died of Diphtheria.

For explanation of these results it is inferred that during the growth of the bacillus in suitable soil a specific ferment is produced which, absorbed into the system, has the property of digesting the proteids of the body. In the process of digestion the proteids are split up, and among other products a toxic albumose, and an organic acid are formed, which can be recovered from the tissues.

Martin points out how this process may be considered as analogous to what ordinarily goes on in the body in normal peptic digestion of proteids. In peptic digestion as primary agent there is the living peptic cell, which corresponds to the living bacillus. Both give rise to the secondary agent — in the one case the ferment pepsin, in the other case the diphtheritic ferment—and as the result of the action of this ferment on proteids we have, in the case of peptic digestion, certain albumoses, acid albumin and peptone; in the case of the diphtheritic ferment we have certain albumoses and an organic acid.

In the light of these experimental investigations we seem to have, in the case of Diphtheria, a more complete knowledge of its intimate pathology than in almost any other infective disease; but in regard to its etiology, the natural history of the specific organism outside the body, and the conditions which favour or are inimical to its existence and growth, we are still groping in darkness.

In this etiological puzzle certain well-ascertained facts stand out prominently, but whether it is that their arrangement and mutual relations have not yet been properly determined, or, as is more probable, many of the pieces are still wanting, it is certain that the picture is still incomplete.

We know that of late years the mortality from Diphtheria has greatly increased (this may be partly, but not wholly accounted for by a wider recognition of the disease), and this in the face of improved sanitary conditions which have caused a decrease in the mortality from the other infectious diseases.

The relation of Diphtheria to defective drainage, sewer gas, and impure water supply, overcrowding, and general defective hygienic surroundings is still *sub judice*. There are many who contend that the disease may originate, *de novo*, under certain conditions, and support their contention by innumerable and almost convincing instances, where the disease has shown itself suddenly in isolated situations, and where no pre-existing source of infection can be traced.

Our knowledge is still insufficient to account for these cases satisfactorily: but of one thing we may be certain, that if, as seems clear, the true cause is a specific micro-organism, then this micro-organism must have had not only a parent but a line of ancestors from whom it has inherited its specific properties, and if we are unable to trace the descent, and lay our hands upon the title-deeds by which they claim and have obtained possession of our drains, or our meat and drink, then we must attribute the failure to our own carelessness or lack of acumen, rather than consider that there has been any interruption in the laws of Nature.

This is quite apart from the question whether the organism is invariably pathogenic. It may be that certain pre-existing conditions are necessary before it can assume this rôle, and, indeed, most observers agree that the inoculation of the bacillus on healthy mucous membrane is productive of no result.

It may be that it requires the co-operation of other micro-organisms, although this idea is somewhat negatived by the very positive results which have been obtained in working with pure cultivations. None the less, however, may the mucous surfaces be prepared, so to speak, for the bacillus by the influence of other micro-organisms, as is probably the case in scarlatina, acute tonsillitis, and in the forms of sore throat, which are induced by inhalation of impure air, whereby pathological changes are induced, which may be the necessary preliminaries for the specific action of the diphtheria bacillus.

Indeed, as regards the pseudo-diphtheria bacillus, some observers have considered that it differs from the true bacillus only in degree of virulence; that the difference is one of degree only, and not one of kind, and that the pseudo-bacillus is really only the organism undergoing a kind of saprophytic phase, which is interpolated in the life of the virulent or true bacillus. It is certain that the specific properties of the bacillus diphtheriæ vary under different conditions. Thus, when grown on agar, it is found to lose much of its virulence, and it has often been observed in epidemics, that cases vary both in severity and in infective properties.

Over and over again have mild forms of sore throat become gradually severer in type until at last genuine diphtheria is recognised, and so frequently has this occurred, that Dr. Thorne-Thorne, in his Milroy lectures, lays considerable stress on what he calls the progressive development of the property of infectiveness observed in those cases of sore throat, which precede a recognised outbreak of diphtheria.

Till lately it has been impossible to recognise such early cases as genuinely diphtheritic in nature. The diagnosis, if made, has at best been only a probability, and has been influenced not by any particular appearance of the angina, but by concomitant symptoms, and the prevalence of other cases of sore throat.

Again, how often do we see cases in which a more or less coherent layer of membranous exudation covers the tonsils, and when the diagnosis at first is doubtful, between scarlet fever, Diphtheria, or a severe follicular tonsillitis, and is not finally cleared up till the course of the disease reveals its nature.

Or, again, in genuine scarlet fever the appearance of definite membrane on the palate, or tonsils, may lead to the suspicion that there is a concurrent infection of Diphtheria; or, again, a simple non-membranous angina which has been regarded as innocent in type till subsequent paralysis reveals what has been its true nature.

It is all very well for the books to describe the type of angina met with in scarlatina, catarrhal, and diphtheritic cases, and to lay stress on the hardness and swelling of the glands, of albumen in the urine, and of the type of the pyrexia, and other differences in the constitutional symptoms: the fact remains that in very many cases we are quite unable from the appearance of the throat to tell the nature of the malady, and the accompanying symptoms present at the time of an inspection fail to help us just when their aid is most needed; and, indeed, it is only what we should expect to be the case if Diphtheria is especially prone to become engrafted on a mucous membrane already damaged by some pre-existing morbid condition.

It would appear, then, that although each particular disease is manifested as a rule by a certain type of sore throat, yet a scientific classification from anatomical appearances alone is altogether unsatisfactory, and from a clinical standpoint is misleading, partly from the fact that these types merge gradually one into the other, and especially because they may each occur in different diseases.

We must, in fact, as I have already said, consider catarrhal, croupous, or diphtheritic inflammation of the fauces as indicative rather of a pathological condition, which may occur from various causes, than as clinical entities, synonymous with catarrh, croup, and Diphtheria, and while we recognise the fact that by far the commonest cause of so-called diphtheritic membrane in the fauces is Diphtheria, yet it is unsafe to argue that because it is absent we can necessarily exclude Diphtheria, or, when it is present, that the condition is pathognomonic.

The point which I wish to insist upon is, that in all cases of doubt, an investigation should be made as to the presence or absence of the bacillus diphtheriæ, and this examination should hold as important a place in diagnosis, as the demonstration of Koch's bacillus in tuberculosis. Here, then, is a new labour to be undertaken by the already overburdened clinical physician, and the question arises,—where are we to stop?

Certain it is that a physician of any repute, nowadays, cannot rest content with the means of diagnosis which were alone available to an older generation. It is now essential that he should use the ophthalmoscope and laryngoscope; investigate the condition of the blood with microscope, hæmocytometer, and hæmoglobinometer; be able to use the battery in testing the condition of the muscles and nerves, and able

to analyse the urine far more accurately than is necessary for the mere determination of the specific gravity, the reaction, and the presence of albumen and sugar.

Are bacteriological investigations, as a means of diagnosis, to be added to this already extensive repertoire of means to end, or must the physician have recourse for the refinements of his art to the surgeon, ophthalmologist, laryngologist, electrician, chemist, bacteriologist.

This is a question far too large to enter upon to-night, but as regards bacteriology, at least, it seems to me, that the clinical physician should be able to make use of those methods, which perfected by the bacteriologist in his laboratory, are brought within the reach of all who are willing to spend a certain amount of time and trouble in acquiring them: and this must be my excuse to-night for any encroachment on a subject which may be considered as the exclusive monopoly of the bacteriologist.

Williams' Statistics.—Dr. Williams, of Boston, was the first, as far as I know, to establish a systematic examination of the throat in a fever hospital in all cases of membranous exudation on the fauces. His paper on membranous throat affections is well worth reading; his methods seem sound, and his conclusions do not seem to require the customary grain of salt, which is often necesary to the digestion of papers emanating from our cousin Jonathan. He divides his cases into—Diphtheria, in which the presence of the Klebs-Loffler bacillus was found by microscope and culturally; Diphtheria and scarlet fever; pseudo-diphtheria (in which no bacilli were found); pseudo-diphtheria and scarlet fever; tonsillitis; and his results bear out what I have mentioned to-night, that the presence or absence of so called diphtheritic membrane is not in itself pathognomonic of true Diphtheria. He points out the frequent coincidence of scarlet fever with cases of membranous sore throat, many of which are true Diphtheria, also with measles, and in one case with typhoid fever; in both the latter true bacilli were found.

Further, before leaving the hospital another examination was made to prove the absence of the bacillus from the throat.

He insists upon—

1st. The necessity of cultures as a means of diagnosis.

2nd. The coincidence of Diphtheria and other diseases.

3rd. The bacteriological examination of all patients ill with scarlet fever, measles, and other diseases, who have membranous throats.

4th. The examination again before isolation is ended.

Treatment.—Time prevents me from saying all that I should like in regard to treatment, and I trust that in the discussion to follow this the most important of all questions may be more adequately dealt with.

As regards prophylaxis, measures must be taken in accordance with the little we know about the natural history of the disease and its mode of propagation.

And, firstly.—The disease is most prevalent in the fall of the year, from October to December.

Secondly.—That though its relation to insanitary conditions in general and defective drainage in particular, is not yet satisfactorily made out, yet the combination of rapid variations in the level of the subsoil water, with dampness of locality, and insufficent light and air, seems to favour the harbouring and activity of the specific micro-organism.

Thirdly.—Its special proclivity for children.

Fourthly.—Its intimate relation with other forms of angina, the presence of which so often precedes its incidence.

Fifthly.—The agency of milk as a medium for conveying the contagion.

Sixthly.—The occurrence of certain definite diseases in animals, cows, cats, poultry and other birds, from which genuine Diphtheria may be derived as known in the human subject.

As regards its mode of propagation:

1st. The fact that direct infection from discharges from the mucous membrane of the air passages are probably the commonest channels of infection.

2nd. The fact that the vitality of the organisms is long preserved.

3rd. That the disease is very frequently kept up and propagated by means of school attendance, where overcrowding is frequent, and opportunities for direct infection are constantly occurring, &c.

To counteract these:—

The removal of insanitary conditions which may give rise to sore throat, and thus act as a predisposing cause for the specific infection.

The proper drainage of the subsoil in damp localities, and abundant supply of light and air.

The boiling of milk before use.

The destruction of animals when there is reason to suppose that they are suffering from a diphtheritic malady.

Notification.

The isolation of patients in wards reserved especially for diphtheria cases.

A more thorough medical supervision of Board schools.

The thorough disinfection or destruction of all articles contaminated by patients, and of their excreta. A bacteriological examination of the throat to be made before the patient is pronounced free from infection, and, if not too utopian an idea, the hope that a more educated public opinion may one day sanction the cremation rather than burial of the bodies of patients who have died of infectious diseases.

With regard to any idea of preventive inoculation, I can only say that in diphtheria Fraenkel's experiments show the partial immunity obtained in guinea pigs by injecting small doses of cultures which had been attenuated by heating to 65°C. was not lasting, and it did not render the animal insusceptible if more than one dose of virulent culture were injected.

No specific is yet known to counteract the poison after it has been absorbed into the system, and here again we must await further researches from the laboratory to indicate the lines on which such therapeutic effect may be obtained.

The one hold that we seem to have on the disease, after its incidence, is by well directed local treatment to destroy the "fons et origi mali."

At the seat of inoculation there is established a local poison manufactory. The poison once distributed we have at present no means of counteracting its influence. Our only method is to destroy as far as possible the raw material products, and the operators.

The various remedies recommended are legion, a sure sign that no particular one has been found perfectly efficacious. It would be barely profitable even to enumerate those that have found highest favour, and, as Mr. Parker says in his admirable little treatise, "that given an efficient antiseptic the proper application of the remedy is of more importance than its selection."

Carbolic acid, perchloride of mercury, boracic acid, Condy's fluid, resorcin, chlorine water, chlorinated soda, lime water, borax, carbonate of soda, insufflation of sulphur, caustics, such as nitrate of silver, frequent spraying, gargles, direct swabbing, insufflation of powder, all have their advocates.

The conditions which any really efficient application must fulfil are:—

1st. That it should kill quickly the specific bacillus, or, at least, inhibit its growth.

2nd. That if possible its action should not be poisonous.

3rd. To dissolve or dissipate the membrane, as soon as it is found, thus cutting off nutrient supplies to the organism, and rendering it more accessible to the remedy.

4th. That the mode of application should be easy, and accompanied by a minimum of discomfort to the patient.

The great obstacle in the way of efficient local treatment is of course the difficulty in making applications to the back of the throat in such a way that the antiseptic shall be brought into immediate contact with the bacilli. The surfaces are complicated and the region sensitive, a really good view is seldom obtained, and all manipulation must necessarily be of short duration. Add to this that the bacilli are enclosed in tough membrane, which is further often protected by a layer of mucus, and the difficulties will be seen to be almost insuperable. In most cases nothing that seems really radical can be done without causing an amount of distress to the patient which would be quite unjustifiable in a disease in which heart failure and exhaustion are among the most prominent of the dangers to be guarded against. All these difficulties are necessarily increased in children, who are especially subject to the disease.

The only rational way of treatment appears to me to remove, if possible, the membrane, and to prevent its forming again in such masses as will prevent the efficient application of local treatment. At the same time, if the membrane is tightly adherent no force must be used in its removal, which would impair the vitality of the part or abrade any further areas of the mucous membrane.

At the first sitting the throat should be swabbed out thoroughly with a small tampon of cotton wool soaked in the antiseptic, held in forceps or wound round some form of holder. If necessary, the throat may be sprayed previously with a ten per cent. solution of cocaine to render the parts less sensitive; or, if the case is still early and the strength good, I would even recommend the administration of an anæsthetic if the patient is a child and very recalcitrant.

The swabbing will probably clear away all membrane which is not tightly adherent, and will remove the viscid mucus.

Afterwards, and at intervals of not less than every three or four hours, a spray should be used, in which the antiseptic must be combined with lime water, papain, or other solvent; and I can see no harm at least in his drinking or sipping slowly, if he likes it, the common chlorine mixture, if it does not interfere with the administration of proper nourishment.

The swabbing should be repeated every day as long as membrane is present, and the spray as before. It is no good applying these remedies in a desultory way, and in a child half the difficulty will be obviated, and less strength lost, if only sufficient hands are employed. The head should be held by one assistant, another should control the body and limbs, and the operator should confine his attention to the manipulation with spatula and swab.

With regard to choice of antiseptics, an ideal one is still to be found. Peroxide of hydrogen in acid solution, and of 20-30 volume strength, has lately been highly recommended; it is stated to loosen and dissolve the membrane, and kills the bacilli more readily than perchloride of mercury. The nascent oxygen which is given off is the efficient agent.

In conclusion, I must say that I am very conscious of the defects of this paper, arising not only from the difficulty of having a clear conception in my own mind of the pathology and relations of the different forms of sore throat, but also of stating in a clear and yet concise way the very nature of these difficulties so that they may be intelligible to others. I can only hope the more apparent are the deficiencies of the introduction, the more enlightened may be the subsequent discussion, and if so, paradox as it may seem, there may be merit wherein I have most failed.

Notes.

THE following changes in regulations of the Conjoint Board have been announced:—(1) That candidates who are referred at the first examination in Chemistry and Physics, must, on presenting themselves for re-examination, produce a certificate of further instruction for not less than three months. (2) That attendance on a Course of Demonstrations at a Lunatic Asylum may he taken at any time after passing the Second Examination.

* * *

IT is announced that an Ophthalmic Surgeon to the Hospital, *vice* Mr. Henry Power, F.R.C.S., M.B., resigned, will be elected at a Court of Governors, to be held on September 27th next.

* * *

MR. HENRY POWER has been appointed Consulting Ophthalmic Surgeon to the Hospital.

* * *

ONLY a few months ago we commented upon the frivolous action for malpraxis which was most unjustifiably brought against a respected "old Bart.'s man," Dr. Tait, of Highbury; and we have now to record another case in which a Bart.'s man was engaged in litigation with a patient. We refer to the action for slander brought by Dr. Frederick Thorne, of Leamington, against Mr. C. T. Richardson, a retired Indian planter. Mr. Richardson met with an accident in the hunting-field, which resulted in a fracture of the clavicle. This was treated by Dr. Thorne in a perfectly correct manner, but the patient became irritable, and would not submit to the proper bandages, whereupon Dr. Thorne quite rightly declined further responsibility. Subsequently it appears the patient spoke in disparaging terms of Dr. Thorne to several of his patients, and Dr. Thorne brought an action, in the course of which the evidence showed conclusively that the doctor had treated the patient in a perfectly proper manner, and damages for the slander were awarded to Dr. Thorne to the amount of £25. We congratulate Dr. Thorne on having taken the case into court, and on the very proper way in which he has vindicated, not only his own position, but also the honour of the profession.

* * *

AMONGST the successful candidates for commissions in the Indian Medical Service, we note the name of Mr. A. F. Stevens, L.R.C.P., M.R.C.S., who has obtained the fourth place in order of merit with 2,500 marks.

* * *

THE following have been admitted Diplomates in Public Health at the Royal Colleges of Physicians and Surgeons:—D. N. Cooper, M.R.C.S., L.R.C.P., W. A. Dow, M.B., B.S. (Dur.), M.R.C.S., L.R.C.P., S. Shore-Smith, M.R.C.S., L.R.C.P., and J. Williamson, M.B. (Lond.), M.R.C.S., L.R.C.P.

* * *

AT the final L.S.A., the following have passed:—In Forensic Medicine, F. E. A. Webb; in Midwifery, G. Lowsley and F. C. Sutherland.

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THE results of the Preliminary Scientific Examination at the University of London are fairly satisfactory. Twenty-one Bart.'s men have passed. S. R. Scott and F. C. Borrow have obtained honours in Zoology; J. M. Collyns and L. A. Walker are in the 1st Division; H. Burrows, W. S. Danks, G. H. Low, A. R. Roche, and C. S. Scott are in the 2nd Division. C. S. Frost, though failing to obtain Honours, is recommended for a pass. In Chemistry and Physics, N. H. Joy, J. J. S. Screse, and R. E. H. Woodforde have passed, and N. C. Beaumont, C. R. Brown, W. P. Dyer, J. S. Gayner, S. B. Green, A. H. Hayes, J. Hyland, and A. L. Vaughan have been successful in Biology.

* * *

A House Physician standing in the Square the other day, was thus accosted by a somewhat seedy-looking individual. "Please can you tell me where 'Adyn's pictures are?" It appeared that the man wanted to see Hogarth's "Pool of Bethesda," and "Good Samaritan," on the staircase of the Great Hall.

Abernethian Society.

The inaugural address of the Abernethian Society will be delivered on THURSDAY, OCT. 11TH, AT 8 O'CLOCK, by Sir James Paget "On Scientific Study in the Practice of Medicine and Surgery." Freshmen are especially invited.

Rugby Football Prospects.

ALTHOUGH this year we are unable to use our new ground at Winchmore Hill, we hope to have a more than usually successful season. We are endeavouring to obtain a ground within easy reach of the hospital, in the hope of inducing men to practise during the week, for it is by practice alone that a powerful combination can be formed.

Of last year's team we lose fewer than usual, as we had so many first year's men playing. Our old captain is, unfortunately, out of his year, and we also lose the valuable assistance of Messrs. Martin and Stevens; however, we are glad to hear of many new men of whom much may be expected, and we are especially glad to welcome some three-quarters, who should make a great difference to us; of forwards we shall have a great choice, and there will be much competition to get into this division of the first fifteen.

The second fifteen, under Mr. Martin's able generalship, should be well to the fore.

Our match-card is better than usual, and of new fixtures we may mention Woolwich, United Services, and Northampton; there is also a very good chance of our meeting Edinburgh University on their own ground.

A few words of advice to the Freshmen may not be out of place here. Hospital football is not like school football; there are not so many opportunities for practice, and it is therefore necessary to seize all those that offer; hence a practice game should never be missed, and the Boxing Club should be well attended, with a view to the training it gives. If every member of the team went across to the club room twice a week during the winter session we should be much better off than we are now. It is important also that everyone should remember to "cross" his name on the team list as soon as possible, and thus save the Secretary (who has already an abundance of work to do in connection with the teams) a great deal of unnecessary trouble.

Lastly, every "Fresher" who intends to play this season should make point of playing in the trial game—a notice of which will appear on the notice board in due course.

Cases Worth Seeing.

MEDICAL.

Hope Ward, No. 17, F. æt. 54, paralysis and atrophy in all four limbs. ? Nature.
" No. 16, F. æt. 18, extensive thrombosis.
Luke Ward, No. 13, M. æt. 43, gout with extreme deformity from chalkstones.
Elizabeth Ward, No. 15, F. æt. 16, exophthalmic goitre.

SURGICAL.

Abernethy Ward, No. 17, malignant cyst.

Volunteer Medical Staff Corps.

THE Vol. M. S. C. encamped on Redan Hill, Aldershot, from August 4th to August 11th. The Provincial Companies from Maidstone, Leeds, Edinburgh, Glasgow, and Aberdeen joined the encampment, the total number encamped being nearly 450. No. 3 Company was under the command of Surg.-Lieut. Waring for the greater part of the time, Surg.-Captain Woodhead being only able to attend for the last three days. Twenty-seven members of the Bart.'s half Company attended, the greater part of whom went down on August 1st with the advance party.

THE drill, which was more exhaustive than usual, comprised company, stretcher, waggon and railway waggon drill, and formation of bearer company. The prize for Field Kitchen Digging was won by a squad of No. 3 under Lance-Corporal Meade.

THE field-day on Friday 10th was followed by a march past before the Duke of Connaught and Staff, in which the Corps acquitted itself very satisfactorily.

THE Corps Sports took place on Thursday 9th. Private Nunn won the Long Jump, and was second in the Hundred Yards. Private Dalzell was second in the Three Legged Race. Surg.-Captain Woodhead was second in the Officers' Race, Quarter-master Bennett being first and the Adjutant third.

Appointments.

DR. C. F. F. MURRELL, M.B., M.S. (Aberd.), M.R.C.S., L.S.A., to be Medical Officer of Health for Acton.

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MR. HERBERT W. MACLURE, M.D., B.C. (Cantab.), L.R.C.P., M.R.C.S., has been appointed, by the London County Council, Medical Officer to the Metropolitan Fire Brigade, District No. 6.

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MR. E. S. WINTER to be Junior House Surgeon to the Western General Dispensary.

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DR. P. S. ABRAHAM, B.Sc. (Lond.), M.D. (Dub.), to be Dermatologist to the West London Hospital.

* * *

MR. J. A. T. WHITE, M.R.C.S., L.R.C.P., to be Medical Officer for the Hatfield Sanitary District of the Dunmow Union.

* * *

MR. W. ROYDEN, L.R.C.P., M.R.C.S., to be Medical Officer of Health for the Rural Sanitary District of the East and West Flegg Incorporation.

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DR. C. EARDLEY-WILMOT, M.D., B.S. (Dur.), to be Senior Assistant Medical Officer to the Middlesex County Asylum, Tooting.

* * *

MR. L. W. ROLLESTON, M.D., B.S. (Dur.), to be Junior Assistant Medical Officer to the Middlesex County Asylum, Tooting.

* * *

MR. A. M. SHEPPARD, M.D., ChM. (Sydney), who has been studying at Bart.'s for the past two years, has been appointed House Surgeon to the London Ophthalmic Hospital, Gray's Inn Road.

BUCK, ARTHUR, L.R.C.P. (Lond.), M.R.C.S. (Eng.), to be Senior House Surgeon to the Sussex County Hospital, Brighton.

* * *

DAVIES, ARTHUR T., M.D. (Cantab.) F.R.C.P. (Lond.), to be a Physician to the Metropolitan Hospital, Kingsland Road, N.E.

* * *

GRIFFITHS, GEO. BATHO, L.R.C.P., M.R.C.S., to be Resident Medical Officer to the Eastern Dispensary, Bath.

* * *

LONG, FRANK T., L.R.C.P. (Lond.), M.R.C.S. (Eng.), to be Medical Officer and Public Vaccinator for the Colton District of the Ulverston Union.

ADMIRALTY.

SURGEON JOHN L. BAGNALL-OAKELEY, M.R.C.S. (Eng.), L.S.A. (Lond.), Naval Medical Service, to the *Phœbe*, Aug. 13th.

WAR OFFICE.

IN the *London Gazette* of Aug. 14th, 1894, SURGEON-CAPTAIN SINCLAIR WESTCOTT, M.R.C.S. (Eng.), L.R.C.P. (Edin.), Army Medical Staff, having completed twelve years' service on full pay, and passed the prescribed examination, is promoted to be Surgeon-Major.

SURGEON-MAJOR S. WESTCOTT served for a short time as a Surgeon in the Royal Navy, and passed into the Army top of his batch.

A Reminiscence of Forty Years Ago.

AMONGST the most honourable records of the ancient foundation of St. Bartholomew's, is the admission of the first woman-physician to the full educational advantages of the Hospital. I think that the generous-hearted students of this younger generation will be proud of the example set by their Alma Mater, and interested in knowing how it came about.

In 1849, after receiving the Doctor's degree in the University of Western New York, the advantage of further study in Europe was diligently sought for. Great difficulties then existed for obtaining the necessary facilities of study in so novel an undertaking.

In looking over old papers lately, I came across a letter of 1850, written by my cousin, Mr. J. Kenyon Blackwell (a well-known South Staffordshire Iron Master), who had kindly undertaken to make inquiries for me in relation to the possibility of medical study in London. This letter is of interest as recalling events of more than forty years ago, and explaining my connection with St. Bartholomew's. He writes to me in Paris, as follows:—"I obtained introductions from Dr. Carpenter to Dr. Sharpey at University College, and to Mr. Paget at St. Bartholomew's, and I also called on Mr. South at Guy's and St. Thomas's. Both Dr. Sharpey and Mr. South were interested, and sympathised in the object; they advised an application to the governing bodies. Dr. Sharpey was very polite, he could not, however, give a positive answer without consulting his colleagues. He suggested that if you decided on University College, you should address a letter to Dr. Walshe, Dean of the Faculty of Medicine, requesting permission to study, and he promised to support the application.

"The reception I met with from Mr. Paget was still warmer. He immediately said that he felt anxious about your success; that he fully entered into your motives; and that he not only felt a wish, but that he considered it to be his duty, to render you every assistance in his power. He also said that he felt no doubt his colleagues would view the subject in the same manner; he would consult them all, if I would give him a few days to do so. The enclosed letter is the result of the opinions of all, and final.

"From the warm interest he has manifested, if you decide to go to St. Bartholomew's, I feel certain you will find a powerful friend in him. He assured me also that he thought you would have nothing to apprehend with regard to the behaviour of the students themselves."

Such was my cordial and generous introduction to St. Bartholomew's. I received an "unlimited" card of admission; and during the year and a-half that I daily walked the Hospital, spending the chief part of each day in the wards, I found doctors, students, and nurses constantly and invariably friendly and helpful.

The Hospital contained at that time 580 beds, relieving 77,000 patients annually. The chief physicians were Drs. Hue, Roupell, and Burrows; and the chief surgeons, Messrs. Lawrence, Stanley, and Lloyd. The Faith wards, under Dr. Burrows, were my headquarters, where I studied several hours a day, and regularly followed the Physicians' clinical visits, meeting with invariable courtesy from the large class of students who followed these popular visits.

Even more valuable was the instruction obtained when following the visits of Drs. Bayly and Kirkes. Dr. Bayly was then carrying on his researches in relation to dysentery. He was so gentle, friendly, and learned in his art, that these private visits were of unique advantage.

I attended also Mr. Paget's admirable lectures on Pathology. They were given in the small amphitheatre which then existed; for the present large college buildings, library, and museum, were not then built. The museum was a small one, but I gratefully remember the many interesting objects shown me by Messrs. Luther Holden, and Holmes Coote.

Dr. Hue was especially friendly in his welcome to me, showing me everything of interest in his wards, and my note-books are full of valuable observations made under his guidance. He took me on one occasion by an underground passage to Christ's Hospital to taste the excellent pea soup for which that institution was famous!

During this time an introduction to Dr. Oldham procured a most interesting visit to Guy's Hospital. Of the 600 beds in that great institution, 20 beds, with a midwifery clinique, averaging 1,800 cases a year, were under Dr. Oldham's care, and four students were maintained at the Hospital under his special direction to look after this department. The museum of Guy's was at that date most admirably arranged; every specimen in the

three large rooms devoted to it being carefully labelled and exhibited for study, and the wax models of admirable workmanship. Dr. Oldham expressed great friendliness to women's study of medicine, and cordially offered to assist my sister, who was then commencing the study, should she come to England, and wish to obtain an entrance to Guy's Hospital.

I have always regarded the Medical Profession—rightly understood — as the noblest representative of Divine Beneficence, and I gladly recall the generous action of St. Bartholomew's in aiding my entrance into the Humane Profession.

ELIZABETH BLACKWELL.

Third Examination of the Conjoint Board.

AS is well known, there are to be in future four Examinations at the Conjoint Board, under the arrangements of the five years' Curriculum. The fourth Examination will be purely Clinical, and the third will include Medicine, Surgery, and Midwifery, as well as Forensic Medicine and Public Health.

The synopsis in the latter two subjects have recently been issued and are as follows:—

I. SYNOPSIS.

EXAMINATION IN FORENSIC MEDICINE.

I. Examination of Persons found dead, with reference to:—
   1. Identification.
   2. Time of Death.
   3. Cause of Death.

II. Violent causes of Death:—
   1. Drowning.
   2. Strangulation.
   3. Suffocation.
   4. Mechanical Injuries and Wounds.

III. Poisons and Poisoning:—
   1. Symptoms and post-mortem appearances in cases of poisoning by the following agents:—

Inorganic.

Mineral Acids.	Mercury.
Solutions of Alkalis.	Antimony.
Copper.	Arsenic.
Lead.	Phosphorus.

Organic.

Oxalic Acid.	Aconite.
Carbolic Acid.	Chloroform.
Opium.	Chloral Hydrate.
Strychnine.	Cyanides.
Belladonna.	

   2. Duties of Medical Men in cases of Poisoning, as regards—Observation; Treatment and Preservation of parts for Analysis.
   3. Preliminary Tests for Poisonous Substances for Clinical Use, before reference to an Analyst.

IV. Medico-legal points in connection with:—Pregnancy, Delivery, Rape, Criminal Abortion, Infanticide.

V. The Lunacy Laws, in so far as they affect the Medical Practitioner, when signing Certificates of Lunacy.

II. SYNOPSIS.

EXAMINATION IN PUBLIC HEALTH.

I. WATER, in its relations to Health and Disease:—
   1. The Characters and Classification of Drinking-Water.
   2. The Causes and Sources of the Impurities found in Water, and the Methods of Purification.
   3. The Diseases conveyed by Water and the Methods of dealing with Epidemics of such Diseases.

II. AIR, in relation to Health and Disease:—
   1. The Causes and Sources of the Impurities found in Air.
   2. The Diseases conveyed through the Air.
   3. The quantity of Air necessary for Health; the Principles of Ventilation.

III. SOIL, in relation to Health and Disease:—
   1. The Causes and Sources of the Impurities in the Soil, and the methods of dealing with them.
   2. Diseases connected with the Soil.
   3. The Methods of dealing with Excreta and Sewage.

IV. FOOD, in relation to Health and Disease:—
   1. Dietetics.
   2. The Common Adulterations of the Chief Articles of Diet.
   3. Diseases connected with Deficiency or Impurity of Food-supply.

V. THE DWELLING, in relation to Health and Disease:—
   The Principles of House-drainage.

VI. The Principles of Disinfection, and the Mode of Action of the Chief Disinfecting Agents.

VII. The Provisions of the Act for the Notification of Disease.

Births.

DOVE.—On August 5th, at Carshalton, Stapleton Hall-road, Stroud Green, N., the wife of Percy W. Dove, M.R.C.S., L.R.C.P., of a daughter.

BURTON.—On Thursday, August 9th, 1894, at Hosie Villa, 15, Vernon-road, Edgbaston, Birmingham, the wife of Surgeon-Major F. H. M. Burton, M.D., Army Medical Staff, of a son.

POWELL.—On August 10th, at Glenarm House, Upper Clapton, N.E., the wife of Herbert E. Powell, M.R.C.S., L.S.A., of a daughter.

KERR.—On August 21st, at 36, Oak-lane, Bradford, the wife of James Kerr, M.A., M.D., D.P.H., Cantab., of a son.

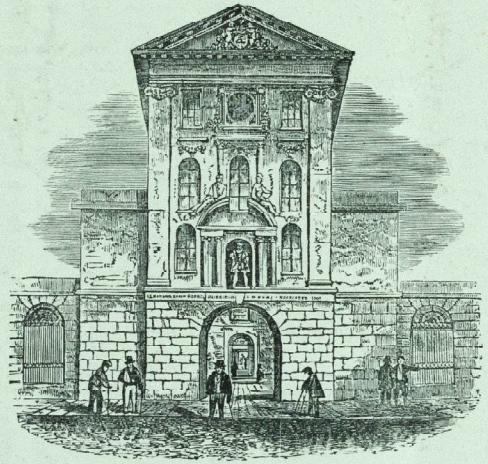
Marriages.

ON 22nd inst., at Littlemore Parish Church, by the father of the bride, and the Rev. Vernon T. Green, M.A., vicar, and the Rev. C. A. Comfort, M.A., Laurence A. Winter, M.R.C.S., L.R.C.P., of Chartham, Canterbury, Kent, elder son of the late L. Winter, Esq., of Clements, Sharesbrook, and Mrs. Winter, of the Manor House, Coendon, Thame, to Bessie Copeland, fourth daughter of the Rev. Hayman Cummings, Chaplain, Oxford County Asylum.

ACKNOWLEDGMENTS.

Guy's Hospital Gazette. St. George's Hospital Gazette, "*On the Cataract-Pricking of the Hindus,*" by DR. HIRSCHBERG, Ophthalmic Surgeon, Berlin; translated by Surgeon-Capt. Maynard, Patna (Reprint from *Indian Medical Gazette*).

St. Bartholomew's Hospital Journal.



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