

held and so highly valued and rare were those qualities which stamped him as a clear, logical, and dignified chairman.

At the meeting of the British Medical Association at Cork, in 1879, Sir William delivered the address on Surgery, on "The Prevention of Blood-poisoning in the Practice of Surgery," for, though the great opponent of Listerism, he was a thorough advocate of asepticism in surgery, and many of the opinions and predictions which he enunciated have since been proved true. Although a thorough enthusiast in science, Savory was not a large writer of books, but what he did write is characterised by such sound argument and clear and expressive language as to have become classical. Such are his lectures, delivered at the Royal Institution, on "Life and Death," and his "Essays on Pyæmia." In his early life he contributed papers on scientific subjects to the *Proceedings of the Royal Society* and the *Philosophical Transactions*, amongst which were, in 1851, "On the Valves of the Heart," and "The Development of the Striated Muscle in Mammalia" in 1855. In 1858 he published his well-known work on "An Experimental Enquiry into the Effect on the Mother of Poisoning the Fœtus."

He became a Fellow of the Royal Society in 1851, was for many years Professor of Comparative Anatomy at the College of Surgeons, and in 1887 delivered his famous "Hunterian Oration" to the College. Many of his best writings are to be found in the earlier volumes of *St. Bartholomew's Hospital Reports*, such as those on pyæmia, thrombosis, local effects of blood-poisoning in relation to embolism, phlebitis, and necrosis. He wrote also the chapters on "Hysteria" and "Scrofula" in *Holmes's System of Surgery*.

Since his retirement from active service on the Staff of our Hospital, Sir William had not been idle. He was a member of the Royal Commission on Vaccination, and of the Royal Commission on the proposed Gresham University for London, a subject in which he took the keenest interest. At his death he was a member of the Senate of the University of London, and Surgeon Extraordinary to Her Majesty the Queen; and as a fitting reward for his high sterling qualities and honest industry, he received the honour of a baronetcy, after having declined lesser honours.

In 1854, Sir William Savory married a daughter of Mr. William Borradaile, but his domestic life was not without sadness, for in 1867, having poisoned his finger, he transmitted the infection to Mrs. Savory, who dressed it. The disease proved fatal to her, and he himself nearly died from its effects. He leaves one son, Borradaile Savory, the Rector of St. Bartholomew's the Great, who is married to a daughter of Dr. Pavy, and succeeds him in the baronetcy. The funeral took place on Thursday, March 7th, at Highgate, preceded by a service at St. George's, Hanover Square, where a large congregation of his personal friends and colleagues attended.

DANIEL HACK TUKE, M.D., LL.D.—We regret we have to record the death of Dr. Hack Tuke, whose name is so well known in connection with mental disease. Dr. Tuke was born at York in 1827, and in 1852 became a Member of the College of Surgeons after studying at St. Bartholomew's. He was editor of the *Journal of Mental Science*, and Lecturer on Psychological Medicine at Charing Cross Hospital. He was formerly Physician to the Retreat, York, President of the Psychological Association, and Examiner in Mental Physiology at the University of London. He wrote largely on mental science, amongst his works being *Influence of Mind on the Body*, *Insanity in Ancient and Modern Life*, and *A Dictionary of Psychological Medicine*. He died on March 5th from influenza.

Appointments.

HUGO, J. H., M.R.C.S., L.R.C.P., has been appointed Extra Assistant Medical Officer to the East Dulwich Infirmary.

CALVERLEY, J. E. G., M.R.C.S., L.R.C.P., has been appointed Assistant House Physician to the Metropolitan Hospital.

We regret that an error occurred in the Appointment List published last month, by which it appeared that N. P. Marsh, M.B. Lond., M.R.C.S., had been appointed House Physician to the Children's Infirmary, Liverpool. Dr. Marsh was re-appointed Honorary Physician—a post which he has now held for some years.

Births.

HENDLEY.—On Feb. 23rd, at Dharmasala, India, the wife of Surgeon-Captain Hendley, I.M.S., D.P.H., of a daughter.

JESSOP.—On Feb. 24th, at Fitzjohn's Avenue, N.W., the wife of E. Jessop, L.R.C.P., M.R.C.S., of a daughter.

STEVENS.—On Feb. 27th, at Tulse Hill, S.W., the wife of A. B. Stevens, M.B., of a daughter.

Marriages.

BATEMAN—METCALFE.—On Feb. 6th, at York, Hinton E. Bateman, L.R.C.P., M.R.C.S., to Edith Beatrice, second daughter of the late Rev. J. Metcalfe, Rector of Holy Trinity, Micklelegate, York.

POWELL—DAVIES.—On Feb. 20th, at Swansea, T. M. Jones Powell, M.B. Lond., to M. Beatrice Davies, daughter of Joseph Davies, F.R.C.S., J.P., Hafod, Swansea.

Deaths.

SAVORY.—On March 4th, at Brook Street, W., Sir William Savory, Bart, F.R.S., in his 69th year.

TUKE.—On March 5th, at Welbeck Street, W., Daniel Hack Tuke, M.D., LL.D., F.R.C.P., aged 68 years.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette*. London Hospital Gazette. St. Mary's Hospital Gazette. Case of Angina Pectoris, by William Wylie, M.R.C.S., L.R.C.P. A Visit to a Norwegian Leprosy Hospital, by E. Mansel Simpson, M.D.

St. Bartholomew's Hospital



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NOTICE.

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

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All financial communications, relative to Advertisements ONLY, should be addressed to J. H. BOOTH, 29, Wood Lane, Usbridge Road, W.

St. Bartholomew's Hospital Journal,

APRIL 14th, 1895.

"Æquum memento rebus in arduis
Servare mentem."—Horace, Book II, Ode III.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,

Assistant Surgeon to the Hospital.

(Continued from page 83.)

THE commonest bacteria have now been described. I have also mentioned where they are found, and how they enter wounds. The next step is to tell how to keep them out of wounds.

This requires a knowledge of disinfection and of anti-sepsis. An antiseptic has already been defined as that which prevents or retards the growth of bacteria, and a disinfectant as that which kills them outright. These distinctions must now be kept clearly in mind.

Disinfection may be carried out by heat, chemicals, or by filtration. Sunlight, electricity, and some mechanical processes might also be enumerated, but have not the same value as the others. Nevertheless, in planning hospitals the value of sunlight ought not to be ignored. It has the most potent influence upon bacteria, in preventing or retarding their growth, and in purifying the atmosphere. Later it will

be seen that mechanical measures, such as scrubbing, are an important part of the disinfection of the skin.

Of all methods of disinfection heat is the simplest, cheapest, and best. Chemicals occupy the second rank, but are treacherous and difficult to use. Filtration by Chamberland's filter, or Berkefeld's modification of it, may be of occasional use for the sterilisation of water. This, however, is done more easily and certainly by heat.

The practice of aseptic surgery does not consist in the slavish use of chemicals. They are merely adjuncts, and not an essential part of the system. Some surgeons try to do without chemicals. They pin their faith upon heat in its various forms for the elimination of bacteria.

It is, perhaps, doubtful what the practice of the future will be. As our hospitals are at present constituted, chemicals can hardly be avoided. Some time since, Mr. Butlin* treated his cases with a minimum of chemicals, and with materials sterilised with heat. Out of sixty-one cases, twenty-nine suppurred. Bloch,† too, seems to have pursued the same system with moderate success. The results of the mixed method of asepsis, which, as I have already said, utilises both heat and chemicals, has given me in hospital practice about six per cent. of suppuration. But much of this was trivial and not progressive. Moreover, as house surgeons, dressers, sisters, and nurses acquire the principles of aseptic surgery, the proportion of suppuration tends to diminish.

Disinfection by heat is governed by certain laws. First, all cocci and non-spore-bearing bacilli are easily killed by moderate heat acting for a short time. Second, spores are only killed by considerable degrees of heat acting for a long time. Third, moist heat is much more efficacious than dry heat; and fourth, fluids of small nutritive value are easier to disinfect than those of high nutritive value. Thus water is easier to disinfect than urine, and urine is easier to disinfect than milk, or blood, or sputum.

Generally speaking, a high degree of dry heat kills bacteria quicker than a lower degree, and the same applies to moist heat.

* *St. Bartholomew's Hospital Reports*, vol. xxix, 1893, p. 89, et seq.
† *Revue de Chirurgie*, 1890.

Pasteur and others have found it easier to kill bacteria in acid media. In some alkaline fluids the bacteria seem to be in some way protected against heat,—as, for example, in milk.*

Heat may be used as a disinfectant either as dry heat, steam, or boiling water.

Dry heat is used in the laboratory for disinfecting platinum wires, instruments, glass vessels, and cotton wool. We do not, however, use it much for the disinfection of surgical appliances. To obtain reliable results a temperature of 180° C. for at least thirty minutes is required. Koch ascertained that sporeless bacteria were destroyed by exposure for an hour and a half to hot air at a temperature slightly exceeding 100° C. The spores of bacilli such as anthrax required three hours at 140° C.†

The chief spore-bearing bacilli which surgeons have to fear are anthrax, tetanus, tubercle, and *Bacillus septicus*. Yersin killed spore-bearing tubercle bacilli in ten minutes with water at a temperature of 70° C. The bacilli were heated in glycerine broth in which they had grown.‡ To kill tubercle bacilli in sputum a temperature of 100° C. acting for at least five minutes is needed. Presently the resistance of tetanus spores will be mentioned.

The high temperature which is required to ensure sterility by dry heat is not easy to attain. Moreover dry heat coagulates blood, pus, or serum in the joints and crevices of instruments. It is possible that the coagulation itself may protect the bacteria from the heat. Then such substances may remain a dangerous source of infection, being rubbed off when the instruments are used.

Moreover the high temperature of dry heat is harmful to cutting instruments, especially the finer kinds of knives and scissors. Dry heat also requires a special apparatus.

Therefore we use boiling water for the sterilisation of instruments, silk, drainage tubes, fishing-gut, towels, and utensils. An expensive apparatus is unnecessary. A large enamelled stewing-pan can be purchased for a few shillings. In hospitals where quantities of appliances are required it may be desirable to provide a large steam steriliser and a large copper pan, but this is chiefly a matter of convenience.

Steam and boiling water are very efficient disinfectants. Kitasato found that tetanus spores bore a temperature of 80° C. for half an hour to an hour, but were killed in five minutes in the steam steriliser at 100° C. They were still virulent after ten hours' immersion in 5 per cent. carbolic lotion, but fifteen hours killed them. A solution of perchloride of mercury, one part in one thousand parts of water, with 5 per cent. of hydrochloric acid, killed them in

thirty minutes, although the same strength of perchloride without the acid took three hours.

Koch and his co-workers, Gaffky and Loeffler, killed anthrax spores in five minutes with steam at the pressure of the atmosphere. Von Esmarch killed them by the same means in from three to twelve minutes. Vinay says they are killed by steam in two or three minutes, and Sternberg found they did not grow after four minutes' exposure to 100° C.

The spores which Vinay tested were alive after soaking for thirty-seven days in 5 per cent. carbolic lotion.*

All the pyogenic cocci are easier to kill with either dry or moist heat, but *Staphylococcus aureus* was only killed by an hour's exposure to a dry heat of 80° C.† Sternberg showed that moist heat at 100° C. killed *Staphylococcus aureus* in a minute and a half.

Some of the spores met with in earth have, however, extraordinary powers of resisting heat. The spores of hay bacillus resisted steam at 100° C. for two hours and a half,‡ and Courboules§ found that a temperature of 120° C. was required to kill the spores of the *Bacillus septicus*. This last is, as I have said before, pathogenic for man and animals. Arloing dried and powdered the muscles of animals which had died of anthrax. The virulence of this powder was not destroyed by steam at 100° C. after six hours. It is improbable that the steam reached the anthrax, but the experiment shows how hard it is under certain conditions to disinfect.

In reading the literature of disinfection by heat a good many discordant statements are met with, and the subject seems to require further elucidation.

In difficult circumstances disinfection can only be attained in a short time by using superheated steam. There is no other reliable way of disinfecting clothing, bedding, and the like. In surgery, however, we seldom have to deal with such resistant spores as those of anthrax and gaseous gangrene, nor with such difficult things to disinfect as clothing or bedding. Should, however, the presence of resistant spores be suspected extra precautions should be taken.

It is universally acknowledged that the pyogenic cocci, such as *Streptococcus pyogenes* and *Staphylococcus aureus*, and most of the bacilli met with in wounds, are not more resistant to moist heat than non-spore-bearing anthrax bacilli. Most adult pathogenic germs perish after ten minutes' exposure to 64° C. of moist heat (Vinay). It is, therefore, certain that all non-spore-bearing bacilli and all cocci will be killed by five minutes' sojourn in boiling water. The occasional presence of spores must, however, be taken into

* *Manuel d'Asepsie, la Stérilisation et la Désinfection par Chaleur*, Paris, 1890, p. 56. This work gives much useful information.

† Vinay, *loc. cit.*, p. 39.

‡ "Notiz über die Widerstandsfähigkeit der Sporen von *Bacillus subtilis* gegen Wasserdampf von 100° C.," Max Gruber, *Centralblatt für Bacteriologie*, 1888, vol. iii, p. 576.

§ Quoted by Vinay, p. 62.

* Vinay, p. 72.

† Koch and Wollnugel, *Micro-parasites in Disease*, New Sydenham Soc., 1886, p. 525.

‡ A method of staining the spores of tubercle bacilli seems to be needed. Its discovery would be a great advance.

consideration. Fifteen minutes in boiling water is enough to kill such as are likely to be met with. A good deal depends, however, upon the thoroughness with which the bacteria or spores are exposed to the heat. For instance, Koch* found that "steam generated at the bottom of a deep vessel had a temperature of 70° C. to 78° C. one centimetre above the surface of the boiling water: while in a shallow vessel, in which the steam mixed readily with the air, the temperature at a similar level was 10° C. lower than this." Such a source of error can be overcome by covering the articles with the boiling liquid.

It is advantageous to add a tea-spoonful of washing soda to each pint of the water used for disinfecting instruments. The soda helps the removal of grease and fat, and prevents the instruments from rusting. Moreover the addition of the soda renders the boiling-point of the water a little higher, so that disinfection is more certain and rapid.

Dry heat penetrates such substances as silk, towels, glass, or india rubber very slowly, and moist heat takes some time to penetrate them thoroughly. Thus, if a little silk be wound upon a reel for disinfection, time ought to be allowed for penetration; and if much is wound on, a considerable time may be needed before the deeper layers are sterilised.

Before being placed in the steam steriliser or in hot water, towels, or similar things, should be opened out or unrolled. The experiments of Koch, Gaffky, and Loeffler,† and of Parsons, clearly showed that heat took a long time to reach the centre of rolls of cloth. A roll of coarse black cloth, 25 cm. by 8 cm., was exposed to superheated steam, which in thirty minutes reached 120° C. The temperature at the centre of the roll had not at the end of the half-hour risen to 65° C., but the steam being raised to 126° C., and kept at that temperature for thirty minutes more, the temperature of the cloth rose to 118° C. When first I began to sterilise towels with steam several failures occurred, because we omitted to unfold the towels before putting them in the steriliser. For ordinary purposes the simplest kind of steam steriliser is all that is required. We have obtained excellent results by using one made of copper and arranged like an ordinary potato steamer. I have no doubt but that an ordinary potato steamer would answer perfectly. It is advantageous to have a small hole in the top of the lid of the steriliser for a thermometer. Unless all the air is expelled before use the steam in the sterilising chamber does not attain its highest temperature.

Before leaving disinfection by heat, perhaps I ought to say that cold has hardly any power of disinfection. Sternberg‡ quotes Frisch's experiments in which micrococci and bacilli grew after exposure to -87° C., and Prudden's in which freezing for sixty-six days did not kill *Staphylococcus aureus*.

(To be continued.)

* *Loc. cit.*, *Disinfection by Steam*, p. 529.

† New Sydenham Soc. trans., 1886, translated by Dr. Whitelogg.

‡ P. 145.

Notes on Paralysis of the Upper Extremity.

By H. LEWIS JONES, M.D.,

Medical Officer in charge of the Electrical Department.

(Continued from page 87.)

THE DELTOID.—Paralysis of this muscle from injury or dislocation of the shoulder-joint is one of the most common forms of paralysis in the upper extremity.

In the note-books of the Electrical Department a very large number of cases are recorded. The deltoid is also subject to paralysis from neuritis of the circumflex nerve apart from injury. I have notes of a case where it followed parturition, and of another after a feverish attack with bronchitis, and two occurring after typhoid fever. The condition of pain in the shoulder called deltoid rheumatism is a neuritis affecting the circumflex nerve, and may lead to paralysis and wasting of the deltoid muscle; such cases are not uncommon.

The circumflex nerve is exposed to injury in its course through the muscle, and its trunk may also be strained in dislocations, or it may be compressed by a crutch or axillary pad. The teres minor suffers with the deltoid when the injury is to the trunk of the nerve; when the injury is in the intra-muscular part it may escape. It is not always easy to determine the state of the teres minor by electrical testing, as it is so much covered by other muscles, nor by observing the voluntary movements of the patient, as its functions can be adequately performed by the infra-spinatus. The attempt to ascertain its condition, however, should always be made.

The spinati are often paralysed by the injury which paralyses the deltoid.

The flattened appearance of the shoulder, and the prominence of the acromial process of the scapula make it easy to recognise paralysis of the deltoid, unless the subject be very stout. In infants also the adipose tissue which covers the shoulder may mask the wasting of the muscle. When the wasting and paralysis are extreme the head of the humerus is no longer held up in the glenoid cavity, but can be seen and felt to hang loosely in a state of partial dislocation, and to be freely moveable in its socket. One may even be able to push the tip of a finger between the acromion and the head of the humerus. In cases of paralysis of the deltoid it is not uncommon to find some adhesions or creaking in the shoulder-joint; for an injury of the circumflex nerve may produce paralysis of the muscle and changes in the articular surfaces. In examining a patient who complains of weakness in the shoulder it is useful to bear this in mind, and to test the condition of the deltoid, for otherwise the case may be regarded as one of primary arthritis of the joint when the articular mischief is in reality secondary to injury or disease of the circumflex nerve.

When the deltoid is paralysed the arm cannot be raised to the horizontal position, and the utility of the limb is very seriously diminished for a large number of movements, because there is no other muscle able to supplement it to any appreciable extent; the supra-spinatus has a similar function to the deltoid, but it is too feeble to be able to raise the weight of the arm. It sometimes happens that part only of the deltoid is paralysed; I have notes of three cases. In one the patient had had suppuration round the shoulder, and an incision for the evacuation of the pus was made on the posterior aspect of the joint. One of the branches of the circumflex nerve was injured, and the posterior half of the muscle was wasted, and showed a partial reaction of degeneration. Under electrical treatment combined with daily rubbing the muscle recovered.

The deltoid is rather apt to suffer in infantile paralysis of the upper limb, and the chances of its recovery in this disease are not good. I have known a paralysis of this muscle persist as the remnant of an extensive paralysis of the whole upper limb, and in other cases have found it most difficult to stimulate any new growth of muscle-fibres in the deltoid, even after months of persevering electrical treatment. This may mean that the nucleus of origin of the fibres which supply the deltoid is a small circumscribed one, and easily destroyed, or that the muscle, working as it does at great mechanical disadvantage, cannot afford the loss even of a portion of its fibres without serious impairment of its powers.

In one of my infantile cases the posterior third of the deltoid has grown again under treatment into a fairly strong muscular bundle, the rest of the muscle remaining quite wasted.

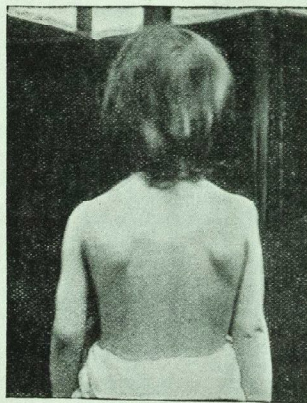


FIG. 4.—Paralysis and atrophy of right deltoid.

In the ordinary traumatic paralysis of the deltoid the prognosis is more favourable. The majority of the cases recover, but there is a considerable minority which do not, and on this account it is wise to express a guarded opinion when there is much wasting and a reaction of degeneration, and the prognosis must be made to depend upon the behaviour of the muscle under treatment. If the electrical reactions are normal, or show only a quantitative change, or the partial reaction of degeneration, the prognosis is more favorable. Taken generally, the deltoid may be said to be a muscle which is easily damaged, and has not a very great recuperative power. The presence of articular changes in a case of paralysis of the deltoid is unfavourable, though here also recovery may take place. The skin over the deltoid receives sensory fibres from the circumflex nerve, and impairment of sensation or anaesthesia is frequently to be found if looked for when the muscle is paralysed.

Combined paralyzes of the upper limb.—It often happens that many of the muscles of the arm are paralysed together from injury or disease of the nerve-trunks. After a serious dislocation of the shoulder, and particularly if this has remained for some hours unreduced, there may be complete paralysis of the whole limb. Mr. Bowly has published* several cases in which an injury had caused rupture of all the roots of the brachial plexus, but this is not a usual result of injuries or dislocations of the shoulder. A contraction of the pupil on the affected side has been noticed in some of these cases. If the spinal nerve-roots are actually torn out of the cord by the injury, laceration may occur of the fibres destined to emerge from the cord in the thoracic region to form the cervical sympathetic.

Several causes combine to produce extensive paralysis after a dislocation. The head of the humerus presses upon the brachial plexus in dislocations forward below the coracoid process, and so produces paralysis below that point; but this pressure will not cause paralysis of the muscles of the scapula, for these are supplied by branches given off higher up, and yet they are generally, if not always, implicated. It is possible that the upper cords of the plexus may be compressed between the clavicle and the vertebral column if the violence has tended to drive the shoulder backwards, for the shoulder has free play from the sterno-clavicular joint, and might be driven sufficiently far back to do this. Or the upper cords of the plexus may be more directly subjected to traction from the injury, or finally they may be damaged by the efforts employed in reducing the dislocation, and from their position and direction they are more likely than the lower roots of the plexus to suffer in this way.

It seems probable that the upper cords of the plexus are most likely to be injured by traction, either in the injury or in the efforts to reduce the dislocation; while the nerve-trunks of the arm are injured lower down by the pressure of

* *Injuries and Diseases of Nerves*, London, 1889, J. & A. Churchill.

the head of the bone against them. The subscapular nerves, by their position, and by the direction in which they run, are rather better protected than the other nerves from both these accidents; and this perhaps accounts for the frequent escape of the latissimus dorsi, the subscapularis, and the teres major muscles in extensive paralysis of the shoulder and arm from injury.

Erb's paralysis.—One particular type of combined paralysis affecting the muscles of the shoulder and arm has received this name, though in France it is often known as the Duchenne-Erb type, because Duchenne first drew attention to it, and reported five examples. He was unable to explain the peculiar association of certain muscles in these cases, and it was Erb who, in 1874, pointed out the anatomical reasons for this special grouping. The affected muscles are the biceps coraco-brachialis and brachialis anticus, which are supplied by the musculo-cutaneous nerve; the deltoid (circumflex nerve), and one muscle supplied by the musculo-spiral, namely, the supinator longus; often the spinati too (supra-scapular nerve) are involved. The affection of the supinator longus alone among the muscles supplied by the musculo-spiral nerve seems at first to be a perplexing feature, but it suggests the idea that the injury must be situated above the point at which the musculo-spiral nerve is built up. Erb pointed out that an injury limited to the two upper roots of the brachial plexus, the fifth and sixth cervical, or to their combined trunk, would produce the kind of paralysis under consideration; and further showed that these cords can be directly stimulated at a point in the neck one inch above the clavicle and a little external to the outer border of the sterno-mastoid. This is known as Erb's motor point, and by means of an electrode applied to it the muscles in question can be readily thrown into simultaneous contraction.

The existence of Erb's paralysis as a clinical unit depends upon the comparatively exposed position of these two nerve-roots, just as we have seen that paralyzes of some of the single muscles of the shoulder are common for the same reason, and varieties in the extent of the paralyzes exist according as the injury or disease affects chiefly the fifth or the sixth roots or their united trunk.

From the investigations of Ferrier, Herringham,* and others we have a fair knowledge of the levels at which the different components of the nerves of the upper limb leave the spinal cord. There is a certain amount of variation between individual cases, so that we cannot state absolutely that certain fibres run always in the fifth root, and certain others only in the sixth or seventh. Moreover many muscles receive their nerve-supply from more than one level; for example, the serratus magnus from the fifth, sixth, and seventh roots.

From what is known one would expect that a lesion of the fifth and sixth roots, or of their combined trunk, should

* *Proc. Roy. Soc.*, March, 1886.

involve not only the muscles already mentioned, but also the rhomboids, the teres minor, the subclavius, the upper parts of the pectoralis major and serratus magnus, and the supinator brevis, and most of these muscles have been noted as involved in some of the recorded cases.

Although a large number of cases of this form of paralysis have been collected, it is not in all of them that a sufficiently minute examination of the muscles has been made. Further study of these cases, if carried out with proper care, is likely to advance our knowledge of the anatomical distribution of the fibres emerging at the upper levels of the brachial plexus.

It must be borne in mind that Erb's-paralysis is not in the least a special form of disease. The name has the advantage of brevity alone. Any sort of injury or disease which is limited to the upper part of the brachial plexus will produce paralysis of the group of shoulder and arm muscles already mentioned. In particular, injuries to the child arising during difficult labour is a common cause, so that Duchenne described it as "obstetrical" palsy of the arm. Among twenty cases of which I have notes, seven were caused in this way, four followed injury, one was due to sarcoma of the cervical vertebrae, and in this, owing to extension of the disease, the paralysis was not long limited to the muscles of the Duchenne-Erb group. One was associated with an abscess in the neck, and the remainder came on gradually and were due to neuritis of some kind.



FIG. 5.—Paralysis of trapezius, deltoid, and spinati on right side.

All degrees of combined paralysis from the typical Duchenne-Erb type to complete paralysis of the shoulder and arm may be met with.

I have seen one case, typical in other ways, in which the

deltoid was at no time affected, though the supinator longus and the three flexors were.

The triceps in some cases, and the extensors of the wrist in others, have been noted to be weak in cases of Erb's paralysis. In two cases I have noted some weakness of the upper part of the pectoralis major.

Infantile paralysis may sometimes resemble Erb's paralysis in its distribution, but it is not likely often to be confounded with it if the history of the case and the distribution of the paralysis be carefully taken into account. Fig. 5 is from a case of infantile paralysis, and shows wasting of the deltoid, spinati, and trapezius, the last only in its upper part.

(To be continued.)

On Hysterical or Functional Disorders.

By H. H. TOOTH, M.D.

Read before the Abernethian Society, October 25th, 1894.

Attempting to discuss this evening the phenomena grouped under the term "hysterical" or functional disorders, I am fully alive to the extreme difficulty of the task. The difficulty consists largely in the fact that we are concerned with a vast aggregation of symptoms, definite enough of themselves, but of which we at present know no pathological or anatomical basis. Anatomy, gross and minute, has given us a group of organic diseases which falls us here. Here we have a department of medicine which is based on symptoms. That may be said of all branches of medicine, but with this important difference, that in organic disease the symptom is the mirror, which, if viewed correctly, reflects to the mind a picture of some anatomical condition. Thus the symptom hemiplegia suggests to the mind at once a lesion of the cerebral motor tract—a fact which has been verified over and over again post-mortem; but the same symptom in a "functional" case is a symptom and little more, pathology at present teaching us nothing about it, except that it is not this, that, or the other.

So necessary has it become to us to hang our ideas of disease upon the underlying anatomical facts, that, finding none in hysteria, we found mental comparisons between the phenomena of hysteria of which we know not the anatomical basis, and organic diseases so called, of which we do. This has crept in, in our natural craving for classification, the idea of nervous mimicry, because the symptoms resemble those that we find in organic cases, the resemblance at best being only superficial.

It seems to me that the idea expressed in the term neuro-mimesis is in every way prejudicial to the study of functional affections. The term implies conscious or unconscious imitation, on the part of whom—the disease or the patient? If the latter, there creeps in the fatal error of supposing that in some way or other the patient is more or less responsible in producing and keeping alive the condition. Almost all the crude medical notions of the public have emanated from those of the medical profession in days gone by. The humoral pathology, for instance, still flourishes among the laity. Hence it is that the term "hysteria" is, with the public, often another name for shamming. The attitude of mind of a student of the multitudinous aspects of hysteria, must be that of one studying a disease with a distinct pathology yet to be discovered.

Such has been the position taken up by the French School, with Charcot at its head, and I believe that the cause of humanity has been materially advanced by it.

Historical.—Gilles de la Tourette* quotes Plato as being responsible for the conception that hysteria is due to utero trouble—an idea still

* *Traité Clinique et Thérapeutique de l'Hystérie*, Paris, 1891. For this and many other references I am indebted to the admirable critical digest on the subject by Dr. Mitchell Clarke (*Brain*, vol. xv, p. 520, and vol. xvi, p. 119).

embodied in the name. He looked upon the uterus as an animal which ardently desired to engender children. If, after puberty, it remained sterile it ran about the body, obstructed the entrance of air, stopped respiration, and threw the body into extreme danger, and caused divers diseases.

In the middle ages the graver forms of hysteria were considered instances of demoniac possession. As Richer has shown in his book on the 'Demontias in Art', the religious art of the middle ages teems with pictures of cases of hysterical paralysis, convulsions, contractures, &c. In every case of cure at shrines, or by the exorcisms by saintly persons, the devil is represented as rushing out of the mouth of the sufferer. These pictures are many of them wonderfully accurate drawings of forms of disease that may now be seen at the Salpêtrière, or, in fact, at times at any general hospital. One must also add that cures were performed, and are even now performed at shrines, such as Lourdes, which we at our hospitals cannot rival.

The anæsthetic patches which appear in some hysterical cases used to be considered of great importance in the investigation of witches. They were called the "*Stigmata diaboli*." The magistrates, having demonstrated the fact that a sharp instrument might be thrust into such a patch without being felt, and even without the flowing of blood, accused the witch of having been in contact with the devil, and transportation to the witches' "Sabbath." Dr. Clarke* remarks that the ancient mode of investigation of the magistrates has its counterpart in that of the physician of to-day, who searches for the "hysterical stigmata," which mark the patient as suffering from "hysterical possession." He also draws attention to the remarkable fact that with the belief in witchcraft disappeared the knowledge of these anæsthetic patches, till 1843, when Piory first made observation on them, to be followed by Briquet in 1859.

The manifestations of hysteria, or "stigmata," are almost endless in their number and variety. The literature on the subject is very extensive, and the proverb "*quod homines, tot sententia*" applies strongly to this study. I cannot possibly hope to deal exhaustively with the subject, but I hope to indicate the most important points in diagnosis of the most common types, to discuss the probable psychopathology, and lastly to suggest the lines which treatment should take.

Disorders of Movement.—The first, and a most important group, is that of the functional paralyses. They are important, because their similarity to organic paralysis is so close that they may easily be mistaken for such. The difficulty of diagnosis is all the greater because the patient frequently shows no other confirmatory symptom of hysteria, and is frequently a person the reverse of what might be called hysterical or emotional.

The loss of power may, according to the limbs affected, be paralytic in type, hemiplegic, or monoplegic, or it may affect single muscles, as in the case of hysterical aphonia.

Of these forms the paraplegic type is perhaps the most common and the most liable to persist. There is, at the present time, a case of functional paraplegia in a woman at Queen Square, who for eighteen years has kept her bed on account of it. She shows no evidence of organic disease whatever. Could such a patient be brought under the influence of some healing shrine, her cure would strongly confirm the belief in miracles, and she is just the sort of case that might be permanently healed by such means.

In the diagnosis of functional paralysis, of whatever type, we are mainly guided by certain negative features. There is paralysis a positive feature, but often nothing else. Thus, there is generally no rigidity of muscle, but complete flaccidity; the reflexes are usually unaltered, except that frequently the sole reflex is much diminished—a symptom of considerable importance when present, as Bazzard has shown. There is often a complete absence of other hysterical symptoms, but when anæsthesia of the types (to be presently described) or analgesia, are present, the diagnosis is of course made more easy. There is never any bladder trouble, nor any tendency to bedsores, and wasting of the muscles affected is a very rare occurrence, though it has been observed apparently in Paris by Babinski. General wasting and malnutrition, however, is not uncommon as a cause rather than effect of the paralysis.

Functional paraplegia may come on in what appears to be perfect health without known cause. In such cases a most cautious prognosis must be made, for it cannot be too strongly insisted that serious organic diseases, such as disseminated sclerosis, are frequently preceded by years of functional manifestations, which have even been repeatedly apparently cured (Bazzard). But there is more often some definite cause—as fright with shock—or some antecedent ill-

* *Brain*, vol. xv, p. 548.

health—most often anæmia—or some acute disease. The prognosis and treatment is much more hopeful in such cases.

Another definite type of paralysis is that of hemiplegia. Here, again, the resemblance to the organic form is very remarkable, and in the absence of distinguishing hysterical accompaniments, it may be almost impossible to diagnose it with certainty from that caused by cerebral hemorrhage, especially in the early stages. But the functional type is generally associated with certain sensory disorders, which lead one to a correct diagnosis. Among these are hemianæsthesia and contractures of the folds of vision. The loss of sensation is generally much more complete than is even the case in organic diseases.

The following is, I think, a typical case of functional hemiplegia. A. E. W., a boy, æt. 16, came as an out-patient to the National Hospital, Queen Square, on April 8th, 1891, with the following history:—Six weeks ago he was struck on the left occipito-parietal region, not severely, and there were no ill effects at the time. The next day, on trying to use the hammer, he found that his right hand was weaker than the left, and that there was at the same time some numbness. That evening he was feeling very unwell, and vomited. The day after that, at 10 a.m., he had a "screaming fit," in which he struggled very much, and required two people to hold him down. It lasted half an hour, and he did not bite his tongue nor pass his water involuntarily—in fact, a hysterical attack. Then he lay "quite unconscious" for a week, in the course of which he had suppression of urine for seventeen hours, and for two days his teeth were tightly clenched (hysterical trismus). He did not at any time suffer from involuntary micturition.

When his consciousness returned, he was found to be paralysed down the right side, face as well as limbs. For a week after he could not speak properly—says he could not finish his words. For a fortnight after he could not bite his food properly on the right side of the mouth; the food collected this side and fluids dribbled out. There was complete loss of taste on the right side of the tongue. At first he could not protrude the tongue at all, but later it deviated to the left.

Till fourteen days before appearing at the hospital he was quite paralysed on the right side, with complete loss of sensation but with no ascertained affection of sight. The leg recovered first.

When examined there was discovered no affection of vision, no contraction of visual fields, and no loss of taste. The mouth was drawn distinctly to the left on smiling, but tongue protruded straight. The right grasp was 20 k. of the dynamometer, the left 40 k. There was some want of co-ordination in movement of the right hand, so that the attempt to write resulted in a number of disorderly scratches. The gait was somewhat tottering. His gait was natural, and the knee-jerks were feeble but equal.

He made an uninterrupted recovery, but was still anæsthetic slightly in the right hand ten months after, though that ultimately disappeared, and he ceased to attend.

He had suffered from hysteroid convulsions for many years—according to mother's account, from infancy; and his mother had suffered from hysteroid fits.

The monoplegic type of paralysis scarcely needs special mention. Any limb may be singly paralysed, but the features of the paralysis are the same as those described above. It is worth mentioning, however, that in cases in which the paralysis follows a distinct blow on the head, and is accompanied by fits, one may be deceived into thinking that there is an organic lesion of the brain. I have seen several of such cases, and in one I was able to demonstrate the purely functional nature of the paralysis and convulsions, and so prevent an operation which would have been useless and probably prejudicial.

A functional paralysis, be it of single muscles or limbs, stripped of all accessories and reduced, so to speak, to its simplest terms, stands before us as a simple temporary loss of voluntary power of movement. In other words, the influence of the will in calling forth muscular action is in abeyance. Sir James Paget,* in one of his most apt and comprehensive sentences, describes the state of affairs thus: "She says, when asked to perform some movement of the paralysed limb, as all such patients do, 'I cannot'; it looks like, 'I will not'; but it is, 'I cannot will.'"

(To be continued.)

From the "Directory" we learn that over 2200 Bart's men are in practice in England and Wales.

* Paget, *Clinical Lectures*, 1879, p. 188.

Clinical Lecture.

By THOMAS SMITH, F.R.C.S., January 23rd, 1895.

(Abstract by S. R. DOUGLASS.)



THE first case I have to bring before you is a simple one, namely, tuberculous abscess of the neck.

A good-looking woman, æt. 50, was admitted on December 28th, 1894.

History.—Eight months ago, after an ulcerated sore throat, she noticed a lump in her neck, about the size of a pea, which gradually grew larger; for the last six weeks it has remained about the same size. There is no family history of tubercle.

Present condition.—There is a swelling about the size of a walnut situated on the left side of the neck in front of the sterno-mastoid, which is tense, fluctuating, and not adherent to the skin.

On January 2nd an incision about three quarters of an inch long was made into the swelling, and a quantity of yellowish-green pus let out, the cavity was then scraped with a sharp spoon, removing some flaky pus, and washed out with perchloride of mercury 1 in 4000. A drainage-tube was put in and the wound was sewn up with fine catgut. The wound was dressed daily till January 10th, when patient was discharged, the wound being then nearly healed, but a small quantity of discharge was still present.

The points to be noticed about this case are—

(1) That the woman was perfectly healthy, and yet she had a tuberculous abscess, the bacillus having most likely gained access through her tonsil when she had the sore throat. The bacillus here was sown on an unsuitable soil, and the affection of the one lymphatic gland shows that one use of these glands is to eliminate from the body, by means of suppuration, certain substances which are injurious to it.

(2) The treatment by incision, scraping, and drainage was to prevent undue scarring, the scar resulting from this procedure being smaller than if the gland had been dissected out.

I will now make a few remarks in general about tubercular glands in the neck. After the discovery of the true nature of tubercle, surgeons began to try and extirpate it locally.

Dr. Clifford Allbutt and Mr. Teale published a series of lectures in the *Medical Times and Gazette* of 1885.

In these lectures Mr. Teale advised surgical interference for the treatment of these glands in the neck under the following circumstances:

- (i) When a sinus resulted.
- (ii) When pus was present in a lymphatic gland.
- (iii) When the enlarged glands were known to be tuberculous.
- (iv) When the glands were chronic and an eyecore, whether they were tuberculous or not.

In sixteen cases which were operated on, half of them had a duration of more than two years, and not one had existed for less than two years, showing that Mr. Teale did not approve of surgical interference in the early stages of the disease.

At the present time some surgeons advise removal at a very early stage, the plea of justification of this measure being that the tubercle may become generalised. This is quite true as a pathological fact, but is rather alarming, and as a statement ought not to be made to the friends of patients, as it gives to them an exaggerated idea of the gravity of the case: besides—

First, all enlarged glands are not tuberculous.

Secondly, supposing the gland is tuberculous, it may disappear under appropriate treatment.

Thirdly, general infection is very rare, as is shown by the countless numbers of people going about with the scars of tubercular abscesses in their necks.

Fourthly, in the early stages fresh glands are continually becoming enlarged in some cases, and it would be impossible to remove all the glands without frequently repeated operations.

Fifthly, even if the glands suppurate the resulting scar is not so disfiguring as the scar of an operation when the incision is more than two inches long.

The most suitable cases for removal are—

- (i) Where the glands are very chronic.
- (ii) Where no fresh glands have appeared for some time.
- (iii) Where the glands are indolent.
- (iv) Where there is a sinus.

A suppurating gland is best treated by an incision into it, thorough scraping, washing out with perchloride of mercury, and drainage; where there is much solid substance, it had better be removed.

The general treatment required to see if the glands will disappear without operation is, in the first place, fresh air, preferably sea air.

As regards medicines, cod liver oil and some preparation of iron, to which is added some potassium iodide; this is better than the syrup of iodide of iron.

In the way of local applications, there is no good painting iodine on the skin, as the lymphatics of the skin do not pass to these glands; the best way is, if it is thought desirable to use iodine locally, to paint the tonsils, or if the glands are situated anteriorly, the floor of the mouth, with a mixture of glycerine and iodine in this way the iodine is carried direct to the glands.

I do not mean to imply by these remarks that I disapprove of the removal of tuberculous glands, but I do disapprove of their removal in the early stages of the disease, and before constitutional treatment has been fairly tried.

The next case is one of suppurative round the appendix vermiformis. A man at. 34 was admitted on December 10th, 1894. Thirteen days ago he had pain in his belly. Eleven days ago vomited frequently, temperature raised. For the last week he has had pain in the belly, especially in the right iliac fossa, and the temperature, which had fallen, has been raised for the last few days. Bowels have been constipated during the illness.

Present condition.—The abdomen is not distended, and is soft except in right iliac fossa, where a hard, tender, ill-defined mass is found extending upwards into lumbar region. The patient was put under chloroform, and an incision about three inches long was made just above and parallel to Poupart's ligament. The muscles were divided, and on puncturing the fascia transversalis a large quantity of fecid pus escaped. The abscess cavity extended for about three inches towards the lumbar region, and downwards for about three inches towards the groin. Two drainage-tubes were inserted, a longer one passing upwards and a shorter one downwards; the cavity was washed thoroughly with perchloride solution. Temperature fell shortly after operation, and beyond the constipation, which was troublesome to overcome, the patient has done exceedingly well.

The chief points about this case to be noticed are—

(i) He had been ill for thirteen days without general peritonitis—a favourable sign, showing that the general peritoneal cavity was not affected, and that probably firm adhesions existed.

(ii) When an abscess spreads upwards towards a lumbar region, it is generally a bad sign, the pus tending to become diffused amongst the cellular tissue, and produce extensive phlegmonous abscesses. I have been in the habit of making the incision for opening appendix abscesses below level of peritoneum, and then working round to get below the swelling. If no pus is found I explore the peritoneum with a needle, opening it if pus is found from below, this being a safer method than cutting straight down on to the swelling—that is, being less likely to break down any adhesions and let the pus enter the general peritoneal cavity. If no pus is found with the needle I put a large drainage-tube to the bottom of the wound, and thus make an easy way for its escape.

It is not as a rule necessary or wise to make a prolonged search for the appendix, which has very often sloughed, but if it is found, or concretions are felt, it ought to be removed. It is not in my experience that an appendix, once perforated or ruptured, gives any further trouble when the matter has been let out.

Clinical Lecture on a Case of Hemianæsthesia.

By SAMUEL GEE, M.D.

February 15th, 1895.

DR. GEE began by saying that his lecture would be on Hemianæsthesia, especially in relation to a patient in Luke Ward, a man at. 28. He, three months ago, noticed numbness in his left leg; this numbness is often a subjective symptom, but in this case was probably real hæmianæsthesia—he described "pins and needles" and pain in the left calf. The numbness has since spread, so that it now involves the whole of the left side of the body. Two months ago clonus developed so as to affect gradually the whole five weeks before admission he was unable to do any work. He also noticed dimness of vision in the left eye. In this patient consider—

1. The anæsthesia.
2. The affection of mobility.
The patient denies syphilis, and there are no symptoms of cerebral tumour or brain trouble.

1. The anæsthesia.—It is not complete, inasmuch as there is a

dull teeing on pressure. The anæsthesia is limited to the left side of the body, to the sensations of touch, pain, heat, and cold. The mucous membranes seem to have escaped.

Pupils.—Action natural.

Smell.—Is defective on the left side, as tested with musk and ammonia.

Sight.—On the left side vision is dim, as he says, and there is found to be, by the perimetria, contraction of the field of vision, to which the dim sight is therefore due. Vision, as tested by types in the contracted field, is perfect.

Hearing.—Cannot be properly tested, as he has old disease of the right ear.

Tongue.—Is slightly impaired on the left side of the tongue.

2. **Motor symptoms.**—Rigidity and clonus on the left side. The facial muscles on the left side are slightly weakened. The tendon-reflexes on the left side are increased, as shown in those of the arm, supinator, triceps, &c., and leg, patellar tendon-reflex on the left side being as great as it can be. Spastic rigidity has not been observed in the left arm whilst in hospital, although he says he has noticed it, but it is very marked in the left leg. **Spastic hæmiplegia.** On walking he stiffens his left leg and swings it round. In addition he has clonus on the left side, especially in the left leg; and he says that his left arm and the left side of his face have been so affected. There is no muscular atrophy, and reaction to the faradic current is natural. Micturition is natural. **What is the nature of his complaint?** Hemianæsthesia is the most characteristic symptom. It is usually a functional disease—on, as it may be called, hysterical. An objection to the word hysterical might be made because of his sex, being a man aged twenty-eight. But, on looking over my notes of cases in the hospital, it is remarkable what a number of males have been hysterical, especially boys and youths. Beside the hemianæsthesia there is another affection—the motor symptoms—spastic rigidity. This also may certainly be functional or hysterical, and there is no other evidence of anatomical or structural disease, such as tumour, arterial obstruction, or hemorrhage. The two latter would come on suddenly, unlike this case. So that the complaint is purely functional.

To further illustrate the case, take another one, that of a young woman at. 20, who was in Mary Ward. This case is reported by Mr. Jessop in the *Hospital Reports* for 1880. She suffered from **hystero-epilepsy**. The left side was affected as in the man; it is generally more often affected than the right. As to her sensibility, sight on the left side was such that she could only distinguish light from dark. **Hearing** was not so good, and taste was impaired on the left side. Common sensibility was affected on the left side. She could only move her arm imperfectly. There was no wasting of muscles—no spastic rigidity. The patellar tendon-reflex was present on both sides. The anæsthesia spread later, and later still rigidity developed in the left arm and leg. The anæsthesia was confined exactly to the left side. Ankle-clonus developed later in the left foot; so by this time she had become much like the first patient noticed.

One day, after having been discharged from the hospital some time, she had a hystero-epileptic fit; and from this time she became better, losing the rigidity and the anæsthesia.

This patient became the subject of a severe attack of chorea, affecting both sides of the body.

The contraction of the field of vision in her on admission was very small, but it became worse, even to blindness, in the left eye. The amaurosis was nearly complete. A year later white atrophy of the disc of that eye set in, although the other symptoms had cleared up, viz. the anæsthesia and rigidity. Both these cases illustrate functional hemianæsthesia.

The third case shows a non-functional condition. He was a man aged forty-four; he was in the hospital a few years ago.

As regards the hemianæsthesia, the sense of touch was impaired down the right side. There was no deafness. No amblyopia, but he suffered from hemipia, blind in half the field of vision of both eyes. He used to play the violin, and the first thing he noticed was a deficiency in reading his music, and later he found he could not see things on the right side,—in fact, at dinner one day, not being able to see on the right side, and with his defective touch, he tried to raise food from his plate with his knife, the blade of his knife being all the time under his plate, and not upon it. The perimetria showed complete loss of sight on the right side of the field of vision.

The man died in the hospital shortly after his admission, and a tumour was found in the occipital lobe, just beneath the second occipital convolution. It was almost the size of a walnut. Hemipia is never a functional disease, excepting when it is very temporary, lasting say, thirty minutes, as in *migrain*, but otherwise shows disease of the lobes or the nerves. The hemianæsthesia in this case was explained by the compression of the hindmost and lowermost part

of the posterior limb of the internal capsule. (See report of case in the *Hospital Reports*, vol. xxvi, for 1890.)

P.S.—With regard to the patient in Luke, aged twenty-eight, with the hemianæsthesia, he discharged himself on February 26th. At that time the hemianæsthesia had quite disappeared, his gait was almost natural, and the tremors had almost entirely disappeared; the reflexes were unaltered. His taste and smell were natural, but his field of vision was still very contracted.

A Visit to a Norwegian Leper Hospital.

By E. MANSEL SYMPSON, M.D., B.C. Cantab., M.R.C.S.,
Surgeon to the County Hospital, Lincoln.

NEW pleasant places greet the traveller's eyes in Norway than the little town of Molde; like Horace's well-beloved Tibur, "Ille tetanum mihi præter omnes angulus ridet." The long street straggles by the water's edge. The houses, clean as ever in Norway, are gay with roses, while behind the town the land, well wooded, gently rises to the bases of the mountain range beyond. Southwards it looks over the Molde Fjord, studded with islands, to the snow-clad Romsdal Alps, where the huge bastion of the Romsdalshorn guards the entrance to the valley, and seems to frown defiance at its opposite neighbour, the Trollidhorn (Peaks of the Trolls, or giant mountain goblins), as they rise for some 7000 feet, like the ribs of some wrecked ship from the sand, or like a mighty wave on the verge of breaking, as it tosses upwards its jagged and shattered crest into the sky. Except a fine altar painting in the church, and the usual attractive shops, full of silver mugs, spoons, &c. (what a vast number of tiny chalices are on sale!), wood-carving from models of carioles to gigantic beer-jugs (if you wish to see a superb collection of beer-jugs and mugs visit the Bergen Museum), there is not much of great interest in Molde till you reach my more immediate subject, the Leper Hospital. This is situated a little west of the town, and is a spacious well-built place, of course of wood. It is more than ordinarily spick-and-span without and within with paint; and I noticed that the floors also were painted—a cleanly practice, as it suffers no cracks or fissures wherein the vile germ may lurk, to "come up smiling" when the hour is come, and the man (or woman) The hospital can hold, I believe, some fifty or more, and perhaps I may have seen twenty patients therein. An old Bart's man, Dr. Lightbody, now of Nantwich, an enthusiastic mountaineer, accompanied me in my visit to the hospital, where we were most kindly treated by the courteous superintendent. Several—I think more than half the cases we saw were of the anæsthetic kind, chiefly in elderly people who had lost one or more joints of the fingers. In some there was well-marked Dupuytren's contraction of the palmar fascia; in others the glossy skin, overgrowth of nails, and the anæsthesia characteristic of neuritis. Not a few had the joints of the fingers swollen, and the appearance of their hands suggested very strongly osteo-arthritis—an interesting point for those who, like myself, believe in Dr. Garrod's opinion that osteo-arthritis is a disease of nervous origin. It was quite surprising in one ward we visited to see how deft and clever the old ladies were in spinning, though with anæsthetic and mutilated fingers.

The tubercular cases were naturally far the saddest, for some of these were mutilated. The eyes were very often affected, and that early, tubercles appearing on the corneal conjunctiva and on the inside of the eyelids. One case, where a large part of the face was eaten away by the disease, strongly resembled lupus. In another, while there was much ulceration of the hands, there seemed to be no tubercular process going on at all. In this tubercular kind there were, as far as I was able to make out, no affections of the joints.

Happily, even in Norway this complaint is dying out, and it is on the cards that this very hospital at Molde may soon be shut up for lack of patients. The captain of the steamship "Venus" (who safely carried us through the most devious waterways that can be imagined, but whose *deportment* might reasonably have been [and was] grumbled at between Newcastle and Bergen) told me that the cases arose almost entirely among fishermen and their families, and ascribed it to the poor and bad diet on which they live, consisting as it does of fish. It is interesting in this connection to see in the account-books in England, when we had lazaret (leper) houses scattered thickly over the face of the country, how large a part is taken up with the sums paid for dried "stockfish," an article speedily known, at least by odour, to the visitor to Bergen as he walks into the town past the old Hansatic

warehouses. Humanity generally, and especially in Europe, may be congratulated on the departure of leprosy from our midst, and we may feel confident that, with better food and better sanitation than of old, the foe now beaten back will never molest us again.

Case of Angina Pectoris, with Post-mortem, showing almost complete obstruction of the left Coronary Artery.

By WILLIAM WYLLYS, L.R.C.P., M.R.C.S., L.S.A.,
Great Yarmouth.

S—, male, æt. 64 years, seaman, had never suffered from any cardiac symptoms till commencement of 1894, when he began to complain of shortness of breath on exertion. He continued work, however, until beginning of December last, when, one evening, after partaking of a substantial meal, he was suddenly seized with pain and great oppression in mid-sternal region, causing him to start up and seize the mantelpiece, in which position he stood some minutes gasping for breath, with an expression of agony upon his face, which first turned white and then livid. After subsidence of the attack the patient still remained standing, apparently in dread of a repetition of his sufferings.

In describing his sensations, he said that the oppression in his chest felt like a huge weight pressed on his heart and lower end of chest-bone, and that with it he also had pain in the upper part of his back, which ran down the back of left arm and hand to the very tips of his fingers; he felt very cold, and "as though he must die." He attributed the attack to indigestion, for the eructation of wind relieved his suffering, and after taking some brandy he felt better.

The patient was a man of middle height, short-necked, rather fat, but muscular; he carried his head bent forward between his shoulders, which were markedly elevated and rounded. He possessed only the stump of a tongue, the anterior half having been removed for cancer twelve years ago at Guy's Hospital, with no return of the disease whatever; his few remaining teeth were mere decayed stumps; his pulse (between the attacks) was irregular in frequency and force, of poor tension and volume, but not accelerated.

Chest, barrel-shaped, giving a boxy note on percussion; breath sounds feeble, expiration prolonged, heart dulness markedly diminished, heart sounds muffled, the first, over lower part of precordial area, being hollow; apex beat not felt.

Bowels, subject to constipation.

Urine, after attacks contained thick pink deposit of urates.

Past Illnesses.—Cancer of tongue as stated; never rheumatism nor gout; no history or signs of syphilis; had been a heavy drinker (beer and spirits) till seven years ago, when he became a teetotaler; big meat eater; liable to attacks of indigestion; had strained his back several times in lifting heavy weights.

Family History.—Married man, no family; wife living, no miscarriages; his mother died of consumption, and father at 44; cause unknown.

Treatment.—Patient was advised to avoid bodily exertion and mental excitement; not to go out when cold winds were blowing, and never to overload his stomach. His bowels were regulated, and as no aortic regurgitant murmur could be detected, the following mixture was prescribed:

℞ Tinct. Digitalis, ℥xj;
Ammun. Carb., grs. xxxij;
℞ Ethæris, ℥j;
Sodæ Bicarb., ℥ij;
Aq., ad ℥viij.
℥j ter die sumend.

Also five drops of any nitrite to be sprinkled on a handkerchief and inhaled when attacks appeared to be coming on. The precautions as regards handkerchief were quite useless, however, for in a short time patient became so fond of his amyl, that he would sit and sniff at the bottle containing it to his heart's content whenever he felt at all indisposed.

The mixture was subsequently replaced by Tabloids of Nitro-glycerine $\frac{1}{10}$ gr., one twice a day. Patient expressed himself as feeling better for the treatment, and at beginning of February came to see me, to know if he might return to work, although in January he had four attacks (one very severe), and this month several more. I

instructed him to go home and remain indoors while the very cold weather continued; however, on the evening of February 16th, the wind blowing sharply from the east, he walked out to see his employer, being very anxious about his work, and on his way home fell down dead.

Post-mortem (twenty-four hours after death).—Well-marked rigor mortis; veins of neck distended. *Tongue*, remaining portion showed no signs of any recurrence of epithelioma. *Lungs*, emphysematous; marked pouching of anterior margins. *Pleura*, normal. *Pericardium* contained two ounces of clear colourless fluid; no adhesions. *Heart*, much enlarged, flabby, and of pale brown colour, covered in places with a considerable amount of fat; weight, twenty-two ounces; right side distended with blood. *Right auricle* dilated; thin friable walls. *Right posterior tricuspid valve* showed two small fatty opaque patches. *Right ventricle* slightly dilated; pale coloured friable walls. *Left auricle* much dilated, walls very thin and soft. *Mitral valves*, three patches of atheroma. *Left ventricle* in its upper two thirds was of natural colour and strong, but in lower third was very thin and friable, being slightly pouched and consisting of but one-sixteenth of an inch of muscle and one-eighth of an inch of fat; it held seven ounces of water. *Pulmonary, aortic, mitral, and tricuspid orifices* of normal calibre. *Aorta* showed numerous patches of fatty degeneration. *Aortic valves* not diseased. *Openings of both coronary arteries* constricted by atheromatous material. *Right coronary artery* dilated, its walls for three inches containing masses of calcareous deposit. *Left coronary artery* of similar character to right, but about three inches from origin so infiltrated with calcareous matter as to admit only the point of a pin. *Liver* enlarged and hard. *Spleen* enlarged and hard. *Kidneys*, capsules slightly adherent; cortices thinned. *Left kidney*, two small cysts on surface. *Brain* not examined. The exciting cause of death in this case no doubt was the effect of a cold east wind combined with mental excitement.

Remarks. This case is, I think, of interest in showing that a number of severe paroxysms of angina pectoris occurring within a short period of time can be survived by a patient of advanced years, with serious heart disease—in proving angina to be a disease manifested by symptoms rather than by signs, and chiefly in bringing out the marked relation of the degenerative changes in the heart-substance to the calcification of the coronary arteries, the area of heart-wall supplied by the left coronary artery beyond its obstruction being, in this instance, far more degenerate than any other part of the organ.

Notes.

SIR DYCE DUCKWORTH gave the monthly lecture to the Royal British Nurses' Association, choosing for his subject "The Modern Trained Nurse." In the course of his address he did not shirk the unpleasant question of the relation of nurses to medical men, and spoke very plainly on the tendency of the "highly trained nurse" to pass out of her proper sphere, and to take up responsibilities which do not belong to her. The nurse's business is, he said (and he spoke with emphasis), when placed in charge of a case, to carry out the doctor's orders with implicit obedience and exactitude, if she has any opinions, she should keep them to herself, and not discuss medical matters either with the doctor or the patient's friends.

SIR DYCE DUCKWORTH has evidently no sympathy with women's franchise, for in the course of his lecture he said he regarded matrimony as the "highest outcome" of women's life.

DR. CHAMPNEYS, as President of the Obstetrical Society of London, delivered his inaugural address to the Society on March 6th, dealing with the subject of midwives, and their relations to the public and to the medical profession.

MR. THOMAS SMITH, our senior surgeon, has been appointed by the Queen to be one of Her Majesty's Surgeons Extraordinary. We congratulate him most heartily upon this recognition of his eminent and leading work as a surgeon.

MESSRS. MACMILLAN AND CO. have just published "A Course of Elementary Practical Bacteriology, including Bacteriological Analysis and Chemistry," by Dr. Kanthack and Dr. Drysdale. It is founded upon the slips and notes which the authors have been hitherto accustomed to give out to those taking the Bacteriology Class in our Laboratory. A review of this book will appear in our next issue.

A NEW EDITION of *Walsham's Surgery* has just appeared.

WE WERE GLAD to see so many of the staff at the "Smoker" which was held in the Library on March 22nd. Amongst those present were Mr. Thomas Smith, Mr. Marsh, Mr. Walsham, Dr. West, Dr. Griffith, Mr. Bowly, as well as Dr. Calvert, Dr. Fletcher, Dr. Garrod, Mr. Bailey, Dr. Bowman, and Dr. Hayward. Some years have now elapsed since the last smoking concert was held in the Library, and the "rowdiness" which then occurred put a stop to them at that time. It made it also very difficult to obtain permission from the authorities to hold the present one. We are very pleased, however, to note that the proceedings were on the present occasion most orderly, and now that these enjoyable evenings in the Library have been resumed without detriment to the patients, whose welfare must obviously be the first consideration with the hospital authorities and the staff, we hope that nothing will occur in the future to stop them.

A NOTICE has been posted on the Abernethian notice board asking those members who wish to be present at the *Conversazione* on May 1st to give in their names to Mr. Madden, the Librarian, and to intimate at the same time whether they desire also to receive a ticket for one friend. We have been asked to say that those members of the Society who have not yet done so should lose no time in applying if they desire to be present, for admission will be solely by ticket.

WE HAVE been asked also to repeat the announcement made last month to *past members* of the Society, that those who desire to be present on May 1st should communicate with the Secretaries of the Abernethian Society at once. In their communication they should state whether they wish for a ticket for a friend. To all who make application, tickets of admission will be sent in due course. April 22nd has been fixed as the date before which all applications for tickets must be sent in. Those members who wish to bring more than one friend should state the fact; their applications will be considered in order of priority, and any spare tickets will be distributed accordingly.

WE HEAR that the arrangements for the *Conversazione* are fast approaching completion, and that no pains or expense will be spared to make the occasion a genuine success, and in every way worthy of the Centenary of the Society and of the Hospital. Three members of the School Committee, as well as Mr. Cross, the Clerk of the Hospital, are co-operating with the Abernethian Committee in carrying out the arrangements.

A PROGRAMME, which, however, is subject to alterations, has been issued, and runs as follows:

Great Hall.—Refreshments and Dan Godfrey's Band during the whole evening.

Library.—Exhibition of Pictures, and Entertainments by Dramatic and Musical Societies.

Anatomical Theatre.—Lecture, "History of the Abernethian Society," by Dr. Norman Moore, at 9 p.m.

Medical Theatre.—Demonstration, with limelight, by Dr. Kanthack, at 10 p.m.

Physiological and Pathological Laboratories.—Instruments, Apparatus, and Experiments by Drs. Klein, Edkins, Fletcher, and Cautley.

Museum.—Open.

Dissecting-room.—Band; Exhibition of Instruments by Messrs. Arnold, Down, Maw, Son, and Thompson, Ferguson, Baker, and Hicks, and display by the St. John's Ambulance.

Abernethian Room.—Exhibition of Photographs by the Photographic Society.

AN APPLICATION has been received by the Finance Committee of the Amalgamated Clubs from the Shooting Club to be admitted into the Amalgamation.

WE DESIRE to draw attention to the decision of the Finance Committee in regard to the Club colours printed in another column.

AT A SPECIAL General Meeting of the Abernethian Society held last month, a proposal to modify the Rules of Society so that any subject may be debated at a meeting, and that papers should not necessarily be confined to medical topics, was discussed, and negatived. It was thought best that if opportunity for debating general topics is desired, a separate Debating Society should be founded.

WE WISH to draw special attention to the notice in another column, inviting those old Bart's men who are willing to play for "past" students in the cricket match on the occasion of the formal opening of the ground on June 8th, to communicate with the Secretary of the Cricket Club, so that a team may be selected.

WE ARE GLAD to see the announcement which Dr. Kanthack has made that he intends to hold some classes in Pathological Chemistry for his clerks and for M.B. men during the Summer Session.

WE ARE GLAD to see that the Medical School authorities have just issued a "Directory of medical men educated at St. Bartholomew's Hospital in practice in England and Wales." It is a closely printed pamphlet of thirty-four pages, and the names are classified under the addresses. It will,

we doubt not, prove to be very useful in looking up what "Bart's men" reside in particular towns.

IT IS HOPED that the Rahere Lodge No. 2546 will be consecrated shortly after the return of the Pro Grand Master, the Earl of Lathom, from the West Indies. All communications in reference to the Lodge should be made to the Secretary, Mr. T. G. A. Burns, of 25, Welbeck Street, W., or to the treasurer-designate, Mr. D'Arcy Power, at St. Bartholomew's Hospital.

DR. J. CALVERT has been reappointed Demonstrator of Materia Medica and Pharmacy, and will give a course of demonstrations on Wednesdays at 9 a.m. during the summer session, similar to the course which he gave last year. In association with these demonstrations there will, as usual, be held a practical class in pharmacy in preparation for the examination in this subject in July.

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

MR. C. P. WHITE, whose term of office as "The Treasurer's Research Student" has expired, will, we hear, shortly publish some of the results of his researches.

MR. J. W. W. STEPHENS, who has for some months been engaged in research work in conjunction with Dr. Kanthack, has been nominated to the Treasurer's Research Studentship for a year from April 1st.

THE HARVEY PRIZE has been awarded to Howell Davies; and E. C. Morland, who is *proxime accessit*, has been granted a certificate of honour.

"THE JUNIOR PRACTICAL" has been carried off by F. C. Borrow, and the following have been awarded certificates of merit, having obtained the next nine places in order, viz.:—Leonard and S. R. Scott (*eq.*), H. Burrows, A. R. Baker, C. S. Frost, H. S. Thomas, E. Wethered, C. R. Brown, and L. A. Walker.

"THE SENIOR PRACTICAL" has been gained by R. Raines, and the following nine have been adjudged worthy of a certificate of honour, in order of merit, viz.: E. C. Morland, L. A. Baiss, and G. E. Cask (*eq.*), A. O. B. Wroughton, W. T. Rowe, S. A. Millen, H. E. Waller, H. D. Everington, and F. Horridge.

W. J. GILLESPIE has passed the Final L.S.A. in Medicine, Forensic Medicine, and Midwifery.

WE ARE SORRY that the Examiners did not consider any of the candidates for the Kirkes' Scholarship and Gold Medal worthy of the prize. It is only very seldom that a scholarship is not awarded.

We congratulate Dr. Kanthack on his marriage to Miss Herstock, sister of an old Bart.'s man, which took place in Liverpool on April 17th.

The Eighth Decennial Club has been formed, and will hold its first dinner in July next. It is composed of men who entered at Bart.'s between the years 1885 and 1895 inclusive, and have since become qualified. The annual subscription is 2s. 6d., and the secretaries are Dr. Kanthack and Mr. Waring.

THE Jacksonian Prize of the Royal College of Surgeons has been awarded to Mr. H. J. Waring for an essay on "The Diagnosis and Surgical Treatment of Disacacs of the Liver, Gall-bladder, and Biliary Ducts." We congratulate Mr. Waring heartily.

Amalgamated Clubs.

NEW MEMBERS.

J. Young. F. W. Gale. E. C. Hepper.

FINANCE COMMITTEE.

The following have been unanimously adopted as the Colours of the Amalgamated Clubs:

(1) There are two blazers: (a) a general blazer, which any member of the Amalgamated Clubs may wear; (b) a special blazer, to be worn only by those who have represented the Hospital in some Inter-Hospital Cup competition.

(2) The general blazer is plain black, with brass buttons, and with the Hospital shield worked in black and white silk on the pocket.

(3) The special blazer is to have broad black and narrow white vertical stripes (black 3 inches wide, white $\frac{1}{2}$ inch wide), with silver buttons, and with the Hospital shield worked on the pocket as in the general blazer.

(4) A sash may be worn by any member of the Amalgamation, and is to be of the same pattern as the special blazer.

(5) There are two kinds of caps: (a) General, which may be worn by any member, of plain black with hospital shield worked in silk over the centre of the peak; (b) special, to be worn with the special blazer, and of the same material as the special blazer, and without the shield.

(6) The hat ribbon is to be of diagonal black and white stripes (black $2\frac{1}{4}$ inches wide, white $\frac{3}{8}$ inch wide).

(7) The tie is to be of black and white stripes; black $1\frac{3}{8}$ inches wide, white $\frac{1}{8}$ inch wide.

(8) The bow tie is to be $1\frac{1}{4}$ inches wide, of black ground with three horizontal stripes in white, one in centre, and one at each edge, each $\frac{1}{8}$ inch wide.

(9) These articles can only be obtained from Mr. G. Lewin, 8, Crooked Lane, Cannon Street, E.C., upon an order from the Secretary of the Amalgamated Clubs.

The formal opening of the ground has been fixed for June 8th. A match between past and present Bart.'s men will be played, and all old Bart.'s men who are willing to play are requested to communicate at once with the Secretaries of the Cricket Club in order that a team may be selected.

ASSOCIATION FOOTBALL CLUB.

The football season for 1894-5 was brought to a very successful close by our winning the Inter-Hospital Cup on Monday, March 25th. Since the Hospital Cup has been started Guy's Hospital has held it five times, Bart.'s five times, and St. Thomas's once.

Altogether the season has been a most successful one for us, as we have won most of our matches, although the fixtures have been with teams stronger than in former years. We were rather unfortunate in being beaten by Ilford in the London Cup, a draw being the result of the first match with them, and in the replayed tie they just managed to get one goal ahead a few minutes before time. In the Hospital Cup we beat London Hospital, St. Thomas's, and Guy's, and scored twenty-one goals against one goal, which was scored by London.

We regret that next season we shall lose the valuable services of our captain, J. F. Fernie, and also E. H. Fryer, W. H. Pope, and C. C. Costin; still we hope that some new men will come up before the football season begins again, and that we shall have as good a team as we have had this year.

J. F. Fernie has been chosen in the Hospital Cup team for five successive seasons, and has been in the winning team three times. He also played regularly for United Hospitals, and has been chosen to play for London and Middlesex on several occasions.

Our record for the season is—

	Played	Won	Drawn	Lost	Goals
					For Against
First Eleven	25	14	5	6	78 47
Second Eleven	20	13	5	2	73 35

Saturday, March 2nd.—ST. BARTHOLOMEW'S HOSPITAL v. ST. ALBANS.

This was played at St. Albans before a good number of spectators, but neither club was fully represented owing to illness. At first St. Albans had matters a little in their own hands, but did not score, Fox saving splendidly on several occasions. After a little Bart.'s settled down and began to press, and after some struggles in front of goal Fernie scored the first goal for us. In the second half the play was a trifle rough, and numerous fouls were given. Bart.'s played up the slight incline, and had rather hard luck in not scoring several times. Waterhouse, after about a quarter of an hour, scored from a very hot shot, and shortly afterwards Fernie added another to our score. St. Albans made several hard attempts to score, but were unsuccessful, and the game ended in a win for Bart.'s by three goals to nil.

Team.—F. H. R. Fox, goal; R. P. Brown, L. E. Whitaker, backs; H. J. Pickering, A. Sabottotti, half-backs; T. H. Talbot, C. A. Robinson, right wing; J. F. Fernie, centre; R. Waterhouse, E. W. Woodbridge, left wing.

Saturday, March 16th.—ST. BARTHOLOMEW'S HOSPITAL v. EALING.

On this occasion we were very unfortunate in not being able to take a strong team down to Ealing, as the proceeds of the gate were distributed amongst local charities. The attendance was very large, but owing to our weak team and the rather rough ground those present did not witness a very good game. Fernie, Pickering, and Robinson were playing for London v. Army, and others could not play, so the team ended in being practically a reserve team. For the first quarter of an hour Bart.'s held their own, but after that fell to pieces, and were fairly outclassed, being beaten by five goals to nil.

Team.—F. H. R. Fox, goal; R. P. Brown, L. E. Whitaker, backs; C. G. Watson, J. C. Marshall, T. Dawson, half-backs; A. Hay, R. Waterhouse, right wing; C. H. Prance, centre; G. R. Fox, T. H. Talbot, left wing.

INTER-HOSPITAL CUP.

SEMI-FINAL TIE.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

This match was played on the Essex County ground at Leyton, before a fair attendance. From start to finish Bart.'s had matters all their own way, at half-time leading by six goals to nil. When time

was called we had added six more goals, and thus won easily by twelve goals to nil, which is a record in Hospital Cup ties. The goals were scored by J. A. Willett 2, J. F. Fernie 3, C. A. Robinson 2, A. Hay 1.

TEAMS.

St. Bart.'s.—E. H. B. Fox, goal; R. P. Brown, L. E. Whitaker, backs; H. J. Pickering, C. C. Costin, W. H. Pope, half-backs; A. Hay, C. A. Robinson, right wing; J. F. Fernie, centre; J. A. Willett, E. W. Woodbridge, left wing.

St. Thomas's.—W. Halstead, goal; T. H. Brown, H. C. Jones, backs; E. Raven, T. Cowell, A. R. Jones, half-backs; F. Bawtree, J. D. Tomblinson, right wing; E. A. Gates, centre; R. H. Allport, J. Jenker, left wing.

Referee.—Mr. C. W. de Lyons-Pike.
Linesmen.—Messrs. A. H. Harrison (St. Thomas's), H. Hailey (Essex).

FINAL TIE.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL (Holders).

As usual, a good yelling crowd witnessed this match at Leyton. The ground was in better condition, but a very strong wind which was blowing rather spoilt the game. Bart.'s played against the wind during the first half, and had rather a hard task to keep their opponents from scoring on several occasions, but nothing was scored at half-time. On again resuming play Bart.'s, with the wind at their backs, pressed continuously, but could only score once from a difficult left-foot shot by Fernie, and thus Bart.'s won by one goal to nil. Mention should be made of the brilliant goal-keeping of E. H. B. Fox in the first half and the safe defence of L. E. Whitaker.

TEAMS.

St. Bart.'s.—E. H. B. Fox, goal; R. P. Brown, L. E. Whitaker, backs; W. H. Pope, C. C. Costin, H. J. Pickering, half-backs; A. Hay, C. A. Robinson, right wing; J. F. Fernie (Capt.), centre; J. A. Willett, E. W. Woodbridge, left wing.

Guy's.—N. Lavers, goal; N. B. Carter, W. R. Davis, backs; A. Crosby, F. E. Walker, R. H. J. Swann, half-backs; K. B. Alexander, W. G. Palmer, right wing; K. I. Fitzhugh (Capt.), centre; L. Humphrey, R. B. Stamford, left wing.

Referee.—Mr. C. W. de Lyons-Pike.

RUGBY FOOTBALL CLUB.

Friday, March 8th, 1895.—ST. BART.'S v. ST. THOMAS'S.

REPLAYED TIE.

This replayed match duly came up at Richmond on March 10th, when we, after a most uninteresting game, suffered defeat by a goal and two tries to nil.

It would hardly be too much to say that, with about two exceptions, none of our men played up to anything like their best form, whereas Thomas's from the very first seemed to feel they had the game in hand, and played accordingly: the passing amongst their backs being at times really brilliant, while our forwards, who were thought so good, went completely to pieces after the first few minutes.

Thomas's, as before, lost the toss and kicked off against a stiffish breeze. The kick was well returned into touch about halfway, when a series of scrummages resulted in a gain to neither party. Bart.'s were then given a free kick for an infringement of the off side rule by Rotherham, which gained us some ground. Thomas's then pulled themselves together, and, screwing the scrums in fine style, rushed the leather down into our twenty-five, Maturin and Hawkins, who throughout played a sound game, alone preventing a score. From some loose play the ball came out hard to Body, who fumbled it badly, and was collared before he could get in his kick. Some exciting play then took place on our line, and Cruddas several times saved grandly, a kick over the line by Rotherham, followed by a touch down, affording us temporary relief.

After the kick-off Thomas's quickly returned to the assault, and it was only the continued good tackling of Wilson, Cruddas, and the halves which saved a try. Greig soon after had a drop at goal, and the ball went under the bar, and Body touched down. After this Thomas's simply swarmed to the attack, and a grand bout of passing, during which the ball travelled rapidly from Rotherham to Greig, to Thorman, and back, ended in the latter scoring a try far out on the right, which was not converted. Andrew kicked off, and Moggeridge's return was charged down. A series of close scrummages then took place at halfway, Maturin and Hawkins putting in some tricky play, but were too well marked to be really dangerous. Another bungle by our back nearly let Thomas's in,


but half-time came with our opponents dancing about on our goal-line.

On the game being restarted Bart.'s seemed to have waked up, and they quickly rushed the ball down into Thomas's twenty-five, when some exciting play took place, Maturin and Wilson repeatedly trying to break through, while once Mason would have been over had he not unfortunately put one foot in touch.

We were, however, gradually pushed back, and from an open rush by their forwards Kouillard dribbled over the line, and scored the second try for Thomas's near the side line, Rotherham, who took the kick, landing a magnificent goal. Rain then began to fall, but did not appear to interfere with the play, for Thomas's outsiders were soon passing accurately amongst themselves and several times nearly scored; a free kick to Bart.'s brought no relief, and almost immediately afterwards Thorman had an abortive shot at goal resulting in a touch down.

Rotherham then made his mark, and had a place shot at goal, but the ball fell short, another touch down resulting. Soon afterwards, after some good passing amongst their three quarters, Greig scored again for Thomas's, but the attempt at conversion was a failure. The rest of the game was of a scrambling nature, Bart.'s losing heart and Thomas's not exerting themselves, particularly the margin of eleven points to nil no doubt seeming sufficient for all practical purposes. Andrew Wilson, Fleming, and Cruddas were the best of our forwards, which, as the game was played, is not saying much, and Maturin and Hawkins showed a good example to the outsiders.

Abernethian Society.

 FEBRUARY 28th, 1895.—The sixteenth Ordinary Meeting of the Society was held. Dr. Chattaway read a paper on "Diffusion," which subject he had chosen on account of its importance in connection with all vital processes.

The Chattaway first dealt with gaseous diffusion, and then with diffusion of liquids, and then went into the constitution of collloid membranes and the so-called membranes of precipitation.

Mr. Maidlow spoke of the importance and interest of the subject, and points of discussion were raised by Messrs. Currie, Smith, Maxwell, and Maidlow.

Dr. Chattaway replied, and the meeting terminated.

March 11th.—A Special General Meeting was held at 12.30 p.m.; the Secretary, Mr. Barron, in the chair. After the minutes had been read and confirmed, Mr. Maidlow brought forward a motion that Rule I should be altered so as to permit of the formation of a General Debating Society in connection with the Abernethian Society.

Mr. Smith seconded. Various amendments were brought forward, all of which as well as the original proposal were lost.

March 13th.—A Clinical Evening was held, Mr. E. W. Cross being in the chair. The minutes of the last meeting were read and confirmed; then the following cases were shown and discussed:

- i. By Mr. Paterson, a case of alteration of the scrotum.
- ii. By Mr. Colby, a case of rodent ulcer.
- iii. By Mr. Auden, a case of aereomegaly.
- iv. By Mr. Keown, a case of epispadias.
- v. By Mr. Lloyd, microscopic sections of an ossifying spindle-celled sarcoma.
- vi. By Mr. E. W. Cross, a case of real lengthening of the tibia after old tubercular disease of the upper epiphysis.
- vii. Mr. Maxwell showed a baby with lateral movements of head and nystagmus.
- viii. Mr. Maidlow showed a bag intended by Dr. Champneys for dilating the os in inducing labour. Mr. Maidlow also read notes of a complicated case of induced labour.

After a short discussion on the cases the meeting terminated. March 18th.—The eighteenth Ordinary Meeting of the Society was held. Mr. Maidlow was in the chair. After the reading and confirmation of the minutes of the previous meeting the President called upon Mr. Jessup to read his paper entitled "Thirteen Years in the Dissecting Room."

He first read a most interesting and amusing letter from Mr. Luther Holden, who also spent a great many years as a demonstrator, and then narrated some of his own experiences, and ended by giving some excellent advice to men going up for examinations.

Afterwards Messrs. Maidlow, Shepherd, Eccles, and Meakin spoke, and the meeting terminated.

Smoking Concert.



March 20th a Smoking Concert was given in the Library by the Musical Society and the Smoking Concert Club. The use of the Library for the purpose was kindly granted by the Governors and the Medical Committee.

Owing to the death of Sir Wm. Savory it was found necessary to postpone the concert to a date inconvenient to many on account of the near approach of examinations, so that the attendance, although good, was considerably below that of former smoking concerts held in the Library.

The programme was a varied one. The orchestra, conducted by Mr. Metcalfe (Mus. Dir.), played four short piccas, the best of which was a Minuet and Trio (Mozart). Dr. West and Mr. Walton each sang two songs. Mr. Nunn, whose voice has very much improved, sang "Ho! Jolly Jenkin," and another song later.

There were about 150 present, amongst whom we were glad to notice many members of the Medical and Teaching Staff. The proceedings terminated at 11.10 p.m.

St. Bartholomew's Hospital Smoking Concert Club.



March 9th the Smoking Concert Club brought a most successful season to a close with the last concert. The excellence of the concerts, musically considered, has been well maintained, thanks to the never-failing diligence of the hon. secretary, Mr. D. L. E. Bolton, who has shown the talents of a "Harris" in unearthing the first-class performers whose names have graced the programmes.

Mr. J. Edgar opened the second part with a piano solo, "French Dances from 'Henry VIII.'" Another vacant place was taken by Mr. Styles, who sang "What a funny sensation!" emphasising his text with facial gymnastics of a high order; in response to an encore he sang "The Girl in the Ulster." Then followed one of the best things of the evening, imitations of popular actors, by Mr. Algernon Newark; the club is indebted to the clever mimic for his excellent turn. On being recalled he recited "The Penny Reading" inimitably.

Mr. S. F. Smith sang another song, "Gallants of England," as well received as his first. Mr. Lane gave valuable assistance in the completion of the programme, and sang "Stammering Sweethearts" and "The Judge" in his well known style.

Interviews with Distinguished People.*

SIR DYCE DUCKWORTH.



RE met the Editor in the square. He said, "Good morning." As the Editor does not as a rule recognise us in any way, we naturally were somewhat anxious to know how much he wanted to borrow. "Our paper," said he, "ought to be 'up to date.'" We don't care for the expression "up to date," but we let it pass, and merely remarked, "True," after the manner of a distinguished surgeon; and the Editor continued, "Have you noticed," said he, "that we are without one of the great attractions of modern journalism?" We said that there were several promising methods of gaining popularity that we appeared to have missed.

"We want interviews," said he, "and we mean to have them." "And who is going to do the interviewing?" we asked. "You are," he replied.

We endeavoured to laugh, but we felt uneasy. "What you've got to do," said he, "is to get hold of a senior physician or surgeon, and just ask him questions like all the other interviewers do, and then write out the result for the JOURNAL." "Yes, but suppose the senior physician or surgeon, instead of talking to us, merely drops us into the fountain; what then?" we asked. "Oh, you must risk that," said the Editor.

But there, you know what arguing with the Editor is like—we were his slave in five minutes.

"You can't do better than begin to-day," said he, "collar the first carriage that comes in [we don't know how to act about collaring a carriage], and tackle its occupant" ("collar" and "tackle"—this is what comes of having a football editor).

He then shook hands and left us. He seemed to think it a joke, but personally we did not grasp the humour of the idea. There we were, with a pretty sort of contract on our hands, and we prayed fervently that the first carriage might contain a patient and God-fearing man, who would not be easily provoked into an assault.

Thus we waited; it was worse than waiting for a "Viva," although in this case we had to do the examining. Soon the great gates swung open, and a brougham drawn by a pair of dashing bays came rattling into the square. Our heart jumped into our mouth, and the pericardium hitching over a broken tooth, we had some little difficulty in getting it back into the chest again, which naturally increased our nervousness. However, we dashed for the carriage, and just met the occupant as he was slushing the door.

It was Sir Dyce Duckworth! We hadn't the slightest notion how to begin, so we said "Good morning," which, after all, wasn't much of a thing to say, considering it was in the afternoon.

Sir Dyce stared at us, and asked to be favoured with our business. "We are a student," we remarked.

* We think it as well to state publicly that we do not hold ourselves responsible for any of the statements which appear in this contribution.—Ed.]

"Indeed," said Sir Dyce, who had probably never met us before, "and what do you study?" This rather stumped us for the moment, but we managed to convey the information that just at that present moment we were bringing our mighty intellect to bear upon the science of medicine, and asked if we could have a few words in private with him.

"Certainly," said he, and we strolled along the pavement together. "What do you consider to be the best method of learning medicine, Sir Dyce?" we asked.

"What is the best method of learning geography?" said he. "What do you think the most promising plan was to buy an atlas and a book upon the subject, and then master their contents." "Pooh!" said he. "Not at all. Travel; go all over the world, in and out and everywhere; leave no place unexplored, but" (here he held up his finger and then tapped his forehead) "use your memory—use your intelligence; that is the way to learn geography. Travel? Yes. Books?"—here he spread out both hands and shook his head ominously, from which we gathered he did not take kindly to books.

We do not care much for geography books ourselves, so that we were pleased to discover this bond of sympathy between ourselves and the distinguished physician. There seemed to be a hitch in the proceedings after this, and Sir Dyce turned as if to depart, but we grabbed him and asked him what he thought of the weather. He turned round on us with a curious smile, felt our pulse, and asked us whether it came on suddenly or had we any premonitory symptoms. Did we feel dizzy at all? and had we suffered from headache? We said we never felt better in our lives. He then laid his hand on our shoulder, and gave us advice. We cannot remember all he said, but we gathered that, in his opinion, the abuse of alcohol was one of the banes of student life, and he dwelt at considerable length upon the impropriety of turning up at the hospital before the effects had fully cleared away.

We felt that things were not going so smoothly as could be wished, so we asked his hand, shook it heartily, and disappeared among the crowd around the fountain. On looking back we observed Sir Dyce to be still rooted to the ground, gazing hopelessly in our direction. He then shook his head, spread his hands out as if to thrust the atmosphere from him, tapped his forehead with his forefinger, shrugged his shoulders, and retired into the wards. From which we concluded that Sir Dyce was in the act of considering us to be demented.

A Reverie. By a departing H. P.



SCENE: 1.30 a.m.—Friends have just gone, and the last "Good-bye, old chap; good luck," has been said. I lie back in my arm-chair with half-closed eyes. Nodding, "nearly napping," almost feeling the presence of some "ghastly grim ugly raven" gazing through my soul as my fire flickers out its last, and a disturbed flow of thoughts courses through me, and I meditate thus to myself:—There cannot be many in the world who, with so few personal enemies, will quit their post so unceremoniously; few will be the thanks, fewer any actual signs of gratitude. None will miss me; and if they do, the blank will ere long be filled. Verily I am an unprofitable servant, I have only done my duty. To-morrow I shall be cast upon the world, no better off than when just qualified. Fame has been tasted, societies, clubs, messes, students have been left behind, but if I die to-morrow shall I be missed? They will say "he was not a bad chap" at the most, and feel their turn too will come. Verily, all is dust and ashes—omnis vanitas, vanitas, vanitas.

My raven now nods himself, my nodding becomes sleep, and sleeping, I dream. Home, sisters, music, gardens, and rivers seem to surround me; and my thoughts sit in the garden, and run into the music, and flow down the silvery stream with mother and sisters, saying now to me, "Who art thou, thou atom, to thus bemoan? Be thankful you have no foes. Why should you be missed, and are you not missed? You may have even good used you not of. You have tried to do your duty, and duty is happiness, and happiness is your proper object in life. Men associated with you may have derived good from you, and will swell the sum of total happiness amongst mankind. Have you not been privileged to soothe some poor patient's last hour? Have you not preserved a life of value to some one, and shown others how to do likewise? Have you not made friends and improved yourself by listening to the thoughts of others?

Has not your friend found a loving wife? And think what evil you might have done that you have not! Are these not matters for joy? You have, indeed, tasted fame; but better now than hereafter. Now you know its emptiness and vanity: you might have had yet to learn its barrenness. Now you have only to work to keep the wolf from the door, not to destroy yourself in the ceaseless toil for fame or fortune; you are to live for happiness, happiness obtained from duty-doing. This you have learnt to do. Do not, then, to-morrow play "Dead Marches" and cowardly melancholy music, or bemoan the vanity of existence. Do good, your duty to yourself, and fear not. "Sis justus et ne timeas."

I reflected then, or seemed to, upon our mess topics. Was I sufficiently paid? Previously I had said no, many times no. It was uncharitable, I said, sweating to obtain the most work at the lowest price; the poorest men were debarred from my enjoyments because of their poverty. Now Truth seemed to sting; "I shall prevail. You live in a small speck in time, leave it to me; things will right, I shall prevail;" so I worked no more. The music said,— "Ring in the love of truth and right, Ring in the common love of good!" All myself seemed to be going; the goal of me seemed to remain: "The year is dying in the night, Ring out, wild bells, and let him die!" My good remained, it seemed, and my successor came. I thought, and smiled no longer triumphantly at me: "The year is going, let him go; Ring out the false, ring in the true." I murmured to him: "Ring in the nobler modes of life, With sweeter manners, purer laws!" How glad I am to have been! how reconciled to go!

Here I awoke with a start. No more raven gloats on me, but a friend laughs at me, and the stinky odour of the cbbing lamp brings back earth to me. I am all the better for my reverie, and with some chaff to my dear friend I grumble off to my bed-room, needless to say in most admired disorder,—an emblem, indeed, of my brain—pessimism, optimism, indifference, joy, sorrow. "Chaos, Cosmos! Cosmos, Chaos! who can tell how all will end?" Read the wide world's annals, you, and take their wisdom for your friend. MENS ISANA IN CORPORE VILI.

Junior Staff Appointments.

The following appointments have been made for six months, from April 1st.

Table listing appointments for House Physicians and House Surgeons. Columns include names and their respective positions (Senior/Junior) and qualifications (M.B., M.C.S., L.R.C.P.).

Appointments.

COLBY, J. G. E., M.B. Oxon., F.R.C.S., has been reappointed Medical Officer of Health of the Malton Rural District, and of the Norton Rural District.

PALFORD, HERBERT, M.A., M.B. Cantab., has been appointed third Assistant Medical Officer to the Worcester City and County Asylum.

HARRIS, J. W., M.B. Lond., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Belgrave Hospital for Children.

CURRY, F. F. N., L.R.C.P., M.R.C.S., has been appointed House Physician to the West London Hospital.

GAULT, E. L., M.A., M.B., who studied at "Bart.'s" for a few months three years ago, has been appointed Ophthalmic Surgeon to the Alford Hospital, Melbourne.

PAGET, O. T., M.B., B.C. Cantab., has been appointed Resident Medical Officer to the St. George's and St. James's Dispensary, W.

DRAGE, LOVELL, M.D. Oxon., has been reappointed Medical Officer of Health to the Hatfield Rural Sanitary District.

MAIDLOW, W. H., M.D. Duib., F.R.C.S. Eng., has been appointed House Surgeon to the Taunton Hospital.

MELVIN, HAROLD B., M.B. Lond., M.R.C.S., L.R.C.P., has been appointed Senior House Physician to the Metropolitan Hospital.

CAULKELLY, J. E. G., M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon to the Metropolitan Hospital.

PECK, W. G., who passed into the Naval Medical Service in November last, has been appointed Surgeon to H.M.S. "Pilot."

FISHER, OCTAVIUS S., L.R.C.S., L.R.C.P. Edin., who has been on leave to take advantage of the regulation permitting Naval Surgeons to study for a short time at a Hospital School, and has been a student of "Bart.'s" since January, has just been appointed Surgeon to the Jamaica Naval Hospital.

Pathological Department.

Bacteriology and Public Health.—Dr. Kanthack will begin the next course of Elementary Bacteriology in May. Gentlemen wishing to attend are requested to send in their names to Dr. Shore, Warden's House. Days and hours will be arranged subsequently.

The next course of Practical Bacteriology for the Diploma of Public Health will also commence in May during hours to be arranged later. Dr. Kanthack requests those gentlemen who wish to take out either of these courses to meet him on May 2nd at 11 a.m. in the Pathological Laboratory.

Course of Pathological Chemistry.—Dr. Kanthack will hold a class during the summer term in Pathological Chemistry. The class is intended for Research Clerks and advanced students (candidates for the M.B. of London, Oxford, or Cambridge). It will meet two afternoons during the week in the Pathological Laboratory, and will extend over six weeks (twelve meetings). A short syllabus is appended. The course is optional, and no fee is charged.

Some special methods for the examination of urine.

Uric acid.—Variations in the excretion of uric acid. Quantitative estimation of uric acid in urine by the Gowland-Hopkins method (saturation with ammonium chloride).

Chlorides.—Variations in the amount of chlorides in urine. Estimation by Mohr's method.

Sugar.—The phenyl-hydrazin test for sugar in urine.

Diazo reaction.—Ehrlich's diazo-reaction in the urine of enteric fever and tuberculosis.

Spectroscopy of urine.—Spectroscopic examination of the urine in hæmaturia and hæmoglobinuria.

Detection and extraction of urobilin and hæmatoporphyrin, tests for indigo in urine, Jaffe's test, spectroscopic examination of the products.

Proteids in urine.—Serum-albumen, paraglobulin, albumoses, conditions in which albumosuria occurs.

Examination of serous fluids, fluid from cysts, hydatid fluid, &c.

Serous effusions.—Colour, reaction, specific gravity, microscopic constituents.

Proteids.—Salts, coagulation, cholesterolin.

Hydatid fluid.—Reaction, sp. gr., salts, hydatid hooklets and scolices.

Charcot's crystals.—In sputum of asthma, &c.

Micro-chemistry of blood.—Classification of leucocytes: basophile, oxyphile (eosinophile), and neutrophile corpuscles; their importance in disease and diagnosis. Anæmia.

Pathological Clerks.—As there are still several vacancies for May to July, gentlemen wishing to clerk in the Pathological Laboratory are requested to send in their names to the Lawrence Student of Pathology, Mr. J. W. W. Stephens, Pathological Laboratory.

Dr. Kanthack will give weekly instructions in practical histology, and weekly demonstrations in the minute morbid anatomy of the nervous system. These classes are strictly limited to the Pathological and Research Clerks.

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

DEAR SIR,—In looking over the arrangements for the Conversazione, to be given by the Abernethian Society on the 1st of May, I notice that the St. John's Ambulance Corps has been invited to give a display in the Dissecting Room.

I quite understand that a more excellent body could not have been chosen, but I beg to ask whether you do not think that it would have been more appropriate, as the celebration of the anniversary is essentially a hospital event, that No. 3 Company of the Volunteer Medical Staff Corps should have been given an opportunity of joining in the festival.

The Company is essentially a hospital one. There are sixty students in it, and it is officered by old Bart.'s men. Most, if not all, of these men are members of the Abernethian, and I think indeed, am sure, would have welcomed an opportunity of taking part.

At the last moment a half-hearted offer of the Abernethian Room has been made, but was declined, as the "locale" is hardly suited for a display. With apologies for troubling you, I remain,

A MEMBER OF THE ABERNETHIAN SOCIETY
AND A VOLUNTEER.

April 8th, 1895.

Births.

DAVIES.—On March 17th, at Osband Terrace, Cricklewood, N.W., the wife of H. O. Davies, M.D. (Lond.), of a son.

RICE.—On March 16th, at Maidenhead, the wife of A. J. Edge, M.B. (Lond.), of a son.

STOCKER.—On March 12th, at Weedon, Northamptonshire, the wife of E. G. Stocker, M.R.C.S., L.R.C.P., of a son.

CUTCLIFFE.—On March 23rd, at North Tawton, Devon, the wife of Montagu Cutcliffe, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

MAC-ALISTER—MACALISTER.—On Tuesday, March 19th, at St. Columba's Presbyterian Church, Cambridge, by the Rev. A. Halliday Douglas, M.A., assisted by the Rev. Alex. Connell, of Regent Square Church, London, Donald Mac-Alister, M.D., Fellow of St. John's College, Cambridge, to Edith Florence Boyle, elder daughter of Professor Alexander Macalister, of Torrissdale, Cambridge.

SETON—ARMSTRONG.—On March 16th, at Southsea, Surg.-Capt. Seton, I.M.S., to Elma, daughter of Lieut.-Colonel F. H. Armstrong, Southsea.

Deaths.

TAUNTON.—On February 19th, at 39, Beaumont Street, Oxford, George Taunton, Esq., M.R.C.S. Eng., third son of the late Daniel Taunton, Esq., of Walton House, St. Giles, aged 70 years. Interment at St. Sepulchre's Cemetery on Saturday, F. H. Armstrong, at two o'clock.

EARDLEY-WILMOT.—On April 6th, suddenly, of heart disease, Chester Eardley-Wilmot, M.D., B.S. Duib., Senior Assistant Medical Officer at Middlesex County Asylum, in his twenty eighth year. He was formerly Assistant Electrician at St. Bart's.

REEKS.—On April 5th, suddenly, at Southwick, Sussex, John Reeks, M.R.C.S., L.S.A., aged 38.

ACKNOWLEDGMENTS. *Cox's Hospital Gazette.* *St. Thomas's Hospital Gazette.* *St. Mary's Hospital Gazette.* *Handbook of the Clinical Research Association.* *Hospital Service Book*, by C. PARKHURST BAXTER (Oxford University Press).

St. Bartholomew's Hospital



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[PRICE SIXPENCE.]

NOTICE.

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

The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., 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,

MAY 14th, 1895.

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

AN other part of this issue we give a full account of the Conversazione, held by the Abernethian Society on May 1st, in celebration of their Centenary. There are, however, some features of the occasion which deserve special comment. The Abernethian Society is in many respects unique, but perhaps in no point is it more unique than in regard to the following incident. Fifty years ago Sir James Paget addressed the Society on the occasion of its celebration of the completion of its first half-century, and expressed the hope that the tide of the Society's successful work might carry it on in the same way to its full centenary. Little as he must have expected it at that time, Sir James Paget was not only able to see the fulfilment of his good wishes, but was able to personally congratulate the Society on the completion of its centenary, and to again wish it still further success.

No one who was fortunate enough to be present at Dr. Norman Moore's lecture will ever forget the thrill that went through the audience when Sir James entered the Theatre, just after Dr. Moore had read from the minutes the reference to Sir James's speech, made to the same

Society and under similar circumstances exactly fifty years before.

When Sir James Paget gave the Inaugural Address at the opening of the Society's hundredth session, last October, he said that it was just sixty years since he gave his first address to the Society. Surely the Society may well be proud to think that one of its members has watched it thus closely over such a lengthy period of time, and that member—second to none in the surgical world—so renowned a man as Sir James Paget.

Successful in every way as the Conversazione was, and although there was an abundance of entertainments and exhibitions of rarities and objects of great interest calculated to suit the most varied temperaments, there can be no doubt that Sir James by his presence added greatly to the success of the evening. We understand that Sir James now rarely goes out in the evening, and it is indeed no slight honour to the Society that he should have made such an exception in its favour.

By a coincidence the Conversazione of the Royal Society had been arranged for the same night, but in spite of this many people were able to divide their time, and thus taste the pleasures of both societies.

Though there was at no time during the evening anything more than transient congestion here and there, there was a distinct sense of fulness, and we think the Committee did extremely well in limiting the number of tickets. A slight increase in the numbers present would have caused unpleasant overcrowding, and would certainly have marred the enjoyment of all.

In view of the importance of the occasion, we are issuing with this number a portrait of Abernethy; the portrait is a reproduction of the picture by Sir Thomas Lawrence, P.R.A., in the Great Hall.

Many men expressed their desire to possess some memento of the occasion, and it was thought that no better memento could be chosen than a portrait of Abernethy.

The portrait we are sending out may, perhaps, be deemed by some to be worthy of a frame, inasmuch as it represents one of our greatest surgeons, and will recall the Centenary of the Abernethian Society of St. Bartholomew's Hospital.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,

Assistant Surgeon to the Hospital.

(Continued from page 99.)

DISINFECTION by chemicals is governed by laws similar to those which govern the action of heat. For instance, cocci and bacilli are more easily killed than spores, and the chemicals act better in simple fluids, like water, than in complex fluids, such as milk, blood, pus, or sputum.

Complex fluids contain organic or inorganic substances, with which the chemicals combine to form compounds which do no harm to bacteria. It is this that hinders the effects of chloride of zinc, carbolic acid, sublimate, and other chemicals.

The great difference in the resisting powers of non-spore-bearing and spore-bearing bacteria to chemicals is shown by an experiment of Mr. Percy Evans.* A solution of sublimate, one part in fifteen thousand parts of distilled water, is said to have killed anthrax bacilli in one minute; a solution of one part in one thousand killed spores in from three to fifteen minutes.

It is probable that, as Henle suggests, the chemical in the process of disinfection enters into combination with bacteria. Thus a given quantity of chemical can only combine with a given quantity of bacteria.† The process also resembles a chemical reaction in being aided by heat.

As Behring‡ points out, the presence of other micro-organisms may help to protect spores from the action of disinfectants.

Generally a strong solution of a chemical kills bacteria more quickly than one which is weak. But strong solutions may, by coagulating the albumen in the neighbourhood of the bacteria, form a protective barrier.

Bacteria grown upon artificial culture media are not, however, so resistant to heat and chemicals as those growing under what may be called their natural conditions. Van Quens found that *Staphylococcus* and *Streptococcus pyogenes* growing in artificial media were killed in a minute and a half by a temperature of 80°, whilst in pus they took much longer. Abbott says that different specimens of the same species of bacteria possess varying powers of resistance.

Therefore it is not right to think that a disinfectant will be as efficient in practice as it seemed to be in the laboratory. Most laboratory experiments are done with bacteria grown artificially.

I do not propose to describe the effect of oxygen or peroxide of hydrogen upon bacteria, nor the action of the

* "Experiments on some Antiseptics and Disinfectants," *Guy's Hospital Reports*, vol. xlvii, 1890, p. 195, et seq.

† "Corrosive Sublimate as a Disinfectant against the *Staphylococcus pyogenes aureus*," Abbott, *Johns Hopkins Hospital Bulletin*, vol. ii, No. 12, 1891, p. 39, et seq. This paper contains much useful information.

‡ Loc. cit., p. 43.

essential oils. Those who are interested in them will find much information in Sternberg's work.

Before a chemical is adopted, its properties ought, as far as possible, to be ascertained in the laboratory. A great deal can be learnt by simple experiments with culture media in test-tubes. This alone may show that the vaunted specific is a fraud. Should the chemical pass through the ordeal *in vitro* it should next be submitted to the tests of experimental pathology. Animals are sometimes killed by bacteria which are supposed to have been destroyed by chemicals. The effects of the chemicals upon animals should also, as far as possible, be ascertained. In this way valuable information may be obtained. For instance, Walthard* and Delbet ascertained that suppurative peritonitis did not occur when a certain dose of *Staphylococcus pyogenes aureus* was injected into the uninjured peritoneal sac. But they also learnt that it did occur when the surface of the serosa had been injured with solutions of sublimate, or of carbolic acid, or of boric acid, and so forth. The bearing of this upon abdominal surgery is obvious.

In our pathological laboratory† chemicals are usually tested by a modification of Koch's original method. Silk or cotton thread is sterilised with steam or boiling water. Pieces an inch long are soaked for half an hour or an hour in normal saline solution mixed with a virulent culture of anthrax. This ought to have been grown at body temperature for a week, and be full of spores. After having been soaked in anthrax the bits of thread are dried in a sterilised capsule in a warm incubator. They are then soaked in the solution of chemical, and washed in sterile water to remove the chemical. They are then put upon the surface of a culture medium, or dropped into broth, or into a gelatine tube which has been melted to receive them. Finally, the culture is put into the incubator at body temperature. Washing in distilled water is not always enough to remove the chemical, therefore absolute alcohol may be used. Sublimate is best got rid of by agitating the thread for two or three minutes in a 30 per cent. solution of ammonium sulphide.‡ The removal of all the chemical is of extreme importance. The want of this precaution vitiates many of the earlier observations.

Geppert, to whom we are indebted for valuable work, found that even a 1 per cent. solution of sublimate did not kill anthrax spores after six to twelve minutes' exposure, provided all the sublimate was removed with ammonium sulphide.§ Perhaps in this experiment the spores are

* "Experimentelle Beitrag zur Kenntniss der Aetologie der Eitrigen Peritonitis nach Laparotomie," *Archiv für experimentelle Pathologie und Pharmacologie*, 1892, p. 275, et seq.

† *A Course of Elementary Practical Bacteriology*, Kanthack and Drysdale, 1895, p. 126, et seq. This is a book full of useful information to those who wish to learn the various methods.

‡ *Bekämpfung der Infektions-Krankheiten, Infection und Disinfection*, Behring, Leipzig, 1894, p. 45, et seq. This book is full of useful information.

§ Quoted from Schimmelbusch's *Aseptic Treatment of Wounds*. An excellent translation of this book has recently been made by A. T. Rake; published by Lewis, London.

protected by their own investing membrane, or by the albuminous and fatty covering which, as I have said, they are thought to possess. Of course, in all experiments of this kind the usual precautions are taken at each step to avoid contamination. Should foreign bacteria gain an entrance they are easily recognised—as easily as weeds in a garden.

The results must be controlled by other experiments. The threads, for instance, may be inoculated under the skin of a susceptible animal, or mixtures of the chemical with some virulent material may be inserted under the skin. For example, mixtures of tubercle and iodoform, and of anthrax and iodoform, have been tested in this manner.

The inhibitory or antiseptic powers of a chemical are usually ascertained by adding a definite quantity of it to a culture medium, such as gelatine. This is then inoculated with an easily grown microbe, such as *Staphylococcus pyogenes aureus*. A control experiment is done at the same time by inoculating a pure culture medium with the same microbe.

Chemicals mixed with nutrient materials can hardly be said to act as disinfectants, and their antiseptic properties are quite trivial. A tube containing ten cubic centimetres of broth was mixed with thirty-two minims of sublimate lotion, the strength of which was one part in one thousand of water. The ordinary skin micrococci grew luxuriantly in this mixture. Their growth was retarded but a few hours. I should estimate that the cocci grew in a mixture of broth and sublimate the strength of which was one part in five thousand. The same kind of experiment was done with carbolic acid. Ten cubic centimetres of broth were mixed with sixty minims of carbolic lotion, one part of carbolic in twenty parts of water, and inoculated with skin bacteria. A plentiful growth was the result. The carbolic acid merely delayed the growth a few hours.

Doubtless in such experiments as this the chemical is rendered to some extent inert by combining with albumen in the broth. In surgical practice antiseptics and disinfectants are usually spoilt by a similar combination of the chemical with albumen.

After a chemical has been tested in the laboratory we ought at least, to know whether it kills bacteria or not; how long it requires to kill bacteria; whether it can kill spores; under what conditions it kills bacteria or spores, especially whether it acts in the presence of albumen; to what extent it retards the growth of bacteria; and, finally, whether it may be used without injury to the tissues or without the fear of a toxic effect.

Very few of the antiseptic panaceas which are constantly being introduced fulfil these requirements. But our knowledge of some of the salts of mercury, carbolic acid, and iodoform is fairly complete, and it is to these that I shall confine my remarks.

Before describing those chemicals, however, something

ought to be said upon the oft-debated question as to whether chemicals can cause suppuration.

Scheuerlen's well-known experiments led him to believe that a number of irritating substances, such as croton oil, turpentine, mustard oil, cantharides, and so forth, could be placed in the cellular tissue of rabbits without causing suppuration. The chemicals were introduced with aseptic precautions in small glass tubes, which were broken when the puncture was healed. These experiments have been repeated and confirmed by Klemperer, Strauss, and others. Ruyis* injected diluted turpentine and croton oil into the anterior chamber of the eye without producing pus, although *Staphylococcus aureus* caused suppuration which speedily destroyed the whole organ.

Biondi,† working upon the same lines as Scheuerlen, arrived at the same conclusion, namely, that chemicals did not cause suppuration. He also found that suppuration did occur round the chemical if *Staphylococcus aureus* was simultaneously injected into the veins.

My own experiments done upon rabbits with pure carbolic acid, sterilised croton oil, and sterilised mercury resulted in a limited necrosis of tissues surrounded by a circumscribed area of intense non-progressive inflammation, accompanied by the production of a thick fibrinous exudation or lymph. This was sharply circumscribed and demarcated from the surrounding normal tissues, was confined to the immediate proximity of the chemical, and had no tendency whatever to spread. I found that ptomaines obtained by sterilising cultures of *Staphylococcus aureus* acted in the same way. Moreover I have observed that if these animals were injected with carmine gelatine when the lymph caused by chemicals was a week or ten days old, a delicate network of vessels had begun to penetrate the lymph; or, in other words, that aseptic lymph was capable of organisation. This has hitherto been strangely overlooked.

On the other hand, Grawitz and de Bary‡ say that turpentine, nitrate of silver, and ammonia cause pus-production if injected beneath the skin of dogs and other animals, but I have not repeated these experiments. Large quantities of the chemical are required, and it is to be noted that the result is only a local lesion. Dubler,§ whose work is very exhaustive, also believes that the acute inflammation and necrosis caused by chemicals is followed by pus-formation. But in Mr. Watson Cheyne's|| experiments with sterilised croton oil suppuration occurred, but bacteria were found in most instances.

These contradictory results may depend upon differences in the kind of animals employed, upon the kind of chemicals, and upon the strength of the solutions which were applied,

* Quoted by Sonn, *Surgical Bacteriology*, p. 94.

† "Contributo alla etiologia del pus," *Riforma Medica*, 1886; *Abst., Cent. für Chirurgie*, 1887, p. 754.

‡ "Ueber die Ursachen der subcutanen Entzündung und Eiterung," *Archiv für pathologische Anatomie*, Virchow, 1887, p. 67, et seq.

§ *Ein Beitrag zur Lehre von der Eiterung*, Basel, 1890.

|| *Antiseptic Surgery*, p. 251.

or upon the manner of their application; but I cannot help thinking that much depends upon our conception of the properties of pus. If there was only one kind of pus the matter would be simple. Unfortunately there are many kinds, with various properties and significances, and the result of the action of various causes.

By some the different kinds of pus have been classified according to their physical characters, and called laudable when smooth, opaque, creamy, and yellowish white, and without the odour of putrefaction; sanious when tinged with blood; ichorous when thin and watery; curdy when containing flakes; muco-pus when diluted with mucus; and so forth.* This rather quaint classification, which was the best that could be made in former times, neither takes into consideration nor affords any clue to the biological and chemical properties of pus. Yet these are of transcendent importance. For instance, pus which contains *Staphylococcus aureus* has properties different from that which contains *Streptococcus pyogenes*, and is usually associated with a different morbid process; and each of these, again, is distinct from that which contains tubercle bacilli. Nevertheless the physical resemblance of the various kinds of pus is so close that they could not be discriminated by it alone.

Thus the physical characters of pus (and I might add of other fluids) afford hardly any clue to its biological properties. These can only be ascertained by microscopical examination, by cultivation, and by experiment. The microscopical examination may betray the presence of bacteria; cultivations may disclose their identity, and experiments their pathogenic properties. None of these three methods can be relied upon by itself alone.

Occasionally the microscopical examination may afford a high degree of certainty as to the biological properties of pus. There could be little doubt about the identity of bacilli which had the characteristic staining reaction and appearances of tubercle bacilli; or which had the sharply cut-off, square-looking ends, and large dimensions, of anthrax bacilli. But these are at present rather isolated instances of the value of the microscopical examination of pus. But when that method fails, then cultures may disclose bacteria which could not be seen with the microscope. Also plate cultures may enable us to separate several kinds. But many bacteria grow so badly that cultures are of little value for their detection. The bacillus of tetanus, of tubercle, of malignant oedema, and actinomycetes are examples. Attempts to grow these usually fail, because other bacteria grow and overwhelm them, or because the media are unsuitable.

When bacteria can neither be seen with the microscope nor grown in cultures, their presence may be ascertained by inoculation experiments upon animals. Tubercle is frequently diagnosed in this way. But it is to be remembered

* Eriksen, *Science and Art of Surgery*, 9th edit., 1888, vol. 1, p. 230.

that too much should not be inferred in the event of failure, because the animals used for the experiment may have been immune.

The various sepsins, toxins, or ptomaines which some kinds of pus contain, and which are manufactured by bacteria, are obviously of great importance, but their presence is usually ignored in the diagnosis of pus. Tests which would easily demonstrate their presence would be invaluable.

Thus the inflammation excited by a chemical is non-progressive, and strictly confined to the area to which it was applied, because the chemical has no inherent power of increasing. Bacteria, on the other hand, excite a progressive inflammation, because they grow into fresh tissues. The degree of inflammation which a chemical causes depends upon its strength, quantity, quality, and mode of application. For instance, ammonia* diffuses and penetrates the tissues, whilst carbolic acid or metallic mercury remain where they were placed. The influence of the strength and quantity of chemicals, and of their varying effects upon skin, mucous membranes, tissues, special organs, and so forth, is too well known to need to be mentioned.

The way in which irritating substances are introduced is of moment. Five per cent. chloride of zinc solution injected under the skin is often followed by pus-formation, the skin itself having undergone changes which permit infection from the exterior; injected into muscles a coagulation of albumen results, but the coagulum is soon absorbed.† It is also well known that in the treatment of syphilis by injections of solutions of perchloride of mercury suppuration is apt to occur unless the injection is made into the substance of the muscles.

Thus we conclude that dilute chemicals cannot cause progressive suppuration or produce infective pus. Some chemicals, however, may when very concentrated cause non-progressive circumscribed inflammation, the product of which may be a non-infective fluid with the physical and microscopical characters of pus. This fluid is, however, more often spoken of than seen. Infective pus is a reproach to the surgeon, and the occurrence of this non-infective fluid which may be caused by chemicals ought not to be affirmed until appropriate bacteriological tests have been applied.

Strange as it may seem, pus, the product of bacterial activity, is not a favorable medium for them to live in.

It has been ascertained by Grawitz‡ that sterilised pus has a deleterious effect upon some kinds of bacteria. When pyogenic cocci are mixed with such pus they rapidly diminish in numbers, and in ten days none can be found. Eichel found that pyogenic cocci soon died in the pus of acute abscesses. These experiments have been confirmed

* Grawitz and De Bary, "Ueber die Ursachen der subcutanen Entzündung und Eiterung," *Archiv für pathologische Anat.*, 1887.

† "Ueber die Ursachen der subcutanen Entzündung und Eiterung," Grawitz and De Bary, *Arch. für path. Anatomie und Physiol.*, Virchow, 1887, pp. 82-3.

‡ Beitrag zur Theorie der Eiterung," *Virchow's Archiv*, Bd. cxvi, p. 116.

by Dr. F. W. Andrewes,* who found that pyogenic cocci and anthrax died a few hours after having been introduced into pus. On the other hand, pus was an excellent culture fluid for the bacillus of diphtheria and for the *Bacillus prodigiosus*. The last is a remarkable microbe which is easy to obtain and cultivate, grows with great rapidity, and is supposed to account for the phenomena of bleeding bread and bleeding host (Flügge).

It used to be taught that when a foreign body entered the tissues it caused inflammation and suppuration, and was extruded. Now it is recognised that the tissues tolerate sterile foreign bodies. Those which cause suppuration are septic, a fact which was hidden from the older teachers. Grawitz† ascertained that the peritoneum would tolerate aseptic wool, linen, and sponge, but that these caused suppuration when small quantities of *Staphylococcus pyogenes aureus* were added. We have already seen that small doses of *Staphylococcus aureus* do not cause peritonitis when the peritoneum is uninjured or unoccupied by blood-clot or foreign bodies. In operations such as those for the radical cure of hernia the tissues tolerate quantities of silk so long as it is sterile.

(To be continued.)

On Hysterical or Functional Disorders.

By H. H. TOOTH, M.D.

Read before the Abernethian Society, October 25th, 1894.

(Continued from page 103.)

Disorders of Sensation.—We now come to consider the manifestations of hysteria which, so to speak, are more peculiar to the nervous, and therefore less likely to be mistaken for organic disease. Under the term anaesthesia are included degrees of loss of sensation ranging from a mere subjective numbness to an absolute loss of appreciation of all forms of stimuli, so absolute that a limb might be mutilated without the knowledge of the patient.

The various forms of sensation may be affected separately or collectively; thus there may be failure to appreciate simple touches, or tactile sensation being preserved, there may be complete loss of pain, sensation, analgesia, so that the patient can feel the pin when stuck into the skin, but it conveys to him only the sensation of a touch or push. Along with this is sometimes found a disposition for the pricked skin to bleed less than in the normal skin—*ischaemia*. Other curious phenomena are found in connection with loss of sensation, such as "transference" of the anaesthetic area to a corresponding area on the opposite side of the body. This can be done with ease in some cases by the application of magnets and certain metals, and more particularly under the influence of hypnotism. This phenomenon has its counterpart in true epilepsy where there is a definite aura beginning in a limb, in which case the fit may be stopped by grasping the limb or by an encircling blister (Buzzard), but often, after a time, the aura makes its appearance in the opposite limb.

But in connection with loss of sensation, perhaps the most important to the medical man in diagnosis is its distribution. It may be general, in which case the patient is anaesthetic all over the body. Such a person will say that he feels as if his body were a balloon. I have seen a man hit his head violently with his hand, and say he does not feel the blow nor the giving of it. He will also rub his finger over his conjunctiva, and even touch his cornea in de-

* Local Government Reports, 1893.

† "Beitrag zur Theorie der Eiterung," *Archiv für prakt. Anatomie*, 1889, p. 121, et seq.

monstration of his anaesthesia. Such a general loss of sensation cannot be produced by any known organic lesion.

Where the anaesthesia is local, it is usually sharply delimited. Thus in hemianaesthesia it is marked sharply by the middle line. When there is anaesthesia of the limbs, we find that the limb can be divided into sections of anaesthesia. For instance, it may stop sharply at the wrist or ankle, elbow or knee; and where the whole limb is affected, at the junction of the limb with the trunk. Thus we have the "stocking," "sock," and "glove" anaesthetics. The anaesthesia following nerve lesions are never sharply delimited, owing to overlap of one nerve distribution over the other, and they more or less correspond to the anatomical course of the nerve.

It is probable that the regional distribution of the hysterical anaesthesia above described corresponds to cortical representation of sensation, comparable to the cortical representation of movements as opposed to individual muscles.

Under disorders of sensation must be included affections of the so-called muscular sense, articular sense, sense of movement, sense of position—a condition which may be called akinesthesia. This, when established in the lower limbs, gives rise to ataxia, which resembles at first that of locomotor ataxia almost exactly. The patient staggers in walking, and tends to fall with the eyes shut. This condition has received the name "hysterical pseudo-tabes." Of course the classical features of tabes are absent. I remember a very marked ataxia of this description being sent to the hospital by a doctor as a case of tabes, but which eventually completely recovered.

In some cases of hemianaesthesia there is also loss of localisation of the position of the limbs affected, and, in some, complete inability to distinguish between heavy and light weights.

"Astasia abasia" is the name given by Bloch to a class of cases in which the patient is unable to stand or walk, but can, in the recumbent posture, move the legs about freely. It is probable that the name includes many of the pseudo-tabetic type. Bloch has brought out the difference between this condition and a paralysis of the lower extremities by a hypnotic experiment. A hypnotised subject, when told by him "you have lost the power of walking," became completely paralysed in the lower extremities, but when he said "you no longer know how to walk," inco-ordination in the movements necessary for walking was the result.*

Of the disorders of the special senses those of sight are the most interesting.

Amblyopia, or simple dimness of sight, is a common symptom. This may be so deeply expressed as to amount to amaurosis, or complete inability to appreciate form and colour. Examination of such cases shows more or less extensive contraction of the visual fields. The field for colours may also be so reduced as to result in achromatopsia, or loss of colour vision. In cases of hysterical hemianesthesia the diminution of the fields is always greatest on the anaesthetic side, but may also be present to a less extent on the opposite side.

As a rule the colour-fields diminish and disappear in their usual order—violet first, then green, red, and orange, the yellow and blue remaining last. In contra-distinction to the amblyopia due to disease of the disc, these forms do not seem to affect the acuteness of vision.

A curious double or multiple vision in one eye only, monocular diplopia, or polyopia, is sometimes complained of by the patient. This seems to be a real disorder of vision, and Parinaud attributes it to contraction of the ciliary muscle. The explanation of such a phenomenon is, however, very obscure.

Loss of taste on one side or both is a symptom of some value in diagnosis. It is common in functional cases and comparatively rare in organic.

Anaesthesia of the palate is so common as to be almost a physical sign.

Hyperaesthesia is a less common disorder of sensation than anaesthesia. It is probable that the intense sensitiveness to external sources of irritation in neurasthenia are attributable to a general hyperaesthesia.

There are one or two proper hysterical phenomena that may be referred to under this head. Of the most remarkable are the hysterogenic zones and points. These are tender spots which make their appearance about the body not haphazard, but with sufficient constancy to be capable of being charted. One of the most constant of these is situated in the inguinal region over the ovary. Another important one is found frequently under the breast, but there are many others, as will be seen on reference to Richer's book.†

* See an abstract on the subject by Pasteur, *Brain*, vol. xiv, p. 566.

† *Hystero-Epilepsie*, 1881, p. 35.

name implies, these areas are not only hyperæsthetic, but stimulation of them may produce very wide-spread effects.

The hyperæsthesia is quite superficial, there is no reason to suppose that it extends to the underlying organs. Take the so-called ovarian area. In a well-developed case the slightest touch, or rubbing, of the skin within the area is sufficient to produce a general convulsion. Richer says that simply blowing upon a hysterogenic area has induced the fit—an apparently inadequate cause for a vast effect: a spark in a barrel of gunpowder. But a still more remarkable point about it is that a deep pressure, or strong stimulus applied to the same area will frequently stop the convulsion. It is more than likely that the ovary itself has nothing to do with this zone—a supposition which is confirmed by the fact that a similar area appears under similar circumstances in the male.*

A recently published research by Dr. Head† seems to throw a ray of light upon this obscure subject. Following a line suggested by Ross, and by a most careful and laborious series of observations, he has made out that the whole surface of the human body can be mapped out into areas, which correspond to spinal segments, not distribution of spinal nerves. These areas have a generally annulose arrangement, except where the limbs come in. They differ from areas of spinal nerve distribution in that they do not overlap, but are sharply defined. Here we have a reminder of the probable origin of man from some annulose type of animal. Moreover, the sensation of these areas is in more or less direct relation to the organs of the alimentary and genito-urinary tracts, heart, and lungs; another reminder that man has grown up round his alimentary canal. Under certain conditions the sensation in these areas is altered by disease of the internal organs, so that when a definite tender area appears in any part of the body, it suggests some affection of one or more internal organs. In other words, the internal organs have a definite representation on the surface of the body. Now, it does not follow that in every case the alteration of sensation is a complete band or zone; there may be only a tender spot, called by Head the maximum. Thus in gastric ulcer we may find a very broad band of hyperæsthesia, marked D 6, 7, 8 in his chart, but more commonly we find the maximum of the middle area, which is a tender spot in the epigastrium, to one side of the middle line. This is a very common seat of tenderness in inflammatory conditions of the stomach.

Comparison of the hysterogenic areas with those in Head's chart leads one to the conclusion that many of them, if not all, correspond to the maxima.

Now, the so-called ovarian zone corresponds to the maximum, marked blue and lettered D 11, and being the representation on the surface of some part of the intestine, the kidney, the ureter, bladder, prostate, epididymis, and uterine appendages, perhaps also the uterus, that is, most of the genito-urinary tract, but not the ovary or testis, disease of which causes the appearance of a tender spot higher up, nearer the umbilicus.

So much for the anatomical or morphological explanation of hysterogenic zones. Now does it follow that, because in a hysterical patient we find a tender area in the position of the so-called ovarian point, that there is therefore any demonstrable disease of the organs shown by Head to be associated with such an area? By no means, any more than there is disease of the internal capsule in functional hemiplegia.

In a large number of febrile diseases—in fact, in all persons in whom there is rise of temperature—there is a tendency for the appearance of tender spots and zones over the surface of the body. It is possible that the typical lumbar pain of smallpox is such an area; but everyone who has had experience, personal or otherwise, of tonsillitis or influenza will know that tender places appear all over the body. Head finds that these areas correspond in position to those he has charted, that they are not constant phenomena, that they tend to appear and disappear in the same person, and that they almost invariably accompany pyrexia. In fever, then, we have a temporary constitutional change favourable to the appearance of "stigmata," similar to those that appear in hysteria.

Spasmodic affections.—Not the least remarkable among functional diseases are the muscular contractions. These may appear in limbs or single muscles. Spasmodic wry neck or torticollis is frequently a hysterical phenomenon, due to contraction of the sternomastoid. I have lately seen a remarkable case of spasm of the external pterygoid

muscle, by which the jaw was forcibly drawn over to the opposite side. It gives rise to a form of lockjaw and is apparently very painful.

The tonic contraction of limbs often occurs as a part or sequela of the hysterical convulsion, but it may also occur as an isolated phenomenon. In such cases the intensity of the rigidity is very striking; it is often far in excess of the rigidity in organic disease. I remember a boy, a patient of Dr. Beevor's, who had a functional paralysis with analgesia of the arm, and in whom the hand and wrist were in a state of tonic flexion, so intense that a strong man could not reduce it, though it disappeared under deep chloroform narcosis. The boy was not strong enough to imitate it in the other hand. In such cases we must suppose the action of automatic centres, which do not feel fatigue. When I say that the boy was not strong enough to imitate the spasm in the opposite limb, I mean that he had not *will* enough to do it; his muscles must have been strong enough. Even if he could produce a voluntary spasm on the opposite side for a short time he could not keep it up, because his centres would soon succumb to fatigue, that is, the centres, for want of a better term, in which his will resides, require rest. But so the automatic centres, from which the will is temporarily divorced. This immunity of lower centres from the ordinary phenomena of fatigue is not without parallel in the vital centres, the heart, and respiratory centres, and perhaps more strictly those concerned in the normal muscular and vascular tonics. That cerebral fatigue appears long before muscular is shown by the experiments of Waller.‡ By registering repeated grasps at regular intervals with a dynamometer, he produced a rapidly descending curve, till a point is reached at which no effort of the will will evoke a muscular contraction. The muscles are said to be tired, but that such is not the case is shown by the fact that direct faradic stimulation produces as vigorous a contraction as it did before the experiment. It is the will that is tired, and the result is a functional paralysis for the time. It is evident that the muscular system is thus protected from overstrain. In feats of endurance the will is a much more important factor than the muscles. A man in training for a race is training or educating his brain as much as his muscles.

Convulsions.—The convulsive attack may be considered as almost the central, or most commanding feature of the neurosis. As with paralysis or disorders of sensation, the convulsion may be an isolated symptom of the disease; but very frequently we find that it is the overture to the hysterical drama. It is necessary to clear the mind of the old conception of a hysterical fit as consisting of screaming, laughing, and crying, &c. These sometimes accompany the minor attacks, but are emotional accompaniments and not part of the true fit. On the other hand, the term hystero-epilepsy is liable to lead to misapprehension. Charcot has insisted that hysteria can never be epilepsy, nor epilepsy hysteria, under any circumstances. They are two diseases as distinct as typhus and typhoid. They may, and frequently do, exist in the same patient, but the epileptic may suffer from fearful outbreaks of hysterical convulsions, so severe as to mark and overshadow the epileptic symptoms, and yet be an epileptic all the same. The name hystero-epilepsy was used when the distinctive features of the hysterical convulsion were confounded with those of epilepsy; it would be better now to drop the term altogether, and use that of hysteroid (Gowers) or simply functional. In order to bring out the difference between the two forms of convulsion, it would be necessary to describe the epileptic paroxysm carefully, but such would be impossible now.

The best and most comprehensive descriptions of the typical hysteroid convulsion come from the French school, notably from the Salpêtrière, and in no work are they more graphically described and figured than in that by Dr. Richer,† who is not only an acute observer but also an artist. We rarely see the convulsion in all its phases in this country, but minor or incomplete attacks are of everyday occurrence, and their diagnosis from true epileptic attacks is often a matter of the greatest importance.

The typical attack may have certain prodromata, hallucinations of sight or hearing, affections of sensation or motion. The hysterogenic zones may make their appearance. In some cases a definite *aura hysterica* may appear, though this is rarely of the definable nature of an epileptic aura. Giddiness is a common aura, and the well-known *gladius hystericus*, which is almost comparable to the epigastric aura of epilepsy.

According to Richer, the attack may be divided into the following stages:—

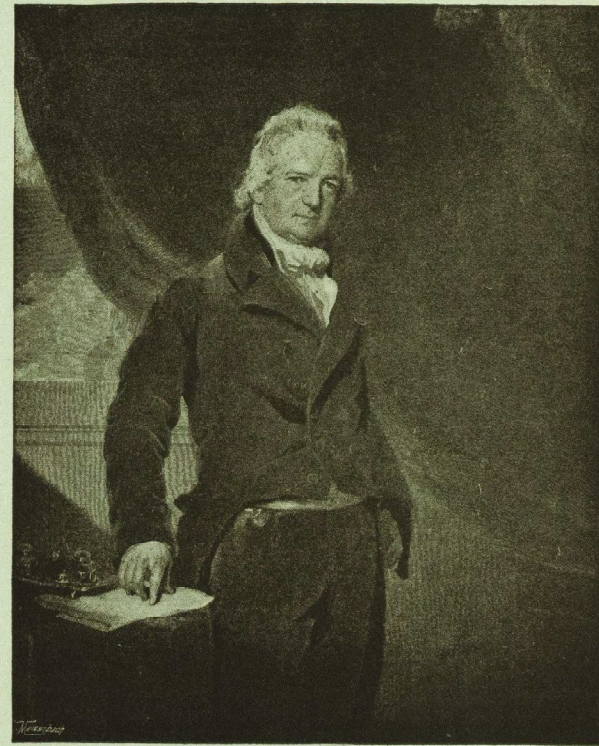
1. *The Epileptoid*.—Complete loss of consciousness, during which

* Waller, "The Sense of Effort" (*Brain*, vol. xiv, 1891, p. 184).

† Richer, *Hystero-épilepsie*, Paris, 1881.

Abernetthian Society of St. Bartholomew's Hospital.

CENTENARY, MAY 1ST, 1895.



Aillard Imp.

JOHN ABERNETHY, Esq., F.R.S.

Surgeon to St. Bartholomew's Hospital and Lecturer on Anatomy and Surgery.

Reproduced from the Picture by Sir Thomas Lawrence, P.R.A., in the Great Hall of St. Bartholomew's Hospital.

St. Bartholomew's Hospital Journal.

14th May, 1895.

* Charcot, *Leçons du Mardi*, 1889, p. 32.

† Head, "Disturbances of Sensation with special reference to the pain of Visceral Disease" (*Brain*, vol. xvi, p. 1). Dr. James Mackenzie has worked in the same direction, and with, in the main, similar results (see *Brain*, vol. xvi, p. 321).

the patient passes through convulsions more or less violent, having, (a) a tonic phase, and (b) a clonic phase.

In this stage, which most frequently constitutes the fit that we see in England, the patient may knock herself about, may bite the lips, but very rarely the tongue (though it is often protruded), foam at the mouth, turn up the eyes so that the whites only are visible, and may even, if the bladder happen to be full, pass water involuntarily. But there is little change of colour, and the paroxysm may last a long time, even an hour, while the epileptic fit is a matter of minutes.

2. *The Stage of Contortions* (clownism).—“Grand mouvement.” Marked by intense muscular movements of the whole body, opisthotonos, movement of single limbs, &c., followed by a period of relaxation or muscular resolution, marked, however, by persistent contractures of limbs. This stage is not uncommonly seen in this country.

3. *The Stage of Passionate Attitudes*, in which the patient assumes attitudes indicating the passions—love, rage, religion, &c.

4. *The Stage of Delirium* (hallucinations).—After this, recovery of consciousness, but the persistence for a time of paralysis of limbs or muscles, with contractures.

The whole period of time occupied by this tableau may be only six or seven minutes, or it may last for several hours.

It is evident, therefore, that the hysteroid paroxysm is as much “sui generis” as the epileptic.

General Considerations.—The general tendency of modern thought in explaining the manifestations of hysteria is to the conception that it is a disease in which the control of the higher centres over the lower is in abeyance or, at any rate, modified; in fact, that it is a psychosis rather than a neurosis.

There is evidence that we have a dual existence. Many of our daily actions are more or less automatic, walking for instance. Frequently epileptic patients in their minor attacks, being quite unconscious, perform the most complicated automatic acts, notably Trousseau's case of the violinist, who played through a page of music while in a state of epileptic unconsciousness, the counterpart of which I have seen in a violoncello player. Without this automatism perfection in art, music, and athletics would be impossible.

Further evidence of this subconscious state is offered by the phenomena of sleep. Perfect sleep should be dreamless, but most people dream, and their dreams are indications of a subconscious existence. As a rule, dreams are not suggested by the absorbing events of the day, in which the highest consciousness has been engaged, but usually we search for an explanation of a dream in some half-forgotten trivial incident.

In sleep susceptible persons perform the most complicated actions; in fact, the somnambulistic state is practically a variety of hysteria.

But the manifestations of hysteria can be reproduced, interchanged, and modified in the most striking manner in hypnotism, and in hypnosis we may see what we may call induced or (?) artificial hysteria. This is the most perfect example of the dual or subconscious state above alluded to. Loewenfeld calls it the hypnoid state.

Now, the most remarkable characteristic of this subconscious state is liability to suggestion. The patient becomes ready to receive and act upon any suggestion from without. The attitude of such a person reminds one of the old experiment of Goltz, known as the “croaking frog.” In that experiment the highest centres are cut off from the lower, with the result that every stimulus produces a definite effect, each stroke on the abdomen, a croak. The hypnotised person is a similar but much more complicated machine; suggestion from without is the stimulus which, like the stroke on the frog's flank, sets in train certain action. The suggestion acts as a command to subcortical centres, but that is all; the method of carrying out the command is peculiar to these centres; in other words, the hysterical “stigmata.” Suggest an epileptic fit, and you may produce a convulsion, but it will be a true hysterical fit; suggest hemiplegia, and hemiplegia results, but of a distinct type; suggest anaesthesia of a limb, and there follows the characteristic distribution of hysterical loss of sensation.

The difficulty is always finding a direct suggestion in hysterical trouble after accidents or in the course of disease has led to the invention of the term auto-suggestion.

Now, everybody is not susceptible to suggestion, and no doubt numbers of people live an active life without even suffering from a hysterical symptom.

But, on the other hand, persons in whom there is a distinct family history of hysteria, or, in fact, of any of the great neuroses, as Charcot has insisted, are distinctly predisposed to the development of hysteria. Under normal easy circumstances of life such persons may never suffer, or even be suspected of being hysterical.

But let such a person be subjected to a sudden physical shock or

emotion, then a change in the relation between highest and subcortical centres takes place; he becomes morbidly alive to suggestion, and the hysterical stigmata then make their appearance. The form that such “stigmata” should take, or the degree of intensity of them, is immaterial; whether it be a frightful convulsion or a simple loss of power over a group of muscles the underlying condition is the same—as Charcot says, “one, and indivisible.”

Unfortunately, when the hysterical stigmata have once appeared, there is a tendency to repetition of them on very slight provocation. This is one of the great dangers of hypnotism, and so risky is its application that it ought to be used only after extreme deliberation by a medical man, and distinctly not at all as a means of amusing the public.

In persons predisposed, an alteration of the general state of health may be the starting-point of the psychosis. The remarkable appearance of tender areas in fever, from whatever cause, has been already alluded to. Anæmia, the general malnutrition induced by unhealthy surroundings, phthisis, and, in fact, almost every disease affecting nutrition, may be associated sooner or later with hysterical phenomena. In such cases the hysterical symptoms may disappear with the general, hence the prognosis is usually good.

But there is a group of cases in which, at present, treatment has given very indifferent results. Grave nervous affections, more particularly disseminated sclerosis, are frequently accompanied or preceded by hysterical stigmata. The most typical cases of functional paraplegia have appeared under such conditions, often years before the underlying disease has become recognisable. Epilepsy may be masked completely by hysteroid convulsions.

Along with the progress of repeated hysterical phenomena may be noticed in some cases a distinct mental deterioration, so that it is evident that the hysteria is only symptomatic. In such cases the prognosis is always grave, and the treatment often of great difficulty and delicacy; in fact, hysteria may run into insanity.

Treatment.—It would require a great deal more time than is now at my disposal to do more than indicate the lines to be taken in the treatment of hysteria.

The tendency to functional disease is distinctly hereditary, more so, I am inclined to think, than is the case in epilepsy. A family history of insanity is very common—a fact which is often harped upon by the patient. The children of neurotic parents should be removed to a good school as early in life as possible.

General Treatment.—In treating the individual case a considerable amount of tact will often be necessary. It is essential to gain the complete confidence of the patient. Every detail in the history, and also every symptom, should receive attention. It is as foolish on the part of the medical man to attempt to laugh off the symptoms because he cannot altogether explain them, as it is dishonest in the quack to magnify them for his own ends.

The alleged starting-point should be carefully investigated, and also the physical condition at the time. The general state of health must be examined into most critically. Anæmia is one of the most common underlying conditions, and yet it is one that often escapes notice, or rather one to which sufficient significance is not given.

Uterine displacements have been and are still credited with having a great share in the causation of hysterical states. It is probable that their importance has been greatly over-rated.

Where true epilepsy can be made out the treatment by the bromides is often followed by very happy results. In very obstinate cases of paraplegia separation from all sympathising friends becomes necessary, and in such cases isolation, passive exercise or massage, and liberal feeding—a form of treatment suggested by Weir-Mitchell—often result in surprising improvement. Not a little of this improvement is due to the state of mental quiet and reliance on the treatment. The influence of the mental condition on the physical is strikingly shown in functional disorders following railway collisions. The worry of legal proceedings tends to keep alive the functional symptoms, which, however, often rapidly subside under the soothing influence of substantial damages.

Without in any way attempting to minimise or laugh off the symptoms the patient complains of, it is advisable to encourage the patient to look for complete recovery, and especially to explain that no signs of organic disease can be found. This is important, because such patients find it very hard to believe that such striking symptoms can exist without an organic basis. The commonest fear is impending “paralysis”—an indefinite but very terrifying term. Many patients fear insanity, and are immensely relieved to be told that they may dismiss this from their mind; in fact, the first step in the treatment is to clear away these indefinable fears. At the same time, when the medical adviser has any fears in his own mind, they should be freely communicated to the friends.

In cases in which the symptoms can be traced to mental worry, the rest of a long voyage is often of the greatest benefit.

Electrical Treatment.—Brisk faradisation will frequently restore the sensation to anaesthetic areas, and has a very marked effect on some of the forms of paralysis. Where there is much exhaustion, galvanic baths appear to give relief.

Some patients express themselves as much benefited by the sparking of static electricity, but it is perhaps a question whether the effect is not more moral than physical.

Hydrotherapy.—The application of douches to the spine, in the form of jugs of tepid water about 70° to 80° F., are sometimes useful, especially in cases in which there is marked insomnia.

Local Treatment.—In applying faradism to a paralysed limb, one pole should be applied to the trunk, and with the other the limb should be stroked, either with a wet electrode, or, if there be much anaesthesia, the wire brush. The effect of this is often magical, and the result permanent.

The effect of metals applied to the skin is sometimes very marked, but metallography has not been much resorted to in this country. It is probable that some of the so-called electropathic belts have produced effects in this manner, rather than by any electrical properties they may possess. The curious phenomenon of transference of the "stigma" to the opposite side of the body is brought about by the application of magnets to the affected part. This may be the first step in the cure of the disorder.

Treatment of the Paroxysm of Fit.—The milder forms of hysteroid convulsion may often be cut short by appropriate methods. Supra-orbital pressure, by which the superior branch of the fifth nerve is irritated, sometimes stops the fit. This, however, is a somewhat brutal method. The effect of deep pressure in the iliac region (so-called ovarian) has been discussed above.

A harmless and often very effective method is that of temporary suffocation. The mouth and nose are forcibly closed till the patient begins to fight for breath; on sudden removal of the obstacle to respiration the patient frequently, with a deep sigh, returns to consciousness.

Faraditic stimulation to the hands may also cut short the attack. The effect of a hypodermic injection of ammonia is said to be very certain, but it seems to be a somewhat heroic form of treatment.

I am inclined to think that a hysteroid attack is best left alone to run its course. I have been able to cut it short in some instances, but there is always a tendency to relapse. All that is really necessary is to see that the patient does not damage herself by the violence of the convulsive movements.

Drugs.—The bromides in moderate doses (5 to 10 grains) are nearly always beneficial in my experience, and produce a marked effect on the convulsive attacks, though this, I am aware, is not the general opinion. The anti-spasmodics may be given with bromide, and the most useful are valerian, valerianate of zinc, and camphor, but of course there are many others.

Quinine, iron, strychnine, and arsenic are among the tonics most in use.

The headache that often precedes a hysteroid attack, and may also follow it, generally yields to antipyrin, or the phenacetin group, and, in fact, the attack may often be completely prevented by the timely use of these drugs.

Conversazione in Celebration of the Centenary of the Abernethian Society.

ON MAY 1st the Abernethian Society gave their long-talked-of conversazione, and although big promises were made by the committee appointed to make the necessary arrangements, the result far overtopped every one's expectations, both as regards its magnitude and the smoothness with which the programme was carried out.

Visitors on arrival were received by the Presidents at the top of the grand staircase, and proceeded to the Great Hall, where refreshments were served, and where the band of the Grenadier Guards played during the whole evening under the direction of Lieut. Dan Godfrey.

The picture of Abernethy in the Great Hall was draped with flags, and in front of it was arranged a large and most interesting collection of letters and other objects of interest in connection with Abernethy, chiefly lent by Mr. and Mrs. Willett. There was a further collection of curiosities, including some New Zealand and Samoan weapons, some of Jenner's hair, and many other objects of great interest.

THE ANATOMICAL THEATRE.

At 9 p.m. a lecture was given by Dr. Norman Moore in the Anatomical Theatre upon "The History of the Abernethian Society." We understand that the lecture is in process of publication in pamphlet form, so that a brief notice here will be sufficient.

Dr. Moore traced the history of the Society from its foundation, and read many interesting and curious extracts from the old minute-books which he had on the table before him. Dr. Moore said that when the fiftieth anniversary was celebrated Sir James Paget—then Mr. Paget—had addressed the Society, and wished that their success might be maintained to the celebration of their full centenary. He hoped that Sir James would be present before the conclusion of the lecture in order that he (Sir James) might personally congratulate them on the fulfilment of his good wishes given fifty years before.

Almost immediately afterwards Sir James entered the arena of the theatre from the door behind the lecturer, and was received with tremendous enthusiasm.

At the conclusion of the lecture Sir James made a speech congratulating the Society on its great success hitherto, and hoped that their success in the future might be even greater.

At 10 p.m. Dr. Kandiah gave a short lecture on "Microbes" in the Anatomical Theatre, illustrated by lantern slides belonging to Dr. Klein's unrivalled collection. He described the various forms of organisms met with, and then proceeded to tell of their products. Some manufactured pigments, others gas, others light, and yet others disease. The latter, or pathogenic organisms, were then more carefully described and illustrated. Some one hundred slides were projected on the screen, the lantern being most excellently worked by Goffé, so that specimens succeeded specimen without a hitch. The lay mind seemed to be especially cheered by a comparison of two plates of gelatine exposed to the air on Wandsworth Common and in Oxford Street respectively; the former contained a few organisms, while the latter was almost obscured by them.

THE MEDICAL THEATRE.

Dr. Lewis Jones showed a series of vacuum tube experiments, to illustrate the phosphorescence of different bodies under the action of the spark discharge, also an apparatus giving high frequency discharges at high potentials. Many of the more striking effects shown by Tesla and by d'Arsonval were illustrated,—as, for example, the illumination of vacuum tubes without electrodes, and the glowing of bulbs held in the experimenter's hand or in the neighbourhood of the apparatus. Visitors had the opportunity of testing the small physiological effect of the spark discharges of the high frequency coil and by closing the circuit through their arms, and of seeing the remarkable experiment of an incandescent lamp glowing between the hands of two persons, whose bodies conveyed the current to the lamp without feeling any shock. The high frequency coil apparatus was constructed by the experimenter himself. It was driven by means of a beautiful ten-inch spark coil, lent by Mr. Apps, of the Strand.

THE DISSECTING ROOM.

The Dissecting Room, which was re-christened for the evening "Anatomical Demonstration Room," was, to quote a member of the senior staff, truly a "whited sepulchre." It was extremely prettily decorated with bunting, flags, and shields; palms and flowering plants were placed in every available space. It is perhaps worth mentioning that cleansing and deodorant measures had been rigorously applied that the absence of the characteristic odour seemed to make us feel that we could not possibly be in a dissecting room. The walls were hung with a collection of pictures lent by the Autotype Company. The bijou orchestra played throughout the evening. The music was mostly of a popular character, and selections were given from most of the recent light operas. The Dissecting Room is an extremely good room for sound, and the presence of this band considerably increased the attractiveness of the room. There were excellent exhibitions of surgical instruments by Messrs. Arnold, Ferguson, Maw, Son, and Thompson, and Messrs. Down. It would be impossible to even attempt to give anything like a complete description of these. It will be sufficient to say that the collections were most exhaustive, and that all the latest inventions and improvements were shown. Messrs. Baker and Sons showed a micro-photographic apparatus, together with other microscopical instruments. Messrs. James Hicks, of Hatton Garden, showed some interesting meteorological apparatus, and various forms of clinical thermometers and other exhibitors. There was an interesting exhibition of drugs, especially prepared in a portable form, shown by Messrs. Burroughs and Wellcome. The St. John's Ambulance Association also showed some ambulance carriages and diagrams.

THE AMALGAMATED CLUB SMOKING ROOM.

The "Smoking Room" was set apart for AN EXHIBITION BY THE PHOTOGRAPHIC SOCIETY, and became one of the most attractive sections of the conversazione. The usually somewhat dingy and cheerless walls were hidden by a well hung series of framed photographs. The centre table was covered by unframed specimens, and the windows were similarly filled. The floral decorations were a welcome addition, and some standard lamps, kindly lent by the matron and sisters of the Hospital, completed the change from the normal appearance of the room, which is not particularly pleasing. A marked improvement upon previous exhibitions by this Society was the introduction of several incandescent gas jets, which rendered the show of pictures far more attractive than usual.

Among the most generally noticed and admired photographs were—"A Moonlight effect off Wicklow," by Mr. Fincham; Mr. Hepburn's series of Alpine photographs, with accompanying bromide enlargements—especially one of "Mountain Sheep"; Dr. Lewis Jones' "Thames Barges," "Mentone," and others. Dr. Tooth showed some fine bromides illustrating river scenes, and Messrs. J. P. and J. L. Maxwell were well represented by "Scottish Abbeys and Cathedrals," with other Caledonian views. Messrs. Pearson and Calvert showed a fine collection of Normandy views, and Mr. Hussey exhibited photographs taken near home in the shape of representations of the Hospital words, wherein it is more than probable that several of the spectators recognised their own counterfeit presents. Mr. Mawer showed some good portraits. "A Game of Chess," being specially worthy of notice; but it was a little disappointing to find this branch of the art not well represented. The fact is probably accounted for by remembering that the exhibition was entirely the work of amateurs—members of the Bart.'s Photographic Society,—and, of course, portraits are a professional speciality to a great extent. Still, we should like to see more attempts in this direction upon some future occasion.

The committee are to be congratulated upon the "hanging," which showed splendid taste and discrimination. In all, 270 photographs were shown. Among the exhibitors not mentioned above were Messrs. Womack, Coleman, Harder, Drury, and Amsden. Photographs of "cases" were conspicuously absent, probably on account of the mixed nature of the critics expected; otherwise we should have welcomed some specimens of the more serious work of the Society, as connected with the Hospital practice. "Realism," and the free depicting of it, are so fashionable nowadays, that such a step would have been quite *à fait*, but somehow we prefer the discretion of the Society as exemplified in their selection. There is room, however, for a special exhibition of "shop" photographs in the future.

THE LIBRARY.

During the course of the evening the members of the Hospital Musical Society sang some part-songs in the library under the able baton of their conductor, R. D. Metcalfe, Esq., Mus. Bac. The first piece was Sir Joseph Barnby's charming part-song, "Sweet and low," which was rendered effectively, and in excellent time and tune. This was followed by a madrigal, "Down in a flowery vale," by Constantius Pesta. This was also well sung, but hardly with sufficient vigour for so dramatic a piece, but possibly the story of the rejected lover so enlisted the sympathy of the choir as to prevent them throwing their wonted vigour into the singing of it.

At 9.30—so intimated the official programme—the choir were to sing two other pieces; but the crowd at Dr. Moore's lecture being great, and the means of egress from the Anatomical Theatre limited, those members of the choir who had gone to the lecture had considerable difficulty in finding their way back to the Library, and still more difficulty in fighting their way into that already packed and overflowing chamber, so that it was nearly ten o'clock before the curtain "rang up" and discovered the ladies and gentlemen of the choir ready to sing of the delights of "Love and Summer" (B. E. West).

The piece was followed by a very pretty arrangement of the old English story, "The Lass of Richmond Hill." As at Christmas, all the part-songs were unaccompanied, and, to the credit of the choir, it must be stated that, although singing in a room of very hard acoustic properties, they maintained their pitch in each of the pieces with perfect accuracy. Perhaps the choir was hardly sufficiently powerful for the room, as we heard that those at the further end of the Library could not hear very well; but we are inclined to think this state of affairs was rather due to the efforts of those who persisted in talking throughout the singing of the various pieces.

A Bartholomew's Hospital choir is always a most picturesque and pleasing sight, and is always well received by the audience; and

this occasion was no exception to the rule, and the audience showed their hearty applause that the singing was thoroughly appreciated.

In response to the invitation of the Abernethian Society, the St. Bartholomew's Hospital A. D. C. kindly gave a performance at 10.45 p.m. in the Library.

The play chosen was J. Maddison Morton's farce, "A Regular Fix," in a shortened form.

The selection was a happy one, for in addition to the fact that the farce is extremely funny, it is a piece in which one of the earliest successes of the Club was made.

The Library was filled to overflowing. Indeed, many of the guests being unable to find standing room, had to content themselves with remaining outside in the lobby, where they could see and hear nothing.

The cast was as follows:

Hugh de Brass	...	...	Mr. J. BOYAN.
Mr. Surplus (a lawyer)	...	...	Mr. F. J. CLOWES.
Mr. Charles Surplus (his nephew)	...	...	Mr. J. K. BRIDSEVE.
Abel Quick (his clerk)	...	...	Mr. C. H. R. PROVIS.
Smiler (his bailiff)	...	...	Mr. B. J. COLLYER.
Emily (his niece)	...	...	Mr. B. W. HOLMES.
Mrs. Carter (his housekeeper)	...	...	Mr. J. C. POWELL.

The stage manager of the Club gave a very able representation of Hugh de Brass, especially when freed from the restraint of the somewhat unnecessary incidental music, excellently played, however, by Mr. H. J. Paterson, during the opening scene.

Mr. J. K. Birdseye raised the small part of Charles Surplus to importance by his clever impersonation, marred only by somewhat too quick a delivery. Messrs. F. J. Clowes and C. H. R. Provis afforded good support, as Mr. Surplus and Abel Quick.

Mr. J. C. Powell as Deborah Carter was laughable. Mr. B. W. Holmes was possessed of a ladylike carriage, but he had not gauged the acoustic difficulties of the room.

Mr. B. J. Collyer, as the unwashed smiler, spoke out well, and looked quite villainous.

THE PHYSIOLOGICAL LABORATORY.

The exhibit in the physiological laboratory was confined to such experiments and objects as were likely to be of some popular interest.

In the first place, a Du Bois Raymond induction coil was arranged with the electrodes from the secondary coil dipping into baskets of brine, so that the nature of the single induction shock and interrupted current could be illustrated. Adjacent to this was arranged a muscle-nerve preparation on a simple crank myograph, recording on a drum which in its revolution automatically stimulated the muscle, and thus by a series of superimposed curves the nature of fatigue of muscle was demonstrated. The new continuously recording apparatus made especially for the Physiological Laboratory was also exhibited. On one of the side benches were shown a number of sphygmographs and cardiographs, and these were frequently tested during the evening.

The effect of acids and alkalis on some of the aniline dyes, such as methyl orange, indyl violet, Congo red, and phenol-phthalein in promoting various changes of colour, evoked much interest amongst many of the lady visitors; and an experiment in which expired air was allowed to pass through an alkaline solution of phenol-phthalein demonstrated in a simple manner the nature of carbonic acid.

The circulation of the blood in the web of the frog's foot was exhibited, and a number of histological specimens demonstrating the appearance of various kinds of woven fibres, sections of teeth, bone, sensory organs, starch grains, and others were shown.

The colour-mixer gave many an opportunity of understanding the nature of complementary colours; and spectrosopes arranged to show ordinary yellow light and the absorption spectra of blood and chlorophyll assisted in explaining the production of colour. Altogether the exhibit in the Physiological Laboratory seemed to be regarded as both instructive and interesting.

THE PATHOLOGICAL LABORATORY.

Dr. Klein and Dr. Kanhack exhibited a complete series of pathogenic and non-pathogenic micro-organisms. On the centre table there was an array of tubes containing full cultures on gelatine or agar-agar of various important or interesting bacteria. To begin with, there was a series of pigment-forming organisms; these were succeeded by two comparative sets of tubes, demonstrating the differences between the bacillus of enteric fever and the *Bacterium coli-commune*. There was also a good collection of organisms obtained from food—"as, for instance, bacilli from pork and veal pie, bacilli of gastric disease, wine fever, and fowl enteritis. A long list of tubes was completed by bacteria causing disease in man, among which the following were especially notable:—bacillus of tetanus and the bacillus of malignant oedema, ob-

tained from the Bart.'s Square before the steam rollers were introduced; various forms of cholera, spilt from Gravesend, Beaulieu, Masselney, and Bukovina. On another table the apparatus required for the study of bacteriology was shown. Striking and interesting were the means employed for the cultivation of anaerobic germs, *i.e.* germs refusing to grow in an atmosphere containing oxygen. The same must be said of the apparatus used for the demonstration of the effect of direct sunlight on bacterial life, by which it can be shown that the rays of the sun destroy the microbes and their spores, and that the spectral colours vary in their germicidal value, blue being most active. A beautiful series of microscopic specimens, mostly prepared by Goff, the Laboratory assistant, proved an attraction, and especially the specimens demonstrating the battle of the leucocytes against the bacteria. "Ernest" exhibited pathological microscopic specimens of high order, and "Frank" the triumphs of his glass-blowing. The Laboratory was prettily decorated, but most visitors passed by the pictures and caricatures of eminent pathologists exhibited on the walls.

THE MUSEUM.

In addition to the specimens of morbid and natural anatomy, which in themselves afforded objects of considerable interest to the laity as well as to the profession, the Museum was decorated with models of ambulances and other appliances kindly lent from Netley Hospital, and also by an exhibition of field appliances from Messrs. Evans and Wurmf. The thanks of the Abernethian Society and the Hospital in general are due to Professor Stevenson, of Netley, for his kind assistance and readiness to help by lending anything of interest, and also to Messrs. Evans and Wurmf. for their excellent and interesting exhibition of field appliances.

Among the more interesting of the Netley exhibits may be mentioned the model of the plan of operations for conveying and attending the sick during an engagement. Models of the Collis Dandy and the Morley Collis Dooly, the adopted means of carrying the sick in India, as well as some books showing the effect of the Lee-Metford rifle bullet at a 50-yard range, were also exhibited.

Messrs. Evans and Wurmf. exhibited, amongst other things, the two field panniers adopted by Government, a field and base fracture box, a surgical harness, a dressing-case, and the regulation stretcher. The field panniers contain all that is required in a field hospital; and it was remarkable, considering their small size and weight, how much was packed away.

The exhibition in the Museum seemed particularly interesting to the Nursing Staff, who handled and carefully examined the contents of the field panniers.

THE BIOLOGICAL LABORATORY

In the Biological Laboratory there was an interesting series of microscopic specimens showing Hydrozoa, Crustaceans, Fungi, and organs from Insecta, Mollusca, Echinodermata, prepared by Messrs. Groves and Morland. Instruments illustrating the process of preparing, cutting, and mounting sections were on view, together with an exhibition of specimens from the Pharmaceutical Society, and microscopical exhibitions by Messrs. Stanley, of London Bridge, and Messrs. Swift and Son, of Tottenham Court Road.

THE ABERNETHIAN READING ROOM was open during the evening as a Smoking Room.

THE CONVERSATION COMMITTEE consisted of the following members of the Society:

Alfred Willett, F.R.C.S.; Anthony Bowby, F.R.C.S.; T. W. Shore, M.D., B.Sc.; W. H. Cross, B.A.; W. H. Maidlow, M.D., F.R.C.S.; E. W. Cross, M.R.C.S., L.R.C.P.; J. S. Sloane, M.B.; H. B. Meakin, M.B.; R. H. Bremridge, B.A., B.Sc.; H. D. Everington; Secretaries—F. A. Smith and T. Ashby Barron.

Abernethian Society.

At a General Meeting of the Society held on May and, 1895, the following gentlemen were elected Officers of the Society for the Session 1895-6.

Presidents.—Mr. H. B. Meakin, Mr. J. K. Murphy.
Vice-Presidents.—Mr. S. Gillies, Mr. F. A. Smith.
Treasurer.—Mr. Alfred Willett.
Secretaries.—Mr. R. H. Bremridge, Mr. W. R. Stowe.
Additional Committeemen.—Mr. J. A. Willett, Mr. A. L. Ormerod.

The Annual View Day.

THE second Wednesday in May brought with it the Annual View Day in 1895, as it has done for so many years in the past.

By pushing on the work the Hospital authorities just managed to get the rearrangement of the square completed in time for the occasion. There is no doubt that the changes have been a great improvement. The "gardens" beneath the trees were at their best but poor affairs, and when not at their best were more than ugly. No one will regret their loss, while every one is agreed that the seats under the trees are a distinct advantage.

All the wards were decked with flowers and thrown open to the crowds of visitors. It appears that an official request had been made to the Sisters asking them not to allow such extensive decoration as had hitherto been customary, on the ground that it was excessive, and involved the waste of a great deal of time and not a little money. Hence the wards presented a very different appearance from that which they displayed last year. The same careful arrangement and excellent taste were, however, seen in all the wards, and though there were fewer flowers the effect was very pretty. The general opinion seemed to be that Martha held the first place with a beautifully planned contrast of red and white; the ward lends itself to decoration, and every advantage is taken of this fact, which perhaps gave it a pull over the others.

To mention special wards is, however, unfair, since all were so pretty.

The official tour of inspection was carried out in the customary manner—the stereotyped official questions were asked in each ward in turn, and received the same stereotyped answers. After the inspection came the arrival of visitors, who were well supplied with tea and its accessories in the different wards.

Some men were heard to deride the "use" of View Day. It may be that few if any of its original purposes are served, but inasmuch as it constitutes a general show day for the Hospital, when friends can be shown over without interfering in any way with the working of the Hospital, and because it is an old and ancient custom of the oldest Hospital, we trust that the Annual View Day will always have a place in the Hospital Calendar.

THE VIEW DINNER.

At a quarter to seven in the evening the View Dinner was served in the Great Hall, the diners consisting of the Treasurer, Governors, Staff, Resident Staff, and Prize Students.

After the dinner the Treasurer proposed the health of the "Queen and Royal Family," and stated that the Prince of Wales had intimated his intention of paying a visit to the Hospital during the coming year, but that the Prince preferred to come on some every-day occasion when he could see the ordinary working of the Hospital. This announcement was received with tremendous cheering, and the toast was enthusiastically drunk.

The next toast, "Prosperity to St. Bartholomew's Hospital, and Health and Ease to the Poor Patients," was also proposed by the Treasurer in a most interesting speech.

Sir Trevor first paid a tribute to the memory of Sir William Savory, whose election time after time to the Presidency of the Royal College of Surgeons was, he believed, a unique honour. He further expressed his regret, which was heartily endorsed by every one present, that the age-limit had necessitated the retirement of Mr. Power from the Visiting to the Consulting Staff. He congratulated the authorities on having secured so able a successor.

In commenting on the past year the Treasurer mentioned a diminution in the numbers of the casualty patients as compared with the phenomenal numbers of 1893. This diminution he attributed to a wet summer, which had often been noticed to cause a falling off in the numbers.

The New Operating Theatre was mentioned, together with its unfortunate, but happily not serious, fire, due to the non-observance of a wooden screen near the fireplace, which showed the risk of pulling about old buildings of which detailed plans were not in existence.

The Hospital was congratulated on the foundation of the post of Pathologist, and still further on its good fortune in securing the services of so able a man as Dr. Kanthack.

In regard to the future, that most interesting topic the lighting of the Hospital, was fully explained. The present annual cost of lighting the hospital is £2000; to light the hospital with electric light, taking the current from the mains already in Smithfield, would exactly double the cost, while for the hospital to produce its own electricity would involve an initial outlay of £16,000, but would result in ultimate economy. It had been decided to adopt one of these plans, unless "incandescent gas-light," or "the light of the future," as it had been called, should prove to be superior. As soon as that question was decided the work of improving the lighting of the hospital would be commenced.

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Sir Trevor informed the company that £3600 had been allocated to the improvement of the small house property in the possession of the Hospital, which would in future be under direct supervision; this would maintain the good name and reputation of the Hospital. The receipt of a legacy of £10,000 was announced, which would have been much more but for the very heavy legacy duties. The Nurses' Home, which Sir Trevor said he never entered without being ashamed of it, was to come in for improvement, and he hoped that when our friends and neighbours of Christ's Hospital made up their minds to secure a new site, enough ground would be obtained at a moderate cost to enable an entirely new home to be built. The Staff, he said, owed a debt of gratitude to the admirable Nursing Staff, which was second to none. The first-class certificate of St. Bartholomew's Hospital was known all over the world, and a nurse who held it could make her way anywhere. His only regret was that, owing to the close relation in which the Nursing Staff were brought with the Junior Staff, the more eligible members were so often married off.

In conclusion Sir Trevor, amidst continued applause, said how glad he was to see Mr. Mark Morris, who had served the Hospital for over half a century, and whom he (Sir Trevor) had known for forty years, still occupying the vice-chair.

Mr. CRUMP, O.C., proposed the health of the "Medical and Surgical Staff," which was replied to by Dr. Church and Mr. Willett.

Dr. CHURCH thanked the authorities for their liberality, which allowed the Staff everything they could ask for for the sick poor. He pointed out the close way in which the Hospital and Medical School were intertwined; and, referring to the remuneration of the teachers, said that if the existing circumstances continued to operate they would very soon have to pay for the privilege of being members of such a teaching staff.

Mr. WILLETT expressed his hope that a Chair of Science would soon be endowed. He regretted the absence of Mr. Thomas Smith, with the humour which Mr. Smith always introduced. He congratulated Mr. Smith on the great distinction which our Sovereign had so lately put upon him. Mentioning our loss of Sir William Savory, he described him as an "example to every member of the Staff." The New Operating Theatre, he said, was a very great advantage to the Hospital, and he attributed the credit of it, as regards the details of his fittings, almost entirely to Mr. Butlin.

Mr. WILLETT proposed the health of "The Treasurer," to which Sir Trevor replied, proposing in turn the health of "The Almoners of this Hospital."

Mr. BICKERSTAFF responded, and proposed "The Visitors," Lord Justice Lopes replying in a humorous speech.

Professor ROOKER, F.R.S., proposed the last toast, "The Prizemen." Mr. Sloane replied for the Prizemen, and the company separated.

During the intervals between the speeches several violin solos were admirably played by Mademoiselle Freda Scotta.

Notes.

A NEW EDITION of Mr. Bowby's 'Surgical Pathology and Morbid Anatomy,' if not already published, will be ready in a few days.

IT IS ANNOUNCED that Dr. Edkins, Demonstrator of Physiology, has been appointed to lecture on Chemical Physiology to advanced students during the present Summer Session. Dr. Edkins has made this branch of Physiology a special study, and his lectures will no doubt be highly appreciated.

WE ARE GLAD to observe that the Medical School authorities are paying special attention to the applications of Chemistry in Physiology and Pathology, in instituting the

course of demonstrations by Dr. Kanthack on Chemical Pathology, and the advanced course of Chemical Physiology by Dr. Edkins.

Dr. E. J. TREASURYVALA has been appointed Assistant Electrician to the Hospital.

THE WILL of the late Sir William Savory has been proved, the gross personalty being £93,194 19s. 4d.

Dr. CLAYE SHAW has been appointed Examiner in Mental Physiology in the University of London.

Dr. J. CALVERT, Dr. F. W. Andrewes, and Dr. W. H. Hamer have been elected Fellows of the Royal College of Physicians.

THE SENIOR SCHOLARSHIP has been awarded to E. C. Morland.

AT THE LAST MEETING of the St. Bartholomew's Hospital Nurses' Debating Society we hear that a lively debate took place on the motion, "That the extension of the franchise to women would be beneficial to the State;" and that, although the meeting was not unanimous, the motion was carried by a large majority. Some people never seem to be happy unless engaged in some agitation or other, but we confess we cannot understand this frame of mind. Women's sphere is the domestic hearth, and not the political arena. If they had votes, we wonder what the nurses would do with them! Do they know themselves?

THE NEW ELEMENT, argon, is not quite so inert as was at first supposed. The discoverers of this body could not induce it to combine with any ordinary substances, but M. Berthelot has at last shown that it forms compounds with benzene, and under the influence of silent electrical discharges it is capable of forming new combinations with other hydrocarbons. It thus bears a striking resemblance to nitrogen, which was shown some years ago to be capable under similar conditions of combining with benzenes and with carbohydrates. Are we yet sure it is *not* nitrogen?

WE WONDER how much longer the hospital authorities will permit the almost intolerable nuisance in the shape of cats, which make our square a prowling ground by night. Not content with the square and ward staircases, they invade the college and house surgeons' quarters, and disturb the hard-earned rest of some poor weary officer by their hideous yells. From a sanitary point of view, too, cats are out of place in a hospital, and there is no doubt that they can and do carry infection. When it is considered best to supplant the merino dresses of the sisters for "washing" ones, as being more aseptic, it would seem logical to suppress the cats also.

SURGEON-CAPTAIN WHITCHURCH, I.M.S., whose heroic conduct is spoken of in such glowing terms in the diary of Dr. Robertson on the defence of Chitral, is a "Bart's man." Surgeon-Captain Whitchurch performed the gallant and daring act of carrying Captain Baird into the fort under heavy fire from the enemy when Captain Baird had been mortally wounded. We are proud that such a gallant officer should be found amongst the alumni of St. Bartholomew's.

THE JUNIOR SCHOLARSHIPS have been awarded to—(1) S. R. SCOTT; (2) F. C. BORROW and H. G. WOOD-HILL (*æq.*).

DR. S. J. HICKSON, Professor of Zoology at Owens College, has been selected by the Council for election to the Fellowship of the Royal Society.

IT IS with the greatest regret that we hear of the sudden death of Sir George Buchanan, M.D., F.R.S., who was the father of Dr. G. S. Buchanan, and preceded Dr. Thorne-Thorne as Principal Medical Officer to the Local Government Board.

A BILL to give effect to the recommendations of the Gresham University Commission, appointing a Statutory Commission to reform the University of London, was introduced into the House of Lords on Thursday, May 9th.

IT HAS BEEN DECIDED that there shall be a dinner after the Past *v.* Present match opening the Club ground on June 8th. The dinner will take place at the Holborn Restaurant. The tickets will be 4s. Present and Past Bart's men who wish to attend should apply to the Secretary of the Amalgamated Clubs as soon as possible.

THE CONTINUATION of Dr. Lewis Jones' paper on Paralysis of the Upper Extremity will appear in the next issue.

AT THE MEETING of Convocation of the University of London on May 14th, Mr. Bompas' motion to rescind the three resolutions passed at the last Meeting of Convocation, was negatived by 117 to 238.

AT THE election for the Annual Committee Dr. Shore and Mr. Waring were re-elected.

THE DATE of the Annual Summer Concert given by the Junior Staff and the Musical Society has been fixed for Tuesday, June 25th.

Past members of the Junior Staff desiring tickets are requested to communicate with one of the Hon. Secs.; Mr. H. J. Paterson and Mr. R. Sevestre.

ALL PAST Students who wish to play in the "Past *v.* Present" Cricket or Tennis Matches on June 8th are reminded to send their names at once to H. Bond.

Amalgamated Clubs.

NEW MEMBERS.

C. R. A. Grimshaw.	C. L. Chalk.	A. K. Pollock.
G. M. Seagrave.	W. P. Miles.	A. T. Compton.
H. C. Adams.	A. F. Thomas.	J. A. Lloyd.
P. M. Perkins.	J. F. Robertson.	D. A. H. Moses.
J. C. P. Henning.	H. W. Park.	H. E. Ashley.
H. N. Marrett.	E. E. Schlosser.	E. W. N. Guinness.
R. Thorne-Thorne.	A. H. Bostock.	J. K. N. Marsh.

FINANCE COMMITTEE.

A SPECIAL MEETING of the Finance Committee was held on Thursday, May 2nd, when general arrangements for the pavilion and ground were discussed. It was decided to arrange for practice in high jump, putting shot, throwing hammer, and hurdle racing. Arrangements for the supply of refreshments, &c., were also made.

THE CLUB GROUND AT WINCHMORE HILL.

THE Club Ground is now available for cricket and tennis, and arrangements have been made with the Great Northern Railway by which members can obtain return third-class tickets at reduced fares on applying at the booking offices and showing their cards of membership. The arrangement applies to the following stations, and the fares are as under:

Farringdon Street	11d. return.
King's Cross	10d. "
Holloway	8d. "
Finsbury Park	7d. "
Harringay	6d. "
Hornsey	5d. "
Wood Green	4d. "

CRICKET CLUB.

THE prospects for this season are fairly bright, and there is every reason to expect a team at least as good as that of last year, if not better. At present there seems to be a lamentable want of good bowlers, and it may be safely said that any Freshman who turns up regularly on the new ground at Winchmore Hill, and shows good form with the ball, will have a very good chance of representing the Hospital in the Cup Competition.

The ground is now open for practice, and the 4.4 p.m. and 4.40 p.m. trains from Farringdon Street are very convenient for those who are working hard, and will get them down in ample time for practice at the nets. The first match at home is against the M.C.C. and Ground, when it is hoped that there will be a good attendance of men on the ground to cheer on the team.

H. Bond has been elected captain of the 1st XI for the season, and J. Johnston captain of the 2nd XI.

There are twelve 2nd XI matches this year, so that there will be a much greater chance than usual of playing for those men who do not get into the 1st XI.

The formal opening of the ground will take place on June 8th, when a match between the Past and Present of the Hospital will take place. There are three or four well-known names already down for the Past eleven, so that the match will probably be in every way a good test of the strength of the team.

It is very difficult for the secretaries to find men out, unless they turn up on to the ground, so that if any men who have been overlooked will make themselves known to the captain or secretaries, they will save a great deal of trouble. It is proposed to hold one or two practice games this month, in order to discover fresh talent, and especially bowlers.

The following are the Officers of the Cricket Club for 1895:

President.	
DR. CHURCH.	
Captain 1st XI.	Captain 2nd XI.
H. BOND	J. JOHNSTON.
Hon. Secretaries.	
F. H. NIMMO.	E. F. ROSE.

Committee.

J. F. FERRIE	F. W. CROSSMAN
A. H. SNEY	J. W. NUNN
E. G. SIMMONDS	G. C. MARRACK
J. A. WILLETT.	

MATCH LIST.

Saturday, May 4th,	4th, R. I. E. C.	at Cooper's Hill.
Wednesday, "	11th, St. John's School	" Leatherhead
Saturday, "	15th, M.C.C. 2nd Ground	" Winchmore Hill
" "	18th, Southgate	" Southgate.
" "	25th, Hornsey	" Winchmore Hill.
Thursday, "	30th, Crystal Palace	" Crystal Palace.
Saturday, June 1st,	1st ELEVEN.	
Monday, "	3rd,	
Thursday, "	6th, Clapton	" Clapton.
Saturday, "	8th, Past <i>v.</i> Present	" Winchmore Hill.
" "	15th, Enfield	" "
Wednesday, "	19th, Ealing	" Ealing "
Saturday, "	22nd, Barnet	" Barnet.
" "	29th, Bishop's Stortford	" Bishop's Stortford.
Friday, July 5th,	5th, Hornsey	" Hornsey.
Saturday, "	6th, Fox, Esq., XI	" Away.
" "	13th, Southgate	" Winchmore Hill.
Wednesday, "	17th, Clapton	" "
Saturday, "	20th, Nondescripts	" "
	2ND ELEVEN.	
Saturday, May 18th,	Barnet	at Barnet.
Wednesday, "	22nd, Winchmore Hill	" Winchmore Hill.
Saturday, "	25th, London Hosp. (2nd XI)	" Lower Edmonton.
Monday, June 3rd,	Pembury	" Pembury.
Wednesday, "	5th, Guy's Hosp. (2nd XI)	" Honor Oak.
" "	12th, Blackheath School	" Blackheath
" "	19th, Univ. Coll. School	" Winchmore Hill.
Saturday, "	22nd, Berkhamsted School	" Berkhamsted.
" "	July 6th, St. Thos. Hosp. (2nd XI)	" Winchmore Hill.
Wednesday, "	10th, Guy's Hosp. (2nd XI)	" "
Saturday, "	13th, Southgate	" Southgate.

NOTICE. The Secretary of the Cricket Club will be very glad to receive the names of any old Bart's men wishing to represent the Past *v.* Present on June 8th at the opening of the new ground at Winchmore Hill. The committee to select the team will meet shortly.

What are Dreams?

IT happened the other day to come across the following statement in a newspaper, and the reading of it set us thinking on the question—What are dreams?

"Mr. J. J., a retired police officer and School Board official, in receipt of a pension from both services, living at Greenwich, has a slaughter-house at the rear of his premises, but inasmuch as the County Council declined to renew his licence, he made up his mind to build a cottage in the place of the slaughter-house. Mr. M., builder, was about to commence operations, but asked Mr. J. to allow him to postpone the work for a week. This was granted, and Mr. J., meanwhile, thinking a good deal of the matter, dreamed one night that he had found a bag of money between the outer wall of the slaughter-house and the inside match-boarding. He happened to mention the dream to his wife, who had been the widow of the previous occupier of the premises, and she remembered that on one occasion, some twenty-five years ago, her husband lost a bag of money in the slaughter-house, and that, notwithstanding a diligent search, it was never found. Mr. J., who had not heard of the loss before, at once set to work to unearth the treasure, and having pulled down the match-boarding, he came upon a worm-eaten bag which proved to contain twenty-one sovereigns, two butcher's knives, and other articles. Mr. J. supposes that the bag was placed upon a small shelf and slipped down between the outer and the inner walls."

The occasional occurrence in the newspapers of some such passage as the above shows that the superstition which in former times was attached to dreams still lingers. We read in history of instances in which dreams were believed to be prophetic, or were regarded as revelations from the Deity. Every one knows the old biblical story of Joseph as the interpreter of the dreams of Pharaoh's servants. We have all read

of the dream of Joan d'Arc, and of the divine message supposed to have been conveyed by it. It is curious that even now, in this practical age, many still have a feeling of something supernatural about dreams. We suppose it is because their nature is only ill understood, and that with ordinary folk some mystery is still attached to them. We will, however, try to give some sort of answer to the question, and at once assume that the actions of what we call the mind are functions of the brain, and that all manifestations of consciousness result from metabolic activity of the cerebrum.

Man normally lives in two extreme states with respect to consciousness—the waking and the sleeping. As everyone knows there occurs an alternation between these two states. In the normal man the waking state is characterised by full consciousness, and the possession of those faculties which we call thought, memory, reasoning, judgment, volition, and the like. In true and complete sleep the whole of these normal attributes of the mind are in abeyance.

The two extreme states above referred to, consisting as they do of full functional activity of the brain on the one hand, and its diminished functional activity on the other, are associated with variations in blood-supply. The brain is, like every other organ, subject to variations in functional activity, concomitant with alterations in metabolism and in vascularity. During sleep the brain is anemic, but whether this condition is a cause, or an effect, or a concomitant merely, of sleep, it is difficult to say. The phenomena of sleep are found in an exaggerated degree in the hibernation to which cold-blooded animals are subject; in them the advent of the diminished temperature of winter depresses tissue-change, not only of the nervous, but also of the muscular and glandular organs. In hibernation the activity of the respiratory centre is either wholly in abeyance, or only occasional impulses proceed from it to the respiratory muscles, and the heart beats slowly and infrequently. The periodical loss of consciousness and depression of functional activity in hibernating animals is of the same nature as the daily rhythmical decrease of activity in man, but in sleep the phenomena though not confined to the cerebral organs affect them most. In sleep the molecular activities of all the tissues are somewhat depressed, the pulse is slower, the breathing less rapid, the muscles relaxed, the secreting organs and metabolism decreased, and the temperature is lowered. It is difficult to explain the diurnal periodicity which characterises the alternation of sleeping and waking. It is, we imagine, to be sought in connection with alterations in the extent of the molecular changes which are constantly taking place.

There are, however, many analogies. There is, first, the rhythmic systole and diastole of the cardiac muscle, associated as they are with changes in the heart's metabolism; and we have the periodic increases and decreases of blood pressure, which are seen in the Traube-Hering curves. In all these cases the state of relative quiescence is due to exhaustion after the preceding phase of action, and in each case the period of repose is characterised by an increase of constructive or anabolic changes preparatory, as it were, to the succeeding onset of explosive activity.

But to return to our subject. Let it be assumed that sleep is due to changes in molecular motion of the brain particles associated it may be with altered blood-supply. Just as there are varying degrees of functional repose of other organs, so of the brain—we have numerous intermediate states of consciousness between waking and complete sleep, such as dreaming, the sleep vigil, somnambulism, and the like. Some have doubted whether during sleep the cerebrum is ever absolutely quiescent, and say that a certain amount of brain activity—akin to dreaming—is always present. That thought may continue during sleep is fully admitted. It is seen in those cases in which some difficult problem that has engaged attention just prior to sleep has been found to be solved in the morning without the individual having any recollection of it. Thought and reasoning, as apart from consciousness or volition, may go on during sleep. This is unconscious cerebration.

The "mind" is made up of a heap or collection of PERCEPTIONS, of which we may distinguish two main classes: IMPRESSIONS and IDEAS. Impressions include (a) all our sensations, which we call sight, hearing, smell, taste, touch, and resistance, or muscular sense; (b) our feelings of pleasure or pain; and (c) our sense of the relation of our sensations to each other, i.e. their co-existence, their succession in time, and their similarity or dissimilarity. All these impressions are innate, they are produced by the molecular changes taking place in the organ of the mind, the cerebrum, in response to the stimulus of some external and unknown cause.

Ideas, on the other hand, are images or reproductions in memory, thinking or reasoning of antecedent impressions of any or whatever kind. A simple idea is a faint but more or less exact copy of some preceding impression. A complex idea is one which we can resolve

into several simpler constituents, and in a complex idea the arrangement of the component simple ideas may not be the same as that of the antecedent impressions of which they are the copies.

The molecular changes in the nerve cells of the cerebral substance which produce the states of consciousness called "impressions" are the result, then, of some external stimulus; with the advent of the stimulus they quickly reach a maximum intensity, followed by a rapid disappearance on the removal of the stimulus. But there is something more than this—the cerebral cells, after a stimulus has once reached them, are more or less permanently affected. Upon this peculiar property of cerebral substance depends the function of the mind called *retentiveness* or *memory*, and it is by virtue of this property that *ideation*, or the generation of images of impressions or groups of impressions is possible. Impressions once received can be easily revived again by stimuli more or less different from those to which they owe their origin. It is in this way that dreams are produced.

Dreams occur when the sleep is not too profound—when, in fact, consciousness is sufficient for the perception of ideas, but not for the proper appreciation of impressions. In the dreaming state, volition, reasoning, judgment, and self-consciousness are generally abolished. Released from the controlling influence of the will, reason, and judgment, ideas run riot, as it were, and succeed each other without intermission and irrespective of former relations of co-existence and succession. Thus it follows that in dreaming, ideas assume new and grotesque shapes, often bearing only an imperfect resemblance to the simple antecedent impressions out of the ideas of which they are compounded.

Although often in the dreaming state, the brain is either wholly unconscious (or very imperfectly conscious) of new impressions, yet this is not always so. In many cases it appears that some new yet faint or imperfectly appreciated impressions are inextricably blended with the totally different ideas, which either they or some other stimulus have revived. How frequently, in the experience of everyone, does a dream terminate suddenly in a sense of falling, or in an imagined thunderclap, and the sleeper awake only to find that he has rolled out of bed, or that some one is banging vigorously at the door!

Some say that dreams are of momentary duration—however long may appear to be the time they occupy to the dreamer,—and that the noise or other stimulus which awakens the sleeper is the exciting cause of the dream itself. It is, we think, quite certain that a stimulus of some sort is requisite to bring about those molecular changes in the cerebral cells upon which dreams depend. In sleep, we must remember, the inhibitory action of volition, reason, judgment, and other functions of the cerebrum is removed, and that not only is reflex action more marked, but the controlling influence of the higher faculties is absent. The stimuli, or as we may call them, exciting causes of dreams, may be classified thus—(a) causes, residing in or acting directly upon the cerebral substance itself; (b) causes acting through the blood, either by altering its quality or quantity, e.g. alcohol, cerebral stimulants, hashish, &c.; (c) causes resident in the individual, and acting as stimuli through the nerve channels, e.g. an overloaded stomach, or other sensations from internal organs; (d) causes dependent on the reception of stimuli from the external world, which though imperceptible as new impressions, may nevertheless revive antecedent impressions as ideas.

The factors in dreaming then, seem to be—(1) partial loss of consciousness. This must be (a) sufficient to abolish or greatly diminish volition, judgment and the higher mental faculties, i.e. to remove cerebral inhibition; (b) to greatly impair power of perception of impressions from the external world; (c) to abolish self-consciousness—but it must be inefficient to destroy ideation; (d) the presence of a sufficient stimulus.

Often the stimulus appears to consist of a continuance into sleep of the subject which engaged attention immediately before the advent of sleep, and around this topic the ideas seem to group themselves in new and wholly imaginary shapes. A good instance of this is found in Coleridge's "Kubla Khan," which he composed during sleep—if that can be called composition—in which the images rose up as things with a production of corresponding expressions without any consciousness of effort or of the external world. Just prior to falling to sleep in his chair, Coleridge was reading the following sentence in "Purchas' Pilgrimage": "Here the Khan Kubla commanded a palace to be built and a stately garden thereunto, and thus ten miles of fertile ground were enclosed within a wall." On awakening, Coleridge instantly set to work to write down the lines he had composed, but after writing a fragment was interrupted for an hour and found that he was then unable to complete it, for although he had a general idea of the purport of the vision, the rest of the poem had passed away.

"The shadow of the dome of pleasure
Floated midway on the waves;
Where was heard the mingled measure
From the fountain and the caves,
It was a miracle of rare device,
A sunny pleasure dome with caves of ice,"
&c. &c.

X. Y. Z.

Clinical Lectures for the Summer Session.

Medical.—Fridays, at 1 p.m.

May 10th.—Dr. Church.
" 17th.—Dr. Hensley.
" 24th.—Dr. Church.
" 31st.—Dr. Gee.
June 7th.—Sir Dyce Duckworth.
" 14th.—Dr. Hensley.
" 21st.—Dr. Church.
" 28th.—Dr. Gee.
July 5th.—Sir Dyce Duckworth.
" 12th.—Dr. Hensley.

Surgical.—Wednesdays, at 2.45 p.m.

May 15th.—Mr. Smith.
" 22nd.—Mr. Smith.
" 29th.—Mr. Willett.
June 5th.—Mr. Willett.
" 12th.—Mr. Willett.
" 19th.—Mr. Marsh.
" 26th.—Mr. Marsh.
July 3rd.—Mr. Marsh.
" 10th.—Mr. Rutlin.
" 17th.—Mr. Rutlin.

Appointments.

BUCHANAN, G. S., M.D., D.Sc.(Lond.), has been appointed Medical Inspector to the Local Government Board.

MORRISON, J., M.D.Lond., M.R.C.S., has been appointed Resident Medical Officer to the Queen Charlotte's Lying-in Hospital.

GRIFFITHS, G. BATHO, M.R.C.S., L.R.C.P., has been appointed an Assistant Surgeon in H.M.'s Prison Service, and is at present located at Portland.

Examinations.

THE FOLLOWING Bart's men have passed the First Examination of the Conjoint Board in Biology:—J. Perks, S. P. Trood, R. L. Thornley, K. Bigg, B. J. Boursot, T. W. Brown, H. B. Butler, G. E. Cathcart, R. T. Cooke, C. V. Cornish, W. C. Douglass, C. D. A. Downman, F. E. Everington, H. E. Flint, W. E. Graham, H. S. Greaves, F. B. Grenfell, W. G. Hamilton, J. D. Hartley, G. J. A. Leclozio, W. H. Leonard, J. C. Lewis, S. Neave, J. O'Hea, H. G. Pinker, A. B. Pugh, W. H. Randolph, C. C. B. Thompson, R. H. Vincent, R. Walker, J. A. West, E. Wethered, L. C. K. White, E. S. Wilkinson, H. C. Wood-Hill, R. E. H. Woodforde, D. Davies, S. Haig, H. R. Humby, J. D. Humby.

IN "RVNS," the following have been successful:—A. R. Baker, N. C. Beaumont, F. C. Borrow, H. Burrows, J. M. Cullyns, R. T. Cooke, C. N. Cornish, W. S. Danks, D. Davies, C. S. Frost, T. H. Gandy, H. Goodman, W. E. Graham, H. S. Greaves, P. B. Grenfell, T. B. Haig, J. D. Hartley, C. S. Howe, D. Jaaffreon, W. H. Leonard, J. C. Lewis, G. H. Low, S. Neave, J. O'Hea, A. B. Pugh, W. H. Randolph, E. Russell-Risien, S. R. Scott, J. J. S. Scrase, S. Stevens, H. S. Thomas, A. L. Vaughan, P. I. Vawdrey, I. A. Walker, A. J. W. Wells, E. Wethered, C. C. K. White, H. G. Wood-Hill.

A. W. C. LINDSAY has passed in Chemistry and Chemical Physics under old regulations.

IN MATERIA MEDICA AND PHARMACY under old regulations, H. Clarke, E. C. Corfield, C. H. G. France, E. Tyson, and N. Wakkie have passed.

IN ELEMENTARY ANATOMY AND PHYSIOLOGY, V. A. S. Bell, C. R. V. Brown, and F. P. du HORME have passed.

B. E. G. BAILEY, F. R. Eddison, C. S. Morgan, and A. W. S. Sheldon have passed the First L.S.A. in Anatomy and Physiology.

A. HAY and H. MORRIS have passed the First L.S.A. in Physiology.

IN ANATOMY AND PHYSIOLOGY of the Second Conjoint M. H. G. Fell, R. H. Lloyd, P. O. Gruber, W. T. Rowe, R. Raines, S. A. Millen, W. C. Long, A. J. McN. Cuddon-Fletcher, and G. C. Marrack have been successful.

H. C. HARRISON and A. J. Andrew have passed the Second Conjoint in Anatomy, and N. Buendia has passed in Physiology.

C. BUTTAR, M.D., D.C., E. G. Carpenter, L.R.C.P., M.R.C.S., H. J. Johnson, M.B.Lond., and G. P. Shuter, M.B., B.C., have passed the examination for the D. P. H. Cambridge.

THE FOLLOWING have passed all the subjects of the Final Conjoint, and have received their diplomas of L.R.C.P. and M.R.C.S.—G. V. Worthington, T. H. Butler, S. Gillies, F. W. Blackburn, T. P. Legg, J. E. Jones, J. S. Stevenson, W. E. N. Dunn, F. W. H. Groves, G. H. Lowry, M. G. Pearson, H. E. Thompson, W. G. Clark, M. W. S. Isacke, S. E. Rigg, J. H. Meacher, A. Woodward, T. L. Webster, H. Stanley, O. W. Owles, W. H. Horton, P. M. Burnett, P. E. Adams, E. J. Toye, and W. Norbury.

F. W. GALE has passed in Surgery at the Final L. S. A., and J. W. F. Graham has passed in Forensic Medicine.

IN CHEMISTRY and PHYSICS under new regulations at the Conjoint Board the following have passed:—W. P. Dyer, A. H. Hayes, J. W. Nunn, D. W. Purkis, S. Stevens, and H. S. Thomas.

HOWARD MARSHALL and J. J. Taylor have taken the degrees of M.B. and B.C. in the University of Cambridge.

W. H. SYMONS has taken the D.P.H. of the University of Durham.

E. FERRAND, W. H. Maidlow, and B. B. Thorne-Thorne have received the degree of M.D. of the University of Durham.

F. C. FORD and R. W. Gilmour have taken the degree of M.R. in the University of Durham.

R. W. GILMOUR has also taken the B.S.

L. T. GILES, J. Hobday, H. W. Lance, H. J. May, E. W. Ormerod, and R. D. Parker have passed Part I (Surgery and Midwifery) of the Third M.B. Cambridge.

J. A. ARKWRIGHT, J. Attlee, and L. G. Glover have taken the degree of M.D. in the University of Cambridge.

AT THE SECOND PART of the 3rd M.B. Cambridge the following Bart's men passed:—W. G. Clark, A. Eichholz, J. K. Murphy, E. W. Ormerod, W. G. Richards, and G. V. Worthington.

F. W. CROSSMAN and H. R. Ellis have passed the First M.D. Durham in Chemistry, Physics, and Botany.

E. S. WELKINSON has passed the First M.B. Durham in Biology, Chemistry, Physics, and Elementary Anatomy.

PRIMARY FELLOWSHIP.—Bennett, W. E., Lawson Dick, J., Hewer, Molesworth.

Obiter Dicta.

I DO NOT think that a musical murmur is always a certain sign of organic valve disease. I have known two cases, in

both of which a musical murmur could for some weeks be heard at some distance from the patient. Both of these recovered, lost the murmur, and presented no other sign of heart disease either then or since. Of course most cases of musical murmurs occur in organic disease of the heart.—DR. WEST.

To Past Students.

OPENING OF THE NEW GROUND ON SATURDAY, JUNE 8TH.

ARRANGEMENTS have been made for the formal opening of the New Ground at Winchmore Hill on the afternoon of June 8th. On that day Cricket and Lawn Tennis matches of "Past versus Present" will be played, commencing at 11 a.m.

Invitations to be present are being issued to the Governors and Staff of the Hospital, as well as to the Sisters and Nurses. The present members of the Amalgamated Clubs most cordially invite all OLD STUDENTS to be present on this occasion, and cards of admission will be issued to all who will apply by letter only before June 1st to Dr. Shore at the Warden's House. All information as to the best means of access to the ground will be supplied with the cards of admission, and special trains will be arranged for as soon as the Committee is informed of the numbers likely to be present.

AMALGAMATED CLUBS' DINNER.

Arrangements have been made to celebrate the opening of the New Ground by a Dinner on the evening of June 8th.

The price of the dinner will not exceed 4s., and in view of the large numbers likely to be present, all members are particularly requested to send in their names as soon as possible.

Any OLD STUDENTS who may wish to attend, are requested to write at once to H. Bond, Hon. Sec. of the Amalgamated Clubs.

Reviews.

THE YEAR-BOOK OF TREATMENT FOR 1895 (Cassell and Co., London).—This is the eleventh year in which this book has appeared. In it will be found a *résumé* of the new methods of treatment which have been published during the past year. It presents in a compact and easily accessible form the recent advances which have been made in the different methods of treatment of disease, and on this account it can be recommended to every practitioner of medicine who wishes to keep himself informed of the new methods of treatment which have been adopted both in this country and abroad. Owing to some cause it has been found impossible to include the usual chapter upon Bacteriology. This is to be regretted, since, at the present time, this subject is of very great importance, owing to the many and valuable additions to our knowledge of the pathology of disease which have recently been made with the help of this science.

A MANUAL OF PRACTICAL MORBID ANATOMY, BEING A HANDBOOK FOR THE POST-MORTEM ROOM, by H. D. Rolleston, M.A., F.R.C.P.

M.D., and A. A. Kanthack, M.D., M.R.C.P. (Cambridge University Press), 1895, 240 pages, price 4s.—In this volume Drs. Kollleston and Kanthack have given a most excellent account of the procedures which are to be adopted in the examination of a body post mortem. In the preface, instructions are given how to preserve specimens which it is desired to keep for museum purposes. This will be very useful, since so many good and valuable specimens are spoiled owing to the want of knowledge as to how they should be prepared. The book is divided into eight chapters, each of which is subdivided into a number of sections. In these chapters all the stages of a post-mortem are described in detail. *Very clear instructions* for the removal and examination of the various viscera and organs are given. The book is without doubt the best manual upon the subject on which it treats in the English language, and on this account we recommend it to all students of St. Bartholomew's. With this book as his guide, no one ought to fail in making a complete post-mortem examination.

A COURSE OF ELEMENTARY PRACTICAL BACTERIOLOGY, INCLUDING BACTERIOLOGICAL ANALYSIS AND CHEMISTRY, by A. A. KANTHACK and J. H. DRYSDALE, M.B., M.R.C.P. (London, Macmillan & Co.), 1895, price 6s.—Drs. Kanthack and Drysdale have collected in this book the class slips and notes which they have been accustomed to give out to the students attending the course of bacteriology in the hospital. The work is divided into three parts, each part being divided into a number of lessons. The first portion is devoted to general bacteriology, the second to bacteriological analysis, and the third to bacteriological chemistry. The instructions which are given for the performance of the various procedures are very lucid and complete, and any student who makes himself master of the science of bacteriology, and will be able to carry out most of the examinations for micro-organisms which he will meet with in his practice. The authors rightly insist upon the necessity of every would-be practitioner of medicine making himself well acquainted with the elements of practical bacteriology. We congratulate the authors upon having produced a most excellent manual, and hope that all St. Bartholomew's students will make use of it, and so make themselves able to carry out the various bacteriological examinations which are requisite for making diagnoses in the wards of the hospital.

AIDS TO SURGICAL ANATOMY, by Eugene S. Yonge (London, Baillière, Tindall, and Cox), 1895, price 2s. 6d.—In this volume the author has attempted to condense and present in a readable form the chief facts in anatomy and surgery. If the reader has mastered his subject and wishes to revise it quickly before going up for an examination he may find the book of some value, especially if he has not been in the habit of making notes and abstracts from his text-books and lectures. If, however, this is not the case the book cannot be recommended, as it is too condensed, and assumes a certain knowledge of the subjects of which it treats. We have noticed several small errors, notably on page 143, where the peronei are called "flexores longus and brevis."

SURGERY, ITS THEORY AND PRACTICE, by W. J. WALSHAM, F.R.C.S., fifth edition, price 12s. 6d. (J. & A. Churchill).—"Walsham's Surgery" is said to be the most popular text-book in our profession, and this statement is borne out by the figures of its sale. The new edition will certainly do much to increase still further its popularity. The page has been made slightly larger, and many excellent illustrations have been added, together with much new matter. The book throughout has obviously been carefully revised. Here and there treatment is amplified, or a line is added to diagnosis; thus the use of inflation with air or hydrogen in diagnosing intra-peritoneal rupture of the bladder is mentioned, while many of the operations are more fully described.

Two pages are devoted to "methods of exposing the fifth nerve or its branches for the purpose of neurectomy, neurectomy, or stretching," in place of the bare statement that the removal of Meckel's ganglion has done good in some particular cases of neuralgia.

Those familiar with the previous edition will notice the illustrations of the commoner pathogenic organisms, the methods of wiring ununited fractures, the description of the Edinburgh "box-splint" and craniotomy.

Perhaps, however, the greatest change is noticed in the part dealing with methods of uniting wounded intestine and intestinal anastomosis, which has been entirely re-written, and now occupies eleven pages instead of a page and a half. Many admirable diagrams have been introduced, and the descriptions of the operations, though brief,

are surprisingly clear. Amongst the recently introduced methods there is a full description of Murphy's button and its application.

All parts of the subject are not, however, treated at equal length; and while some pages would read well in a much more lengthy book, others err on the side of brevity. Amongst its faults, too, we notice the same old diagram illustrating the shortening which occurs in the flexed position in sciatic dislocations, where the artist, in his desire to emphasise the shortening, has made one femur really shorter than the other.

The increase in the matter, especially when taken together with the increase in the size of the page, seems to make the reading of it really quicker, and certainly makes it lighter, so much does the extra detail help in maintaining the interest of the reader.

Births.

TWEEDY.—April 13th, at Abbley House, Kenilworth, the wife of Reginald Carlyon Tweedy, M.R.C.S., L.R.C.P., of a son.

WHITE.—March 20th, at Hatfield Divad Oak, Essex, the wife (nee Brownrigg) of J. Arthur T. White, M.R.C.S., L.R.C.P., of a son (prematurely).

OPIC.—March 31st, at Winchester House, Worthing, the wife of E. A. Opic, M.B., of a son.

JONES.—April 28th, at Claybury, the wife of Robert Jones, M.D., of a daughter.

DAVENPORT.—February 5th, at Chung King, Western China, the wife of C. J. Davenport, F.R.C.S., of a daughter.

KOLLESTON.—April 7th, at Upper Wimpole Street, W., the wife of H. D. Kollleston, M.D., F.R.C.P., of a son.

CRESSWELL.—May 5th, at Cotterstock, Winchmore Hill, N., Emily Christina, the wife of Francis Cresswell, L.R.C.P. Lond., of a son (Frank).

HURRY.—May 5th, at Abbotsook, Reading, the wife of Dr. Jamieson B. Hurry, M.A. (Cantab.), of a daughter.

Marriages.

OLIVE.—Price.—April 16th, at Christ Church, Leeson Park, Dublin, by Rev. Canon Neligan, D.D., Eustace John Parke Olive, M.A., M.D. (Cantab.), F.R.C.S. (Eng.), of Leamington, to Annie Gordon, eldest daughter of Rev. Wm. Guard Price, Knock, Belfast.

MUNDAY.—RICHARD.—April 16th, at Emmanuel Church, Plymouth, by the Rev. S. Baring Gould, assisted by the Rev. J. H. Prince, Richard Cleveland Munday, Surgeon, Royal Navy, second son of Paymaster-in-Chief Richard Munday, Royal Navy, of Calvelty, Plymouth, to Olive Louise, elder daughter of Robert Burnard, of Hillsborough, Plymouth. No cards.

ECCLES.—SALT.—On the 20th April, at Curbar Church, Derbyshire, by the Rev. E. Warbreck, B.A., Vicar of Stapenhill, uncle of the bride, assisted by the Rev. J. Stockdale, M.A., Vicar of Baslow and Rural Dean, Herbert Annesley Eccles, M.D. Lond., son of W. S. Eccles, Esq., of Norwood, to Mary Sophia, eldest daughter of the Rev. T. F. Salt, Vicar of the parish.

HIND.—BARKER.—April 18th, at Stockton-on-Tees, Henry Hind, F.R.C.S., to Annie Charlotte Barker, daughter of the late William Barker, F.R.C.P.

OGLE.—PERRELL.—April 17th, at Lewes, Sussex, John Gilbert Ogle, M.D. (Oxon.), to Edith Madeleine, daughter of the Rev. A. P. Perfect, B.D., Rector of St. John's, Lewes.


Deaths.

MURRELL.—March 26th, at his residence, Yarmouth House, Acton, W., Clement Frederick Penn Murrell, M.D., aged 47.

BIRD.—April 16th, at Osnaburgh Street, London, W., John Bird, M.R.C.S., aged 84.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette*, *London Hospital Gazette*, *St. Mary's Hospital Gazette*, *Surgery: its Theory and Practice*, by W. J. WALSHAM, F.R.C.S., 5th edition, price 12s. 6d. (J. & A. Churchill). *The Year-book of Treatment for 1895* (Cassell & Co.). *A Course of Elementary Practical Bacteriology, including Bacteriological Analysis and Chemistry*, by A. A. KANTHACK and J. H. DRYSDALE, M.B., M.R.C.P. (Macmillan & Co.), 1895, price 6s. *Aids to Surgical Anatomy*, by EUGENE S. YONGE (Baillière, Tindall, & Cox), 1895, price 2s. 6d.

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. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., 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,

JUNE 14th, 1895.

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

LAST the new club ground has been formally opened, and the Clubs, having taken it over as tenants of the School Committee, are no longer without a habitation. There is not the least doubt but that its selection has been extremely fortunate in many respects. Amongst the visitors on Saturday, comments on the natural beauty of its surroundings as well as on the excellence of the pavilion were heard on every side, and not a few old Bart.'s men were heard regretting that things had not been the same in their time.

Truly the contrast is very marked when one calls to mind a small room over the stables of a "Pub." at Balham, where our Rugby teams used to dress; we fancy it was the worst dressing-room round London, and the ground was quite in keeping with the dressing accommodation. In those days home matches were at a discount, and every effort was made to arrange as many out matches as possible. Now we can invite teams to play us on our own ground, and know that both the ground and dressing-rooms are as good as the best, and better than most, in London's neighbourhood.

In addition to these advantages, there is the extreme probability that the possession of so good a ground will materially improve the play of our different teams.

The temptation to go down and practise cricket or tennis is much greater when one can keep one's things in one's own locker in the pavilion, when one can be sure of getting decent refreshments, and, above all, when one is "at home." Several men have expressed their intention of taking rooms for the summer near the ground, in order to make the fullest use of its advantages; we question whether they would often reach the nine o'clock lectures, but the idea of a colony of Bart.'s men living at Winchmore Hill is very tempting.

We understand that the members of this season's cricket teams are very regular in their attendance, and we hope they may be rewarded by winning the cup they played so well for last year.

The dinner which was held in the evening in celebration of the opening of the ground was well attended, and went off exceedingly well with much enthusiasm. Glad as we were to see so many old Bart.'s men present, their numbers were not nearly so great as we had hoped they would be. We trust that future dinners will attract them more effectually. Perhaps, however, they are reserving themselves for the Decennial Dinners. The dates of the dinners of the Seventh and Eighth Decennial Clubs are given in "Notes," but it may be worth while to emphasise here the importance of every old Bart.'s man becoming a member of his Decennial Club. The Eighth Contemporary Decennial Club is now being formed, and includes all men who entered the Hospital between October, 1885, and October, 1895, and who have since become qualified. Men who have not already become members should do so at once by writing to either of the secretaries, Dr. Kaulilack and Mr. Waring. The entrance fee is half a crown.

It is only by belonging to a club of this nature that one can keep in touch with the men of one's own time, and these dinners are always the occasion of many pleasant reminiscences.

Apart from this, however, it is the duty of every old Bart.'s man purely on the ground of *esprit de corps* to join his

Decennial Club, and we trust there will be few delinquents when the Eighth Club holds its first meeting at the Café Royale on July 12th.

We would urge, too, another duty upon Bart.'s men. The attendance at the Hospital Sports, which took place on June 7th, is characterised by our correspondent as "absurd." We think he takes too light a view of it; it is disgraceful that so few men should interest themselves in the winning of a shield that is more at home in Bart.'s than in any other Hospital. The Inter-Hospital sports are arranged for June 19th. We trust that all who can possibly manage to do so will be present on this occasion to encourage our representatives, so that they may once more bring back the shield to Bart.'s. Sicknes, we hear, is playing havoc with our chances, but we are confident that those who represent us will do their best, and we heartily wish them success.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,
Assistant Surgeon to the Hospital.
(Continued from page 117.)

THE most discordant statements are made about the properties of chemicals which are in everyday use. Therefore I only propose to refer briefly to mercuric perchloride and mercuric biniodide, to carbolic acid, and to iodoform. It will be seen that although these are probably the best we have, nevertheless they are all most inefficacious disinfectants, but fair antiseptics.

Perchloride of mercury.—Koch gave an impulse to the use of mercuric perchloride. Writing in 1885, he said that it destroys the most resistant organisms in a few minutes by a single application of a highly dilute solution (1 to 1000, or even 1 to 5000). With longer exposure it only begins to be unreliable when diluted beyond 1 to 20,000. Most of his experiments were done with anthrax spores or earth spores. Indeed, according to Koch, three parts of sublimate in a million parts of water arrests the development of anthrax bacilli, but does not kill them.* But later researches have shaken our faith in sublimate.

According to Warrickoff† and others, Koch greatly underestimated the resistance of anthrax bacilli and of anthrax spores.

Koch experimented with anthrax threads which were soaked in the sublimate solution, and then washed with water or alcohol. It is likely, therefore, that enough of the chemical was left to mar the result. Geppert,‡ whose papers are very valuable, got rid of all the sublimate from his threads

* New Sydenham Soc. trans., by Dr. Whittlesey, 1886, p. 513.

† Quoted by Cornil et Babes, *Les Bactéries*, tome i, p. 50.

‡ *Zur Lehre von den Antiseptics*, Berlin, *Kleinische Wochenschrift*, 1880, Nos. 36 and 37; also "Ueber Desinificirende Mittel und Methoden," loc. cit., 1890, p. 246, et seq.

by dipping them, as I have already described, in a solution of sulphide of ammonium. He began by ascertaining that one part of sublimate in one thousand parts of water seemed to kill anthrax spores in three minutes if no sulphide of ammonium was used; the spores did not germinate when placed upon culture media. But this was only an apparent death, because when all the sublimate was removed with sulphide of ammonium, Geppert found that the spores were in reality alive, even after having been exposed to one in one thousand sublimate for twenty minutes, and in some cases, in truth, after twenty four hours. One per cent. solution of sublimate did not come well out of Geppert's tests. Spores still grew after six to twelve minutes' exposure to that strength. Moreover the spores were not robbed of their pathogenic properties after several hours' exposure. Nissen, by using Geppert's methods, found that spores were alive after four hours in a 1 per cent. solution of sublimate.

Dr. Kanthack* is accustomed to grow anthrax from threads soaked for four hours in a 1 in 1000 solution of perchloride of mercury, provided that all of the chemical is removed with ammonium sulphide.

Behring† states that anthrax spores killed mice after they had been thirty minutes in a solution of sublimate one part in one thousand. After four hours in the same strength of sublimate the spores were still alive, but had lost their virulence. A 1 per cent. solution of sublimate killed anthrax spores in twenty minutes.

We have already seen that a solution of one part of sublimate in one thousand parts of water, with the addition of 5 per cent. of hydrochloric acid, took thirty minutes to kill tetanus spores; without the acid the same solution took from three hours to three minutes; the variation being, perhaps, accounted for by the acknowledged difference which exists in the resisting powers of different samples of spores.

The experiments of Tarnier and Vignal‡ show that the susceptibility of *Staphylococcus aureus* to the action of solutions of mercuric perchloride and of carbolic acid is the same as that of *Streptococcus pyogenes*. A solution of 1 of sublimate to 1000 of water killed *aureus* in two minutes, but carbolic lotion 1 in 100 required from fifteen to seventeen minutes.

Von Lingelsheim says that one part of perchloride of mercury in two thousand five hundred parts of water took two hours to kill *Streptococcus pyogenes*. One part of carbolic acid in three hundred parts of water required the same time.

Christmas seems to have been more successful with *Staphylococcus aureus* by using a much larger proportion of sublimate.§

* *Practical Bacteriology*, p. 128.

† Page 46.

‡ Tarnier and Vignal, *Archives de Médecine expérimentale et d'Anatomie pathologique*, July, 1890.

§ "Sur quelques Mélanges antiseptiques," *Annales de l'Institut Pasteur*, 1892, p. 279.

Gärtner and Flügge* seem to have had better results with non-spore-bearing anthrax bacilli and a number of pyogenic cocci and streptococci; one in one thousand sublimate solution seems to have killed these bacteria in eight seconds. But Gärtner and Flügge did not use sulphide of ammonium, and nothing is said about control experiments upon animals.

Flügge† claims that a solution of sublimate one in five thousand kills all spores in some hours; a solution one in one thousand does the same in a few minutes.

But although a 1 per cent. solution of sublimate takes so long to kill spores, yet a much smaller quantity seems enough to stop the growth of bacteria in various fluids. De la Croix found that the development of bacteria ceased in meat infusion when he added one part of sublimate to thirty thousand two hundred and eight parts of infusion.‡

Miquel§ prevented the development of bacteria in meat infusion by adding to it one part of sublimate to fourteen thousand three hundred parts.

Sublimate is a treacherous disinfectant and antiseptic, because, as Laplace¶ and others have shown, it combines with albumen to form an insoluble albuminate of mercury which is inert. Laplace thought that this was prevented by the addition of tartaric acid to the solution of the mercuric salt. His prescription was 1 part of sublimate, 5 parts of tartaric acid, and 1000 parts of water. Behring,¶ however, found that this solution took ten minutes to kill staphylococci and streptococci in the presence of serum-albumen. He also says that it did not mix well with pus, although it disinfected some which contained *aureus* and streptococci in fifteen minutes.

Dr. Abbott** agrees with Henle that sublimate combines chemically with the bacteria, and therefore that a given quantity of the drug can only kill a given number of bacteria. If albumen is present, the bichloride combines with it instead of combining with the bacteria, and thus becomes quite useless. Abbott found that in watery solutions *Staphylococcus aureus* was rapidly killed by 1—1000 sublimate, although solutions in broth were only killed with extreme difficulty and after many minutes. Much depended upon the purity of the drug.

Mr. Percy Evans,†† who experimented upon *aureus* in broth, also got most uncertain results with sublimate. The bacteria were only killed when the drug had been added to the broth in the proportion of 1 to 150, and then it took a

* Quoted by Flügge, loc. cit., p. 667.

† P. 670.

‡ Flügge, p. 667, et seq.

§ Flügge, loc. cit., p. 652.

¶ *Deutsche Medicinische Wochenschrift*, 1887, No. 40, p. 866.

** Behring, "Ueber Quecksilbersublimat in eiweisshaltigen Flüssigkeiten," *Centralblatt für Bacteriologie und Parasitenkunde*, Band iii, 1888, pp. 27 and 64.

†† "Corrosive Sublimate as a Disinfectant against the *Staphylococcus pyogenes-aureus*," *Johns Hopkins Hospital Bulletin*, vol. ii, No. 22, April, 1891.

‡‡ "Experiments on some Antiseptics and Disinfectants," *Guy's Hospital Reports*, vol. xlvii, 1890, p. 195, et seq.

quarter of an hour to act. However, it inhibited the growth of *aureus* when in the proportion of 1 to 50,000.

Various other attempts have been made to prevent sublimate combining with albumen, and thus becoming inert. Sir Joseph Lister used to recommend a sero-sublimate which was made by mixing sublimate with the serum of horses' blood. Of late this has been replaced with *sal alembroth*. This is a double chloride of mercury and ammonium—an ammonio-mercuric chloride. It is made by mixing solutions of sublimate and chloride of ammonium together and evaporating. Every three parts contain two parts of sublimate. It is a powerful disinfectant, and does not combine with albumen so quickly as pure sublimate. It is, however, in my experience excessively irritating when in contact with the skin or tissues for any length of time. The blue alembroth gauze contains one per cent. of *sal-alembroth* and the blue wool two per cent., which readily explains their evil effects upon the skin.

Solutions of sublimate in water often become cloudy, owing to the formation of a precipitate which is said by Angerer* and Meyer† to be an oxychloride. Doubtless this milkiness detracts from the efficacy of the solution, but its occurrence is said to be prevented by the addition of common salt in a proportion equal to or double that of the sublimate. Tartaric acid is supposed to have the same effect. Mr. Parsons, our apothecary, has with great kindness told me how to prepare solutions of perchloride of mercury, biniodide of mercury, and of carbolic acid. His directions will be found practical and economical, especially where quantities are required. In the dispensary a stock solution of perchloride of mercury in glycerine is kept for making solutions of different strengths. The stock solution is made by reducing one part of pure perchloride to a fine powder, which is then triturated in a mortar with twelve parts of glycerine. Next, this mixture is put in a water-bath at a temperature of 180° F., and stirred with a glass rod until all the perchloride is dissolved. If the heat be continued after this the solution becomes turbid, and deposits on cooling. A deposit also forms if the chemicals are impure, or if metal utensils are used. To make perchloride of mercury lotion a given quantity of the glycerine solution is added to distilled water. Tap water generally becomes cloudy for the reasons which have just been mentioned.

For midwifery purposes powders of perchloride of mercury are made by mixing together one part of perchloride of mercury, five parts of dried tartaric acid, and one part of cochinal. The colouring matter is merely to make the powers distinctive. For private practice Angerer's tabloids of sublimate and chloride of sodium are very convenient.

* "Bemerkungen über die Herstellung antiseptischen Sublimatlösungen," Prof. O. Angerer, *Centralblatt für Chirurgie*, 1887, p. 121.

† "Versuche über die Haltbarkeit von Sublimatlösungen," *Centralblatt für Chirurgie*, 1887, p. 448.

One of them added to a pint of water dissolves at once, and gives a solution of one part in one thousand.

It is clear from the above that sublimate has many disadvantages.

Binioidide of mercury.—Many of the objections to it can be met by using binioidide of mercury, and during the last two or three years I have used it instead of the perchloride, because it seems to have the following advantages. First, it does not seem to combine with albumen. At all events, no visible combination takes place. When a wound is washed with a one and one thousand solution, it does not acquire that pickled appearance which carbolic acid and sublimate impart, but looks the same as if it had merely been washed with water. Moreover, when binioidide lotion is mixed with blood, no precipitation occurs. The mixture does not become opaque with coagulated albumen, but remains clear and translucent, except when the blood is in excess. For this reason the sisters and nurses prefer the binioidide lotion for rinsing the soiled sponges. The non-coagulation of albumen also makes the binioidide of mercury a safer disinfectant and antiseptic for a variety of purposes, especially for washing out septic cavities. When such a one is irrigated with sublimate, a quantity of albuminate of mercury is of necessity left behind. This source of danger does not occur with binioidide. For similar reasons the penetrating powers of binioidide are probably greater than those of sublimate or of carbolic acid. The albuminous compounds which these chemicals form is a barrier against the further action of the drug.

The binioidide was used more than twenty years ago by Panas. Its use has been warmly advocated by Illingworth and others. Sternberg's investigations give it a decided superiority.* Illingworth† says that Woodhead has conclusively proved its greater efficiency. It is also claimed for binioidide that it is less poisonous than the perchloride of mercury. This may be because, as I have said, after a wound or cavity has been washed with binioidide, a quantity of albuminate of mercury does not remain behind.

Various antiseptics are being continually tested by Dr. Kanthack in our laboratory, and from time to time I have seen the results. Dr. Kanthack admits that the binioidide is the most efficient disinfectant he has tried.‡ It has almost twice the germicidal value of sublimate. Miquel also gives binioidide of mercury an antiseptic value which is twice as great as sublimate.§ I have had much better results in the disinfection of the skin since I began to use it, and wounds have certainly done better.

Solutions of binioidide of mercury are very easy to prepare. The red powder may be bought of the chemist. It is insoluble in water, but soluble in the presence of rather more than an equal quantity of iodide of potassium or of iodide of

sodium. Therefore, to make a lotion, the binioidide is shaken up with distilled water, and rather more than an equal weight of iodide of potassium or of iodide of sodium is added. It is advantageous to add a little more iodide if hard water is used instead of distilled water; in any case an excess of the iodide can do no harm. If no binioidide powder is at hand, a lotion is easily made by taking a one in one thousand solution of sublimate and adding iodide of potassium or of sodium to it. At first the red iodide is precipitated, but this is quickly dissolved by the iodide, and a clear watery solution is the result. It is convenient to keep a stock solution of one part of binioidide in fifty parts of distilled water. For private practice the small solids or lozenges of binioidide are useful. It is important to see that these are made of a convenient size, so that one soloid makes, say, a pint of lotion, the strength of which is one in one thousand. Also the solids ought to dissolve at once in tepid water. Some of the lozenges which are sold are quite untrustworthy on account of their insolubility.

I now use binioidide throughout the operation for rinsing out the sponges, for the occasional flushing of the wound, and for the continuous bathing of the hands of the operator and of his assistant. All of these have, of course, been previously disinfected in the way I shall describe, and the binioidide is used as an antiseptic. For this purpose it is most efficient.

(To be continued.)

Notes on Paralysis of the Upper Extremity.

By H. LEWIS JONES, M.D.,

Medical Officer in charge of the Electrical Department.

(Continued from page 102.)

The nerve-trunks of the arm and forearm.—The musculo-spiral, the median, and the ulnar nerves are often injured in their course in the arm and forearm. The usual causes are pressure, including pressure from bandages or splints too tightly applied, incised wounds, implication in callus or scar tissue, and contusions. Pressure palsies affect more especially the musculo-spiral in the upper arm; while the ulnar and median suffer more particularly from incised wounds, and in the forearm. Paralysis from the pressure of splints and bandages is sufficiently common to be of importance; and though fortunately it is not usual for injury produced in this way to cause permanent harm, yet sometimes it does so. I have notes of a case in which the ulnar muscles were almost totally atrophied as the result of bandaging, and I have seen quite a considerable number of cases in which there was little or no doubt that bandaging had been the cause of paralysis. Thus in one patient who received an incised wound involving the median and ulnar trunks it was

found, when the wound had healed, that he had developed a paralysis of the musculo-spiral as well.

I have little doubt that this is the explanation of some of the cases of so-called "reflex paralysis," in which the symptoms have come on unaccountably during the progress of treatment for an injury.

The musculo-spiral nerve.—Paralysis of the muscles supplied by this nerve is characterised by the presence of a wrist-drop; usually the extensors of the wrist and fingers and the supinator longus and brevis are involved; the triceps may either escape or may be involved according as the injury is high up in the arm or not.

Pressure palsies.—Musculo-spiral paralysis from pressure on the trunk of the nerve during sleep or from the use of crutches are extremely common, at least among hospital patients.

The usual history in the former group is that the patient having had too much to drink goes off into a heavy sleep, from which he awakes with his hand and forearm powerless. Often the patient has slept while sitting at a table with the head resting on the arm, or he has had the arm hanging over the back of a chair; in either case the musculo-spiral nerve-trunk has been pressed upon. Almost always the patient has been under the influence of alcohol, and has slept very soundly. Otherwise the discomfort felt in the arm would have been likely to awake him before the production of more than a transient paralysis. The predisposing effect of intemperance in causing neuritis is well shown in the following case:—A potman after sleeping for two or three hours developed a pressure palsy of his left musculo-spiral nerve. This got better, but in the following year he injured his ankle, and was obliged to use a crutch. This caused him to have another attack of musculo-spiral palsy before he had used the crutch more than ten days.

Slight degrees of temporary paralysis from pressure on a nerve-trunk during sleep are familiar to most persons. To notice a numbness or a feeling of pins and needles in one arm on awakening from sleep is not uncommon, especially among those who are not in vigorous health.

Paralysis from pressure has been thought to be secondary to compression of the blood-vessels of the limb, producing anæmia of the nerve, but if this were the case the paralysis should not be confined to the region of one particular nerve-trunk, as is the rule. It would rather be expected to involve chiefly the distal parts, irrespective of the nerve-supply, if it were due simply to anæmia of the limb from compression of the main artery.

A case which came under my observation some years ago of a pressure palsy in the leg shows that it is the nerve itself which suffers from compression. In that case the pressure was on the great sciatic nerve at the back of the thigh, and there could not have been any compression of the femoral artery. The patient was a young man who attended a meeting, and in order to have a better view of the proceedings

he sat for an hour upon the back rail of his chair; at the close of the meeting he found his leg numb and helpless, and was assisted home. Two days later he came under observation. He had paralysis of all the muscles below the knee. He recovered in a fortnight under treatment by rubbing and the induction coil current.

Sleep palsies are almost always limited to the musculo-spiral nerve. The circumflex nerve or the upper roots (Erb's paralysis) may be affected when the patient has slept in a very awkward attitude.

In crutch palsy, too, it is usually the musculo-spiral nerve alone which is paralysed; but the circumflex nerve, or the ulnar or median may also be involved. Sleep palsies are always unilateral; crutch palsies may be double if two crutches are used.

The degree of impairment of sensation varies much; as a rule there is some complaint of numbness on the back of the forearm and hand, and some anæsthesia may be detected. The methods for testing cutaneous sensibility are not very good, and it is not easy to arrive at results without considerable trouble. Weak induction currents are useful for purposes of testing, but it is not possible to distinguish between analgesia and tactile anæsthesia by their means.

Pressure palsies vary considerably in severity. Those in which the electrical reactions are not much impaired may recover in ten days or a fortnight. When the reaction of degeneration is present the duration will be longer. Recovery can be confidently expected in uncomplicated cases, where the pressure has not lasted very long, and it is certainly promoted by electrical treatment. I have often seen improvement start at once on the commencement of electrical treatment, after weeks had been wasted in vain in the expectation of spontaneous recovery. It is probable, however, that even in these the paralysis would go away of itself in time, but this does not prove that electrical treatment is unnecessary.

When the pressure is due to the use of crutches they must either be given up, or if that is impossible the head of the crutch must be well padded; crutches which can be grasped by the hands are the best, for with them the patient can transfer part of his weight from the armpits to the wrists.

Lead palsy.—The other common affection of the musculo-spiral nerve is lead poisoning.

In wrist-drop from lead there is paralysis, with some wasting of the extensor muscles of the forearm. The extensors of the wrist suffer the most; then the common extensor of the fingers, and to a less degree the extensors of the thumb, index and little fingers.

The supinator longus generally escapes, whereas it is generally involved in paralysis from pressure on the trunk of the musculo-spiral nerve. Sensation is not impaired. In paralysis due to lead the reaction of degeneration is

* Loc. cit., p. 105.

† Medical Times and Hospital Gazette, 1894, p. 65.

‡ Practical Bacteriology, p. 128.

§ Quoted by Sternberg, p. 184.

usually present,—in fact, it is an early symptom, and may precede the paralysis. The partial reaction of degeneration also is often present in some of the affected muscles, and others may show only simple diminution to both forms of current. Erb has stated that from the long duration of lead paralysis, and the frequently occurring relapses, the condition of the electrical excitability may be considerably complicated. Treatment by electricity is of great value, and under it muscles which have lost their electrical irritability almost completely may be seen to recover, but treatment must be long continued to obtain good results. The value of the induction coil current in this disease must not be forgotten. Although more recent writers advise the constant current almost exclusively, the experiences of Duchenne long ago showed that something can be done by coil currents also. He writes that in lead palsy recovery will follow the treatment "almost always," even if the irritability to the induction coil current has completely disappeared from the muscles. His method was to use a strong current, with rapid interruptions, for ten minutes; the treatment should not be prolonged beyond that time lest fatigue and pain be produced.

To determine which of the extensors of the wrist are affected, the patient is told to raise the forearms and pronate them. If the muscles are all three of them paralysed there is then no power of extending the wrist at all. If the extensor carpi radialis brevis can act, extension of the wrist is possible when the fingers are first flexed. If only the extensor carpi radialis longior or the extensor carpi ulnaris can act, then slight extension is associated with a lateral movement to the side of the acting muscle. Although the supinator longus usually escapes in extensor paralysis due to lead, it may sometimes be implicated. The blue line on the gums which is characteristic of lead poisoning should always be looked for in cases of double wrist-drop; it may be absent, however, when there is every reason to believe that the paralysis is really due to lead.

The ulnar and median nerves.—These nerves are frequently divided at or near the wrist by incised wounds, a very large number of the cases being from cuts caused by broken glass. It is not uncommon for both nerves to be divided in one accident, and if the ends are not reunited when the wound is first dressed, serious impairment of the power of using the fingers is the result. After extensive paralysis of the whole upper limb from shoulder injuries, these nerves are generally the last to recover.

When the ulnar nerve has been completely divided near the wrist the symptoms produced are—1. Paralysis with wasting and the reaction of degeneration in the hypothenar eminence, in all the interossei, in the two ulnar lumbricales, and in the abductor and flexor brevis (inner head) of the thumb. After a time the deformity known as the "clawed hand" is produced. The palm becomes thin and flat, the heads of the metacarpal bones become unduly prominent,

the proximal phalanges are over-extended, the distal phalanges are permanently flexed. This is the result of the paralysis of the interossei. The long flexors flex the distal phalanges only, and the long extensors extend the proximal phalanges only, while the interossei flex the proximal phalanges and extend the distal ones, and so supplement the movements of the fingers which are performed by the long flexors and extensors. When the interossei are paralysed, the unbalanced action of the long flexors and the long extensors of the fingers produces the deformity of a clawed hand. 2. There is loss of sensation in the little finger, and the ulnar half of the ring finger both front and back, and in the corresponding part of the palm and the dorsum of the hand. 3. Trophic changes are produced in the skin and finger-nails of the anesthetic area, often with œdema; the temperature of the part is lowered, and sometimes there is very severe pain of a burning character, to which the name of "causalgia" has been given. This is not very common, nor is it usually present when the nerve has been completely divided. When it exists the temperature is raised above that of the opposite side, and the patient experiences a sensation of heat, and seeks for relief by cold applications.

After division of the median nerve at the wrist the conditions are different; the clawed hand which is so characteristic of the divided ulnar nerve is not present, and the chief feature is the wasting of the thenar eminence, and the everted or ape-like thumb, which lies with the nail facing dorsally, the abductor opponens and outer head of the flexor brevis of the thumb are paralysed, atrophied, and show the reaction of degeneration. The patient cannot put the tip of his thumb against the base of the little finger. There is loss of sensation in the thumb, index, middle, and half the ring fingers, and in the corresponding part of the palm, and of the distal phalanges of the same fingers on the dorsum of the hand.

Neuritis.—This occurs commonly in the upper limb as a cause of paralysis apart from accident or injury.

The clinical importance of neuritis is much more clearly recognised to-day than it was a few years ago, although Remak in 1860 wrote, "I am convinced that medical practitioners will soon recognise that neuritis is a pathological condition which occurs more frequently than is usually believed."

One of the most troublesome forms of neuritis is that which occurs in a part which has been the seat of suppurative inflammation; it is not uncommon after poisoned wounds of the hand. The crippled condition which is produced in these cases, though largely due to a matting together of the ligaments and tendons, presents also well-marked signs of neuritis. It is sometimes difficult to settle the question whether nerves may not have been divided in the incisions necessary for the evacuation of abscesses in these cases, and electrical testing is sometimes appealed to for an answer. As the neuritis is essentially one of the peripheral branches of

the nerves in the part affected, it is sometimes possible to obtain reactions which show that the main nerve-trunks are intact; for instance, in the case of the hand, the most frequent seat of this kind of neuritis, certain of the ulnar or median muscles may have suffered less than their neighbours, and by their reactions may show that the main nerve-trunks have not been divided. It is difficult to decide how far in these cases the neuritis is due to the inflammatory mischief, and how far to a secondary compression by cicatricial tissue; but a true neuritis is often present, and it may extend along the nerve-trunks beyond the area in which they are subject to compression.

Neuritis coming on in the course of some acute disease, or as a sequela thereto, is often the subject of electrical treatment. I have already referred to several cases of local neuritis of this kind,—for example, of the nerve to the serratus magnus, of the circumflex nerve, and of the fifth and sixth cervical roots (Erb's type), all coming on after typhoid fever. One patient after an attack of erysipelas suffered from pain in the shoulder and elbow of one side, supposed at first to be rheumatism, but which turned out to be a neuritis affecting the supra-scapular and circumflex nerves and the ulnar nerve. There was a good deal of pain, followed by complete paralysis and wasting with the reaction of degeneration in the affected muscles. Under electrical treatment he recovered. In another case mentioned to me a gentleman had extreme wasting of one gluteal region after influenza.

True peripheral neuritis coming on without obvious cause, and sometimes attacking several members of a family in succession, is one of the most interesting subjects in the whole range of nervous diseases. The cases described by Tooth under the title of the "Peroneal Type of Muscular Atrophy," and those cases described by myself of symmetrical atrophy of the hands in young people, are almost certainly of this kind.*

Besides the seven cases which I then reported, I have been able to find in the earlier volumes of the Electrical Department case-books nine further cases which seem to have been of the same sort, mostly commencing at about the age of twenty; seven were in women, and in three both sides were affected. Probably a careful examination would have found bilateral disease in a greater number, for in one of my cases both sides were affected and showed the reaction of degeneration, although the patient declared that the affection was of one of her hands only.

Both the median and ulnar muscles of the hands are involved in these cases, though the muscles of the forearm supplied by the same nerves escape. The disease, therefore, if a neuritis, is essentially a "peripheral" one.

When the wasting of muscles in the hands has been marked, these cases seem to have been considered as necessary for the evacuation of abscesses in these cases, and electrical testing is sometimes appealed to for an answer. As the neuritis is essentially one of the peripheral branches of

they are not progressive, and they may even recover wholly or partially. In their electrical reactions, too, they differ from the true progressive muscular atrophy described by Aran and Duchenne. It appears probable that these hand atrophies in young people are not very uncommon, and they form a group of cases which are thoroughly deserving of further study.

Another class of case, which is common, but so far as I can learn, not very much studied, is that of the numbness and weakness of the hands complained of by middle-aged women. It is often regarded as being a transient "functional" nervous symptom associated with the menopause; but sometimes there is decided muscular atrophy, which suggests that further investigation is needed.

Oxford and Modern Medicine.

By R. HANDING BREMIDGIE, B.A.



THE history of medical teaching in Oxford is inseparable from the history of the Oxford Science Schools, and with all the movements towards establishing science-teaching on a firm basis, the name of Sir Henry Acland is most intimately associated. About sixty years ago Sir Benjamin Brodie was consulted by the father of the present Sir Henry Acland as to the best means of making his son a physician. "Send him to Oxford," let him pay no attention there to what is to be his future profession; let him have a thorough university education, as though you meant him to go into Parliament." This was the reply, and Sir Henry was accordingly sent to Oxford. At that time there was not a laboratory in the University. Some thirteen years later, after having studied at Athens and Rome, visited Carthage, Constantinople, Troy, and seen much of men and things, Sir Henry was in 1845 appointed the Lecture Reader in Anatomy. At this time Dr Kidd was the Regius Professor of Medicine, and nominally the University Professor of Anatomy. The Lecture Readership he had resigned, because it was the only one which called for active duty. As pupils, Dr Kidd had one from the University, an occasional medical apprentice from the town, and one or two members of the Colleges. An interesting account of the position of Dr Kidd is to be found in the travels of Carus, the famous physician to the King of Saxony.

"We visited the *theatrum anatomicum*, the whole arrangement of which brought back the lines of Vesal to my mind. Above the professor's table hung a human skeleton, and a figure showing the muscular conformation of the human subject, so that they could be let down and drawn up again by cords; the latter was to cause a feeling of disgust to an uninitiated spectator. All round the theatre behind the amphitheatrical seats of the audience were skulls and anatomical preparations, everything quite in the antique style. Professor Kidd, a good-natured old gentleman, quite corresponded with these ancient treasures."

This was the state of medical teaching at the time of Sir Henry's appointment. Two courses were open to him; either to resign, or else to attempt the task of establishing biological study in Oxford on a basis creditable to a national university. Encouraged by Alcock and Goodsir he undertook the task, and during the first two years after his appointment began to form an anatomical and physiological series on the plan of the Hunterian Museum, then under the care of Richard Owen. Practical classes in histology and embryology were instituted, and had a great success. Such classes hardly existed at this time in the medical schools. Microscopes were personally imported from Paris and sold at a loss to the students.

In 1847 the British Association met at Oxford, and was the means of bringing men of scientific ability into friendly relation with the leaders of thought and action in the University. In the same year the question was raised of erecting an edifice in which might be deposited all the scattered scientific collections of the University, which

* *St. Bartholomew's Hospital Reports*, 1893.

at that time were set out in rooms of dimensions inadequate to their proper display. In connection with such an edifice it was recommended that there should be one or more lecture rooms arranged in a manner suited to demonstrative lectures, and an apartment calculated to serve the purpose of a library and place for scientific meetings as occasion might require. The scheme lacked the support of Buckland, who refused his signature to the paper on the ground that the possibility of natural history making some progress in Oxford was utterly hopeless. Buckland came to this conclusion because natural history formed no part of the staple subjects of examination for degrees and Fellowships, and also because at that time it was detrimental to a candidate for a Fellowship to have given his attention to objects so alien from what was then thought to be the proper business of the University. The story of the growth of this edifice, recommended but rejected in 1847, is too tedious to be told. A bill brought into Parliament in 1848 for Medical Reform, was in great degree responsible for the action of the University. It was decided to make Oxford a place of most perfect preparation for the study of clinical work elsewhere. Eighty acres of ground were bought by the University, and an edifice known as the Museum was erected; the total expenditure in twenty years, from 1856 to 1876, over this undertaking amounting to more than £200,000. In this museum all the different departments of natural science are now represented, with one notable exception. The Botanical Gardens and Laboratories are on the banks of the Cherwell opposite Magdalen, and therefore some considerable distance away. A determined effort was made to have them removed, so as to complete the original project, but was unsuccessful owing to the opposition of Dr. Hooker, then Director of the Royal Gardens, Kew, and President of the Royal Society. The history of the Schools of Anatomy and Physiology is a short one. Previous to 1881, future students of medicine studied *libere Humaniores*, or else Biology in its widest meaning, under Professor Rolleston, the Linacre Professor of Physiology. Previous to Professor Rolleston this professorship, endowed in the reign of Henry VIII, had been held by a Fellow of Merton who did nothing for his money. Biology included a little morphology, a little physiology, human anatomy demonstrated from a pickled specimen, rabbit and frog dissection, &c. Amongst Professor Rolleston's pupils may be mentioned Dr. Church, Dr. Champneys, Dr. West, and Mr. Bruce Clarke. In addition Dr. Ormerod, Dr. Herringham, Dr. Garrod, Mr. d'Arcy Power, and Mr. Edgar Willett may be mentioned as Oxford men, though not pupils of Professor Rolleston.

On the death of Professor Rolleston in 1881 H. W. Moseley was appointed, and set to work to differentiate the teaching of those subjects over which he was to preside. Moseley taught modern Morphology, and was styled the Professor of Human and Comparative Anatomy. Physiology was to be taught by Professor Burdon Sanderson, who was appointed Professor of Physiology in November, 1880.

Long, however, before Rolleston's death the cry of early specialising had been heard; the duty of the University towards its students of medicine was not the teaching of biology on a broad philosophical basis. Her new Science Institute was to be turned into a purely professional school, to turn out money-making machines in the shortest possible time. One witness before the Royal Commission in 1879 suggested the establishment of a complete Medical School, with Professors of Medicine, Surgery, Hygiene, Obstetrics, Forensic Medicine, and so forth. Fortunately the suggestion was not adopted.

On Moseley's appointment, though he still retained the title Professor of Human Anatomy, the only evidence of his demonstration was the pickled body already mentioned. But the teaching of Human Anatomy was to begin in real earnest, though, to the amusement of lookers on, a lecturer in a subordinate position was appointed. A shed, a miserable structure, unworthy of the smallest provincial school, was allotted him in a yard. Here students performed individual dissections of the human body. The numbers of such students increasing, the University has now built worthy accommodation, and instituted a Professorial Chair of Human Anatomy. The Anatomical School, opened in 1894, is most compact and convenient. On the same floor are the Anatomical Museum, Dissecting Room, and Lecture Theatre. Opening out of the Museum is the Dissecting Room, so that carefully prepared specimens can readily be compared with the part in process of dissection.

In February, 1893, Burdon Sanderson obtained a grant of £1500 for fittings and £1500 for apparatus, and, thus equipped, fitted out two rooms, now occupied by the Professor of Mineralogy, and began practical teaching. In June of the same year he applied for £10,000 to build a Department of Physiology. At once the Anti-vivisectionists rose in their wrath and might, and almost defeated his object. When it came to the voting, ninety-eight voted the money, ninety-five

opposed the grant. The Laboratories took about two years building, and then the Professor moved into them. To make them more efficient Burdon Sanderson applied to the University for £500 for gas and heating, and £500 for fittings. With far-sighted and unusual intelligence the Anti-vivisectionists and "crank" party started an opposition. There was no gas or heating apparatus. Fortunately these obstructionists were defeated. It is a lamentable story that one of the greatest of Oxford's scholars was the centre of this childish obstruction.

The development of the Science Schools having been traced, it only remains now briefly to state the present position of the Oxford student of medicine.

He goes to Oxford, having usually passed Responsions before going up; and here it is well to state that in this examination a much greater knowledge of Classics is required than is generally believed. Amongst other things there is a "sight Latin prose" of three hours' duration, besides Greek and Latin Grammar. The standard is not scholarship, but "howlers" are not permitted in a successful candidate. Previous to 1885 Moderations was an essential. This is an examination of considerable classical requirements, and far more extensive and exacting than Responsions. Since 1885 Science men have been allowed, in lieu of Moderations, to take up an "Extra Subject." This is an examination in one of the following subjects:—(i) A portion of a Greek or Latin historical or philosophical author; (ii) a portion of a French or German historical or philosophical author; (iii) a portion of Bacon's *Novum Organum*; (iv) Elements of Logic, Deductive and Inductive. An examination in Holy Scripture is necessary unless there be some religious objection, in which case some Greek or Latin book must be offered in its place. The examination subject-matter of one of the Synoptic Gospels and the Gospel according to St. John; (ii) the subject-matter of the Acts of the Apostles or an equivalent portion of the Old Testament. In addition to these examinations there are the preliminaries in Physics, Chemistry, Botany, and Morphology, each consisting of three hours' practical and three hours' paper. These are all generally passed by the end of the second year. In the third year men pass the first M.B., an examination in Human Anatomy, Human Physiology, Organic Chemistry, and Materia Medica. The fourth year is devoted to the final examination for the B.A. degree. At Oxford the B.A. examination requires one subject only. For students of Medicine this is generally Physiology. But although only one subject is required, a more extensive knowledge than can be obtained from text-books is necessary for a first class. It is almost an essential to be able to read German and French current scientific literature. The papers, of which there are four, contain eight questions each, but it is sufficient to answer three, or the most four. The answers to the questions chosen are expected to be of the nature of a discussion on difficult points, rather than an exposition of elementary detail. The Practical Examination is no less severe, and extends over two days. At the end of all this is a *viwed voce*. It should be carefully borne in mind that everybody must pass all the preliminaries before being admitted to the final examination. In this way it is hoped that an appreciation of the unity of nature may be obtained from an elementary knowledge of all the chief branches of science, and a desire for original research aroused by a knowledge of the difficulties and vexed questions of that particular science chosen for the degree examination. The clinical teaching at Oxford is hardly worthy of consideration. The Radcliffe Infirmary is open, on payment of a fee, to students of Medicine, but the institution is most informal. Some agitation was set on foot in 1889 to allot a certain number of beds to the Regius Professor of Medicine, but was unsuccessful. The Regius Professor of Medicine is therefore not a physician to the infirmary in virtue of his office, and it might happen that a newly appointed professor would have to wait many years before there was a vacancy on the staff. But from early times it has not, and is still not desired to make Oxford a complete Medical School, but rather a means of preparing men for clinical study elsewhere. The city is not large enough to afford sufficient cases for exhaustive clinical teaching. Such teaching is best obtained in a big city like London, and for that reason Oxford men connect themselves with the great hospitals of the metropolis after passing the first M.B. The second M.B. is a qualifying examination, and has nothing to distinguish it particularly from the examinations of other Universities for a similar degree. The doctorship is given for an approved dissertation.

It remains now to be seen whether this tendency of the University towards early specialising will be beneficial. Not many years ago it was quite the exception to devote any time previous to the attainment

of the B.A. degree to the study of those subjects required for the first M.B. It is now the exception for a man to spend four years in the study of purely philosophical science. Much of his time is spent in learning human anatomy, materia medica, and other more commercially useful subjects. Philosophical science must necessarily suffer, but it remains for the coming years to decide if the Oxford medical man of the future will continue to hold the high position in the profession that he has done in the past. No more auspicious testimony of the efficacy of Oxford training can be adduced than the extraordinary number of Oxford men now holding positions on the staffs of the great London hospitals; and when with this is taken into consideration the small number of Oxford medical men on the register, the result is most flattering to their teachers, and a lasting honour to the methods of the University which reared them.

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Notes.

ONCE more we have the extreme pleasure of chronicling the gallantry of an old Bart's man—Surgeon-Captain Whitchurch. Some extracts from the diary kept by Dr. Robertson during the siege of Chitral speak for themselves. We reprint them from the *Englishman* of May 4th.

"March 4th, casualties.— . . . Captain Baird was fearfully wounded. He was at first reported missing along with Surgeon-Captain Whitchurch, but was subsequently carried in by Dr. Whitchurch and a few Gurkhas under circumstances of most extraordinary gallantry. The little party came along the river bank, and, although it was being fired at the whole way, and lost nearly half of its original number, no single man attempted to leave his officers.

"Baird is dying, I fear. Characteristically he urged me not to forget Dr. Whitchurch, and has told me how Dr. Whitchurch had to charge the walls and small sangars on the road. On one occasion the party was surrounded, and must have been cut to pieces, Baird says, but for the splendid charge by Whitchurch, who lost four of his own men in hand-to-hand fighting, but he inflicted such loss on the enemy that they did not again come within reach of his bayonets.

"It is difficult to write temperately about Whitchurch; nearly all his party were wounded."

DR. THORNE-THORNE, C.B., F.R.S., has been appointed by the Queen to be for five years a member of the General Medical Council, in the place of Sir John Simon, K.C.B., resigned.

PRESENTATION DAY at the University of London passed off with its usual ceremonies on May 15th. Only fourteen Bart's men turned up to receive their degrees, and fourteen were so indifferent as to absent themselves. Amongst those presented were W. C. Willoughby, M.D. (State Medicine), W. McA. Eccles, M.S. (Gold Medal), and W. E. Lee, M.B. (Scholarship and Gold Medal in Obstetric Medicine).

WE ARE PLEASED to note that the Hospital Authorities, in creating the new office of "Pathologist to the Hospital,"

have recognised the importance of bacteriological investigations in the diagnosis and treatment of disease. The new officer is appointed to conduct pathological inquiries in connection with the diagnosis and treatment of the patients, and his office is quite distinct from that of "Demonstrator of Morbid Anatomy," whose duties are to conduct the post-mortem examinations. It is a matter for congratulation that the new office will be filled by one so competent as our Lecturer on Pathology, Dr. Kanthack.

THE BRACKENBURY SURGICAL SCHOLARSHIP has been awarded to L. Giles; W. G. Clark is *proxime accessit*.

THE BRACKENBURY MEDICAL SCHOLARSHIP has been awarded to Sinclair Gillies.

THE WIX PRIZE for the best essay on the Life and Works of Thomas Sydenham has been awarded to C. C. I. Turnbull; G. A. Auden is *proxime accessit*.

THE LAWRENCE SCHOLARSHIP AND GOLD MEDAL have been awarded to J. K. Murphy.

WE are glad to notice that Frederick H. Carter, M.D., F.R.C.S., of Putney, an old Bart's man, won the Mackenzie Challenge Cup at the recent spring meeting of the London Scottish Golf Club on Wimbledon Common on May 18th. Score 94 — 12 = 82.

THE ANNUAL SUMMER CONCERT given by the members of the Junior Staff and of the Musical Society will take place in the Great Hall of the Hospital on Tuesday evening, June 25th, at 8 o'clock *punctually*. The programme will commence with a humorous cantata composed by George Fox, entitled "The Jackdaw of Rheims." Past members of the Junior Staff who wish to be present and have not yet received tickets are requested to communicate with one of the Hon. Secs., Mr. H. J. Paterson and Mr. R. Sevestre.

WE wish again to draw the attention of Secretaries to the importance of sending in the reports of their Clubs by the 1st of the month. At present they seem to think that the printing of the JOURNAL occupies about twelve hours. Great inconvenience and sometimes delay in the issue of the JOURNAL results from this carelessness.

WE are asked to state that the second session of the International Congress of Gynaecology and Obstetric Medicine will take place at Geneva in the first fortnight in September, 1896. By an error several of the medical journals have announced this session for 1895.

THE Committee of the Gloucestershire County Cricket Club have resolved that a dinner to Dr. W. G. Grace, to celebrate his one hundredth "century" in First Class

Cricket, shall be given on Monday, June 24th. The Duke of Beaufort will take the chair.

We understand also that steps are being taken by the Gloucester County Committee to get up a national testimonial to Dr. Grace.

At last light is to be thrown upon the doings of the "Lady Medicals." The Magazine of the London School of Medicine for Women and Royal Free Hospital is a neat little periodical, which began life a few weeks ago, and is to appear three times in the year.

Though the last addition to the ranks of Hospital Journalism, its general style and the quality of its matter entitle it to a place in order of merit which is certainly not the last.

The "feminine touch" is easily recognised in many places: the editors would not, we are sure, wish otherwise.

In it we read of tennis, tugs of war, cycling clubs, and swimming clubs, and again we wonder to our editorial selves, "How long will it be before the Athletic Shield goes to the Royal Free?"

An index and title-page for Vol. I of the JOURNAL are in course of preparation. A cover, in which the JOURNAL can be bound, is also being designed, and will be ready before the publication of our next issue.

The number of members of the Amalgamated Clubs now exceeds 500.

THE SEVENTH DECENNIAL CONTEMPORARY CLUB will hold its Annual Dinner on July 3rd.

THE EIGHTH DECENNIAL CONTEMPORARY CLUB, which is now being formed, will hold its Inaugural Dinner at the Café Royale on July 12th.

Men who joined the Hospital between October, 1885, and October, 1895, and who have since become qualified, are eligible for membership, and should without delay communicate with the Secretaries, Dr. Kanthack and Mr. Waring.

An Inter-Hospital Boxing Competition has recently been held, but owing to the extremely short notice given to us, none of our men were able to compete.

Abernethian Society.

THE Mid-Sessional Address of the Abernethian Society will be delivered on June 20th by Dr. Thorne-Thorne, on "Some Difficulties in the Isolation of Infectious Discases."

Amalgamated Clubs.

NEW MEMBERS.

Table listing new members with names and initials, such as R. Armitage, W. H. Carson, P. W. Brigstocke, etc.

CRICKET CLUB.

The season is now well advanced, yet we are not able to record a single victory. This must not be put down to any weakness in the team, as they have shown themselves to be, in batting at any rate, considerably stronger than that of last year.

The 2nd XI have so far done splendidly, and have proved themselves to be very strong all round. They have played six matches; lost one, drawn one, and won four.

We are drawn against University College Hospital in the second round of the Inter-Hospital Cup Ties, and the match will be played at Honor Oak Park (Guy's Hospital ground) on Monday, June 17th.

ST. BART'S v. ST. JOHN'S SCHOOL, LEATHERHEAD. Played at Leatherhead on Saturday, May 11th, and ended in a draw, the Hospital wanting twenty-five runs to win with one wicket to fall.

The School won the toss, and were not dismissed till their score reached 159. The feature of the innings was the very nice batting of Harvey, whose play on the off side was very clean.

ST. JOHN'S SCHOOL. ST. BARTHOLOMEW'S HOSPITAL. Table listing scores for both teams.

Table showing scores for St. John's School and St. Bartholomew's Hospital, including names of batsmen and their runs.

Played at Southgate on Saturday, May 18th, and left drawn. Owing to the late arrival of our opponents a very late start was made.

fidently and well. Sixty-two runs were put on for the fourth wicket, when Greaves was run out. At 131 for eight wickets the innings was declared closed.

Southgate began batting at twenty minutes to five, but with the exception of Smith could do nothing with the bowling of Pank and Rose, and at call of time had lost seven wickets for 71 runs.

Rose bowled extremely well, his four wickets costing 30 runs, whilst Pank took three wickets for 31 runs.

SCORES.

Table of scores for St. Bartholomew's Hospital and Southgate, listing batsmen and their runs.

Total (7 wickets) 71

ST. BARTHOLOMEW'S HOSPITAL v. HORNSEY.

Played at Winchmore Hill on Saturday, May 25th, and left drawn. Hornsey won the toss, and commenced batting with B. A. Clarke and B. F. Furniss, to the bowling of E. F. Rose and Pank.

With only two hours to bat, Bart's went in without the intention of hitting off the runs, but as when time was called we were within 23 runs of our opponents' score, with seven wickets to fall, it appears that it might have been done after all.

Bond and Simmonds put on 43 for the first wicket, and later on Jeaffreson and Randolph batted with confidence, so that at the time the total was 116 for four wickets.

SCORES.

Table of scores for St. Bart's and Hornsey, listing batsmen and their runs.

PAST v. PRESENT.

The above match was played on our ground on Saturday, June 8th, on the occasion of the formal opening of the new ground. Bond having lost the toss, the Hospital took the field soon after 11 a.m.

taken, the pair being still together. After rather a long interval play was resumed, Heasman quickly setting to work again, making some beautiful cuts off Pank. The score was carried to 130 before Whiteford was sent back for a useful 29.

Hospital started with Bond and Jeaffreson, only 7 had been knocked when Jeaffreson returned one to Cobbold letting in Greaves. With addition of but 2 more, Bond was badly run out by Greaves.

FULL SCORES.

Table of full scores for Hospital and Present, listing batsmen and their runs.

Total 236 Total 99

Table showing analysis of scores, including overs, maidens, runs, and wickets.

LAWN TENNIS CLUB.

Our season so far has been a fairly successful, or, at any rate, satisfactory one. We have played ten 1st team matches, winning four and losing four, the remaining two being drawn owing to want of time.

May 4th.—v. Putney, at Putney. St. Bart's won by 5 matches to 4. C. Padwick and J. Martin won 3 matches. H. Shewell and R. F. Bird won 2 and lost 1 match.

May 11th.—*v.* Surbiton, at Surbiton. St. Bart.'s lost by 4 matches to 5.

H. Shewell and R. F. Baird won 2 matches and lost 1.
T. Martin and F. E. Price won 1 and lost 2 matches.
P. Wood and F. E. Price won 1 and lost 2 matches.
May 18th.—*v.* Putney, at Putney. St. Bart.'s lost by 4 matches to 5. This was a very close and interesting match, but our opponents had a slightly stronger team than when we met a fortnight previously. With Bousfield we should almost certainly have won.

H. Shewell and R. F. Baird won 2 matches and lost 1.
R. Waterhouse and A. Woolcombe won 1 match and lost 2.
P. Wood and F. E. Price won 1 match and lost 2.
May 18th.—*v.* Albemarle (2nd teams), at Winchmore Hill. St. Bart.'s lost by 2 matches to 7.
May 22nd.—*v.* HURLEY, at HURLEY. St. Bart.'s won by 5 matches to 1.

J. C. Padwick and R. Waterhouse won 2 matches.
A. Woolcombe and P. Wood won 2 matches.
S. Hey and G. V. Bull won 1 and lost 1.
May 23rd.—*v.* Winchmore Hill, at Winchmore Hill. Drawn. Each side won 4 matches.

H. Shewell and R. F. Baird won 2 and lost 1 match.
R. Waterhouse and A. Woolcombe won 1 and lost 1 (unfinished).
P. Wood and F. E. Price won 1 and lost 2 matches.
May 25th.—*v.* Icen, at Upper Clapton. St. Bart.'s won by 11 matches to 2.

R. F. Baird, A. Woolcombe, F. E. Price, and S. Hey, all won both their single and double matches.
May 29.—*v.* Albemarle, at Beckenham. St. Bart.'s lost by 2 matches to 7. This was a defeat which was almost a victory, as in both the matches last year this very strong club beat us 9 matches to 0!

H. Shewell and R. F. Baird won 2 matches and lost 1.
J. C. Padwick and H. A. Andrews lost 3 matches.
P. Wood and F. E. Price lost 3 matches.
May 30th.—*v.* Walthamstow, at Walthamstow. (St. Bart.'s 2nd team.) Won by 6 matches to 3.

P. Wood and F. E. Price won 3 matches.
S. Hey and G. V. Bull won 2 and lost 1.
P. Christopherson and C. Turnbull won 1 and lost 2 matches.
June 1st.—*v.* Harold, at Winchmore Hill. St. Bart.'s won by 6 matches to 3.

H. Shewell and R. F. Baird won 3 matches.
P. Wood and F. E. Price won 3 matches.
S. Hey and G. V. Bull lost 3 matches.
June 5th.—*v.* Forest Gate, at Forest Gate. St. Bart.'s lost by 3 matches to 6.

F. E. Price and J. W. Nunn won both their single and double matches.
V. Bell and R. F. Baird } lost both single and double.
J. C. Padwick and T. Martin }

June 8th.—St. Bart.'s, Past *v.* Present. This match was unfortunately drawn owing to the players having to leave for the dinner, the Past having won 4 matches to 3 at the time of closing.

R. Baird and A. Woolcombe—
beat Rolleston and Miles, 6 1, 6 2;
lost to Williams and Powell, 9 7, 2 6, 2 6;
and Weir and Hayward, unplayed.

J. C. Padwick and T. Martin—
lost to Rolleston and Miles, 6 8, 6 8;
beat Weir and Hayward, 6 3, 6 3;
and Williams and Powell, unplayed.

P. Wood and F. E. Price—
lost to Williams and Powell, 2 6, 3 6;
lost to Weir and Hayward, 3 6, 3 6;
beat Rolleston and Miles, 1 6, 6 2, 6 4.

The Inter-Hospital Cup ties take place on June 17th, 18th, and 20th, at Chiswick Park. The draw is as follows:

Bye University

St. Bart.'s }
London }
St. Thomas's }
Guy's }
Bye St. George's }

SWIMMING CLUB.

CAPTAINCY RACE.—(10 lengths = 300 yards.)

At the Fitzroy Baths on May 16th, W. F. Bennett won by two

lengths from W. J. Codrington; W. R. Stowe was third. Time, 4 min. 42 sec.

WATER POLO MATCH (St. Bartholomew's Hospital *v.* Tadpole S.C.).
Played at Kensington Baths on May 20th. Bennett scored for the Hospital soon after the start, but the Tadpoles equalised before half-time. In the second half the Tadpoles scored three more goals, and won by four to one.
Team.—T. C. L. Jones, goal; F. G. Richards, G. Jones, backs; W. R. Stowe, half-back; W. J. Codrington, W. F. Bennett, F. R. Weaver, forwards.

ASSOCIATION FOOTBALL CLUB.

The Annual General Meeting of the above Club for selecting Officers for the ensuing season was held in the Smoking Room on Monday, May 28th. W. H. Jessop, Esq., F.R.C.S., took the chair, and a large number of members were present.

I. J. F. Fernie proposed, and C. G. Watson seconded—"That officers for the ensuing season be selected by last year's Committee and playing members of the Club (*i. e.* members who have played for the Hospital at least three times)."
This was carried unanimously.

H. R. P. Brown proposed, and J. F. Fernie seconded—"That the bye laws of the Club be suspended, and that this rule be brought into force at this meeting."
This was carried unanimously.

The following Officers were then selected for season 1895-6:
President.—W. H. Jessop, Esq., F.R.C.S.
Captain 1st team.—R. P. Brown.

Captain 2nd team.—R. Waterhouse.
Secretary.—L. E. Whitaker.

Assistant Secretary.—C. G. Watson.
Vice-Captain 1st team.—E. W. Woodbridge.
Committee.—I. J. Fernie, H. J. Pickering, C. H. Hopkins, E. H. B. Fox, A. Hay, C. A. Robinson, W. Wrangham, J. A. Willett, T. H. Talbot, first year's man (to be selected).
A vote of thanks to the Chairman ended the meeting.

St. Bartholomew's Hospital Smoking Concert Club.

At the General Meeting held Friday, May 31st, the following gentlemen were elected officers of the Club for the season—May 1st, 1895, to May 1st, 1896:

President.—Howard Marsh, Esq., F.R.C.S.
Vice-President.—P. Furnivall, Esq., F.R.C.S.
Chairman.—Mr. P. O. Andrew.
Vice-Chairman.—Mr. D. I. F. Rolton, Mr. F. W. Gale.
Treasurer.—Mr. J. C. Padwick.
Committee.—Messrs. W. N. Barron, J. K. Birdseye, H. J. Godwin, P. W. James, C. G. Meade, T. Martin, J. W. Nunn, A. N. Wilde.
Hon. Secretaries.—Messrs. W. R. Stowe, J. C. Powell.

The Opening of the Amalgamated Clubs Ground at Winchmore Hill.

ON Saturday, June 8th, the new ground at Winchmore Hill was formally opened by the Treasurer of the Hospital, Sir Trevor Lawrence. Lady Lawrence had kindly consented to open the ground, but unfortunately she was confined to the house by ill health.

A special train took to Winchmore Hill a large number of past and present Bart.'s men, together with their friends. The fair sex was well represented.

A marquee had been erected on the ground, and in it refreshments were supplied during the afternoon.

At half past two the visitors collected in front of the Pavilion, where Dr. Shore (President of the Amalgamated Clubs) explained briefly the process by which the amalgamation of the different clubs in the Hospital had led ultimately to the possession of a ground and the erection of a pavilion. Dr. Shore then asked Sir Trevor Lawrence to declare the ground open.

Sir TREVOR expressed his regret that Lady Lawrence was prevented from performing so pleasing a duty. He congratulated the students on the possession of so excellent a recreation ground and such a thoroughly serviceable pavilion, and hoped that it would improve still further the honourable position which the Hospital already held in the athletic world. He spoke of the value of athletic training, and attributed much of the success of the British nation to its influence. He then hauled up the flag of the Amalgamated Clubs amidst enthusiastic cheering, and declared the ground open.

Dr. CHURCH proposed a vote of thanks to Sir Trevor, which was heartily carried, and the visitors separated to watch the Past *v.* Present Cricket and Tennis matches, which were then recommenced.

In another column we give a report of both the Cricket and Tennis matches.

All the expenses, including refreshments, in connection with the opening ceremony, were borne by the Medical School.

The weather fortunately was all that one could wish, and all seemed to enjoy themselves. The ground, surrounded as it is by a thick belt of trees, is naturally picturesque, but the gay dresses of the visitors sitting in the abundant shade beneath the trees produced a general effect which was extremely pleasing. Over 1000 people were present.

AMALGAMATED CLUBS DINNER.

At eight o'clock on June 8th the members of the Amalgamated Clubs sat down to a dinner, held in the Venetian Room of the Holborn Restaurant, in celebration of the opening of the Club ground.

It was the first dinner held by the Amalgamated Clubs, and if future dinners are to be so well attended, or to go off with anything like the enthusiasm that this one did, one need have no fear about the *esprit de corps* in the Hospital, or the future of the Amalgamation.

The chair was most efficiently occupied by Dr. SHORE, who after the conclusion of the dinner gave the Royal toast, and then that of the "Amalgamated Clubs of St. Bartholomew's Hospital." Dr. Shore told the company that they themselves were the Amalgamated Clubs, and that in asking them to drink to the Clubs he was asking them to drink to themselves. He told, amidst terrific cheering, how much the present success of the amalgamation was due to the untiring interest and efforts of Mr. Bowlby, the Treasurer of the Clubs. He mentioned the names of the secretaries who

had officiated for the amalgamation during the first three years of its existence up to the present time, Mr. W. G. Richards, Mr. H. B. Meakin, and Mr. Henry Bond, and asked that with the toast might be coupled the name of Mr. Bowlby and that of the present Secretary, Mr. Bond.

In replying, Mr. BOWLBY—who was received with a small earthquake—stated that the movement which amalgamated the Clubs, and resulted in the possession of a ground and pavilion, had been initiated entirely by the students themselves; they had then approached the Staff, who had been only too glad to render whatever assistance they could. He considered that the main difficulty in the way of their procuring a ground had been removed by Mr. Willett; for when he and Dr. Shore, as President and Treasurer of the Clubs, had decided that the Winchmore Hill ground was in every way suited to the requirements of the Clubs, they had approached Mr. Willett, as Treasurer of the Medical School, with a view to arranging the financial difficulties. Mr. Willett, contrary to the custom of most treasurers when asked to spend money, said, "There's no difficulty" and with the help of certain other members of the Staff who formed the "Ground Committee," an arrangement was made by which certain school moneys should be invested in the ground, the Amalgamated Clubs paying the interest in the shape of an annual rent.

Mr. HENRY BOND said that the amalgamation of the Clubs had always been incomplete until the acquisition of a club ground. The possession of a ground was certain to do much to improve the athletics of the Hospital. Already out of the four great Inter-Hospital Competitions, Rugby, Association, Cricket, and Athletics, Bart.'s was champion of two of them, holding the Association Challenge Cup and the Athletic Challenge Shield. The last year's cricket team had shown themselves well to the front, and the Rugby in drawing with St. Thomas's, the winners of the Cup, had proved themselves worthy of the Hospital. He hoped that in the Cricket Competition soon to begin, and in the Rugby Competition next season, they would do still better.

Mr. H. B. MEAKIN proposed "The Old Bart.'s Men." It had been said that Bart.'s men were more proud of their Hospital than the men of any other medical school; this had been characterised as unwarrantable conceit. Every time he went into the Great Hall, and looked at the portraits of those who had contributed to the honour and glory of the Hospital, he felt proud that he belonged to a hospital with such noble traditions.

The reputation of the Hospital depended upon three factors: first, upon the prestige handed down by those who had during their lives done work which would never be forgotten, and some of whose portraits were now hanging in the Great Hall; secondly, upon the thoroughness of the work done in the Hospital and School, and the efficiency of those in whose hands the control lay; but mainly upon

the third factor—the great army of old Bart's men who represented the Hospital in every corner of the world.

In every branch of the profession Bart's men were well to the front. He mentioned Sir James Paget among surgeons. The English nation was proud that Surgeon-Captain Whitchurch, who behaved so gallantly in the Chitral siege, was an Englishman, but we were even more proud because he was a Bart's man. In cricket Dr. Grace, a Bart's man, stood alone in a class that had no second name. The old Bart's men had always taken the greatest interest in the amalgamation of the Clubs, and he asked the Clubs to drink "Prosperity and Unity to old Bart's men;" he coupled with the toast the names of Dr. W. G. Heasman, who captained the "Past" cricket team, and Dr. C. O'B. Harding, who captained the Rugby team the last time they won the Hospital cup.

Dr. HEASMAN said the new ground was far superior to anything that had been even dreamt of in his student days. He considered it amongst the best grounds in the neighbourhood of London, and complimented the Club upon the excellence of the Pavilion. Speaking of the Past v. Present match, he said it would as a regular fixture do much to unite past and present Bart's men, and he hoped the amalgamation of the Clubs might spread to the amalgamation of all old Bart's men in the country.

Dr. HARDING objected to the appellation *old Bart's men*, they were Bart's men, and would he Bart's men as long as they lived. In one's student days there was, he said, plenty of time for work and for sports of all kinds. Without plenty of physical exercise health could not be maintained, and without health good mental work could not be done. Referring to the new Directory of Bart's men, he thought it would do much in keeping Bart's men together, since when patients moved from one part of the country to another, one could find out what Bart's men were near and recommend them.

Mr. FURNIVALL, in proposing "The Staff," said that the Staff were always ready to help forward the athletics of the Hospital, because they were all "sportsmen." In evidence of this he reminded men that the Staff have for several years played the students annually at golf.

Dr. CHURCH replied to the toast, on behalf of the Medical Staff, saying that the dinner not only marked the opening of the ground, but the drawing closer of the union between past and present students. He was followed by Mr. SMITH, for the Surgical Staff, who commented on the new relation between the Staff and students—namely, that of landlords and tenants.

Mr. WILLET proposed "The Chairman," and described how Dr. Shore's biological researches had first led him to visit Winchmore Hill, where he had noticed the ground which the Clubs now possessed.

Mr. Willett read a message from Mr. Luther Holden, expressing his regret that he could not be present, and

concluding with "Say God-speed to them, and may they all prosper. Give them my blessing: the blessing of an old man of seventy can't harm them."

Dr. SHORE said that he was proud to have presided over the first dinner of "Past and Present Students," and he trusted that many similar dinners would follow in the years to come.

Interspersed among the speeches was the following music:

Overture ... Popular Airs Mr. JOHN EDGAR.
Musical Variations ... (S. Gibson) Mr. STANLEY GIBSON.
Violin Solo ... "Reverie" (Vieuxtemps) Dr. HAYDON.
Song ... "It ain't all Lavender" Mr. C. G. MEADE.
Song ... "Nancy Lee" Mr. D. L. E. BOLTON.
Song ... "Ho! Jolly Jenkin!" Mr. J. W. NUNN.

The evening concluded with "God save the Queen" and "Auld Lang Syne." 150 men were present.

Athletic Sports.

THE Athletic Sports came off at Stamford Bridge on Friday, June 7th, and as regards performances were no doubt successful enough, but the attendance of "Bart's" men can only be characterised as absurd, and such slackness in supporting the most successful club in the Hospital is most strongly to be condemned. There were many more ladies than men present, which is only another instance of the advancing female. We were particularly unfortunate, in that C. V. Cornish was unable to compete, owing to an accident to his knee which in all probability will prevent him representing us in the United Sports on the 19th of this month. Mason, too, was far from well, and indeed was in two minds about running until the last moment; he managed, however, to carry off both the quarter and the half in fairly creditable time.

P. W. James, much to our astonishment, is developing into a first-class "sprinter," and the way he won the 120 yards handicap from the 4 yards mark was really most surprising. Hay competes in too many events to be successful, and he must improve on his running in the half if he wishes to retain possession of the United Cup. Bennett's performance in the weight was excellent, and he ought to be sure of this event on the 19th.

Mr. Walsham, the President, gave a handsome carriage clock as a prize for the 100 yards scratch; it now tells Woodbridge when it is time for him to start for that everlasting 9 o'clock lecture.

Mrs. Walsham kindly gave away the prize at the end of the day, amidst the enthusiastic cheering of the friends of the lucky competitors.

The London Victoria military band played throughout the afternoon, and afterwards most of them competed in a highly amusing bandmen's race, 200 yards. We must not conclude before mentioning the grand running of Wilkins in the mile strangers' race; starting from virtual scratch, he ran

strongly throughout, just winning from Crowhurst by about one yard.

100 YARDS SCRATCH RACE.—E. W. Woodbridge, 1; J. W. Nunn, 2; A. Hay, 3. Won by a foot, one yard between second and third. Time, 10½ secs.

HALF-MILE HANDICAP.—S. Mason, 5 yards, 1; A. L. Vaughan, 35, 2; A. Hay, scratch, 3; P. W. James, 10, 0; H. N. Marrett, 35, 0. Mason took the lead 200 yards from home, and although tiring rapidly, managed to win a good race by a yard. Time, 2 min. 3½ secs.

120 YARDS HANDICAP.—P. W. James, 4 yards, 1; J. W. Nunn, 3, 2; E. W. Woodbridge, 4, 3; J. D. Cautley, 5, 0. Won easily. Time, 12½ secs.

HIGH JUMP.—H. Butler, receives 3 in., 5 ft. 4½ in., 1; G. W. Stone, 1 in., 5 ft. 5 in., 2; S. F. Smith, scratch, 5 ft. 5 in., 3; H. W. Park, 1 in.; J. R. Cautley, 3 in.

120 YARDS HURDLE HANDICAP.—E. W. Woodbridge (owes 15 yards), 1; J. W. Nunn (owes 5 yards), 2; S. F. Smith (owes 5 yards), 3. Won easily. Time, 20½ secs.

LONG JUMP.—J. B. Cautley, receives 18 in., 19 ft. 11 in., 1; F. G. Simmonds, 36 in., 19 ft. 11 in., 1; J. W. Nunn, scratch, 19 ft. 8 in., 3; E. J. Deck, C. T. Price.

QUARTER-MILE CHALLENGE CUP (presented by Mr. Harrison Cripps). Holder, C. V. Cornish, retiring.—S. Mason, 1; P. W. James, 2; A. Hay, 0; S. F. Smith, 0; H. N. Marrett, 0. Mason made all the running, and won easily by 3 yards. Time, 55½ secs.

PUTTING WEIGHT.—W. F. Bennett, scratch, 36 ft. 8 in., 1; B. Rowlands, receives 5 lb., 31 ft. 11 in., 2; E. J. Deck.

HAMMER.—W. F. Bennett walked over.

ONE MILE HANDICAP.—A. L. Vaughan, 60 yards, 1; H. C. Howell, 80, 2; H. G. Pinder, 50, 0; W. J. Storms, 75, 0; K. Storms, 75, 0; C. T. Price, 100, 0. Won very easily. Vaughan going ahead soon after the start, and running well, finished nearly 70 yards ahead of second. Time, 4 min. 37½ secs.

FRESHERS' RACE (220 yards level).—E. Welchert, 1; A. J. Wells, 2; H. N. Marrett, 3. Won easily by 15 yards. Time, 26 secs.

ONE MILE STRANGERS' HANDICAP. E. J. Wilkins, L.A.C., 35 yards, 1; W. W. Crowhurst, L.A.C., 160, 2; J. E. Dixon, L.A.C., 270, 3; P. A. Cohen, L.A.C., 80, 0; W. Baker, L.A.C., 165, 0; E. D. Dixon, L.A.C., 195, 0; G. F. Crisp, L.A.C., 225, 0. H. A. Manso figured at scratch, but did not start. At a quarter of a mile the order had not changed, at three-quarters Wilkins had run into fourth place behind the two Dixons and Crisp, and getting on terms with the leaders at the top of the straight eventually won a good race by a yard, 10 yards between second and third. Time, 4 min. 27½ secs.

The BANDSMEN'S RACE was won by Drummer Weaver, with Stone second. The distance was 200 yards, and Weaver had 80 yards. Each man carried his instrument.

The Lay of the Royal British Nurses' Association.

"MEDICAL practitioners . . . tell of interferences practised . . . sometimes by highly trained nurses. . . . The highest outcome of her life: by that I mean matrimony. . . . I bid you be ready for it when a good opportunity offers. The veil . . . is a part of the costume I cannot understand. . . . I would abolish it."—Extracts from *The Modern Trained Nurse*, an address delivered by Sir Dyce Duckworth, March 15th, 1895.

Duckworth is of Grafton Street, by his own head he swore
That the great staff of nurses should air themselves no more;
By his own head he swore it, and called the B. N. A.,
And bade their secretary send forth
East and west, and south and north,
To summon their array.

East and west and south and north the secretary sends fast,
To every London hospital the summons has been passed;
Shame on the gay probationer who lingers far away!
For Dyce Duckworth is on the stump to-day.

Now nurses and probationers are gathering to the show,
From hospitals and institutes and dwellings high and low;
From many a peaceful dormitory where, banished from the light,
Poor nurses snore the day away and rise to work at night.

From lordly St. Bartholomew's, where frowns the far-famed hold,
Filed by the hands of Rahere for all the poor of old;
From Guy's and Metropolitan, from London and the West,
St. George's and St. Thomas's, Mary's, and all the rest.

From Addenbrooke's, far distant, queen of the Camus waves,
Where ride the light blue coaching tubs, heavy with tolling slaves;
From where old Isis rolls along 'mid woods and fields and flowers,
And Cherwell wanders pleasantly by many shady bowers.

And now the thronging multitude has somehow crowded in,
Packed tight as herrings in a box, or sardines in a tin;
Staff nurses clad in stripes and belts, ward sisters 'clad in blue,
Nurses who've done a four years' course, nurses who've done but two.

Nurses in cloth, nurses in prints, nurses in common frocks,
Matrons and young probationers, with curly flaxen locks;
Last, very much de trop 'mid all that petticoat array,
A long-legged trousered animal, the author of this lay.

Now the chairman's brow was clear, and the chairman's speech was bright,
Smiling he gazed upon those rows of caps and aprons white;

Quoth he, "The Speaker of to-night, behold! to you I show;
I will not tell you who he is, because—your night to know."

Then out spake brave Sir Dyceus, "A fearful thing 'm told,
That you defy the doctor's rule! How could you be so bold?
One remedy there is for all, this is what you must do.

Go, get you married—that will take the nonsense out of you!

"One word I add, your uniform is tidy, clean, and neat;
It makes the dulllest face look bright, the homeliest look sweet;
But that strange thing you call a veil I cordially hate,
Take my advice and cut it off before it is too late!"

Answered a member elderly, "With you I quite agree;
The veil is bad, and wedded life is just the life for me."
Then out spake a matron roundly, "Tis patent to the blind,
It all on honeymoons decamp, none will be left behind!"

This stubborn argument, alas! left nothing to be said,
Night nurses now began to fawn, and wish they were in bed.
Straightway around the narrow stair winds all that great array,
And the whole flock of nursing stock slips silently away.

So in long winter evenings of happy years to come,
When work is o'er, and that night-hell is fortunately dumb,
When the good man writes his case-book up, and reads the local news,
And the good wife, nurse-like, busily is knitting baby's shoes;
When boys and girls by loving hands are safely tucked in bed,
And babes no more pull mother's hair, nor thump poor father's head;
When the oldest smoking coat is donned, and the largest pipe is lit,
Old faces of the Hospital will through the firelight flit;
And then with joy and thankfulness will be the story told
How bold Sir Dyceus bade them wed in the brave days of old.

Dedicated to certain of my late colleagues, with many apologies to
Sir Dyce Duckworth, by L. L. T. A.

Examinations.

AT THE PRIMARY FELLOWSHIP F. E. Scrase, L.R.C.P., M.R.C.S., T. H. R. Smith, L.R.C.F., M.R.C.S., M. G. Dyson, G. K. Fox, L.R.C.P., M.R.C.S., H. Mundy, J. H. Churchill, J. F. Wood, L.R.C.P., M.R.C.S., E. H. E. Hewer, W. E. Bennett, L.R.C.P., M.R.C.S., J. L. Dick, M.B.(Ed.), L.R.C.P., M.R.C.S., and T. H. Mulesworth have passed.

IN THE FINAL L.S.A. G. H. Smith has passed in Surgery and Forensic Medicine, R. A. Fegan has passed in Surgery, and A. C. Fenn has passed in Medicine.

IN THE FINAL F.R.C.S. nine out of the ten Bart's men who went up have been successful, viz.: F. H. Marson, P. R. Cooper, P. Furnivall, N. O. Wilson, K. Michell, H. J. Walton, J. S. Sloane, W. E. Bennett, and J. P. Wightman. Only twenty-six have been successful out of the total number of candidates (forty-three). Thus the percentage of passes from Bart's is much above the average, and of the new Fellows over one third are our men.

AT THE FINAL M.B. (LONDON) J. O. Harvey and W. H. Pollard have passed in the first division, and F. M. Burnett, A. W. R. Cochrane, and G. N. O. Slater have passed in the second division.

Appointments.

HOWARD MARSHALL, M.A., M.B., B.C. Cantab., to be Assistant House Surgeon to the Nottingham General Hospital.

EMERY, W. D'ESTE, M.R.C.S., L.R.C.P., D.Sc. Lond., has been appointed House Physician to the Queen's Hospital, Birmingham.

WALLIS, FRED. C., M.D., D.C. Cantab., F.R.C.S., has been appointed Surgeon to the out-patients at Paddington Green Children's Hospital.

FLETCHER, H. M., M.D., has been appointed Physician to out-patients at the Shadwell Hospital for Children.

Reviews.

THE DEFORMITIES OF THE HUMAN FOOT, WITH THEIR TREATMENT, by W. J. WALSHAM and W. KENT HUGHES (London, Baillière, Tindall, and Cox, pp. 350, with 301 illustrations, price 18s.).—Upon the experience which has been gained in the Orthopaedic Department of St. Bartholomew's Hospital during the past thirteen years the present monograph has been based. The book is divided into sixteen chapters, the first of which gives a clear and comprehensive account of the anatomy and mechanism of the normal foot. The next twelve chapters are devoted to the consideration of the different varieties of talipes, their symptomatology, pathology, and treatment. In the discussion of the aetiology of congenital talipes varus the various theories which have been proposed are considered, but the authors incline to the belief that the mechanical theory is the correct one, although they say that none of the theories are capable of being proved. In Chap. IV a most excellent account of the anatomy of congenital varus is given, which is founded upon a number of dissections which have been done by the authors.

The last three chapters contain an account of the different deformities of the toes, and the operative and mechanical measures which are practised for their cure.

In our opinion the present volume is one of the most important additions which have been made to orthopaedic literature of recent years. It also shows that if the so-called special departments are well worked in a large general hospital, the special hospitals can scarcely be considered necessary, since everything which can be done in them can be done as well or better in a general hospital.

A MANUAL OF GYNECOLOGICAL PRACTICE FOR STUDENTS AND PRACTITIONERS, by Dr. A. DUHESSEN, translated by Taylor and Edge (cr. 8vo, pp. 260, with 120 illustrations). London, H. K. Lewis, price 6s.—This book is a translation of a small text-book of gynecology which has been popular in Germany for the past four years, during which time it has passed through four editions. It presents a concise account of gynecology as it is taught at the Clinic of Professor Gusserow in Berlin. Some of the methods of treatment differ considerably from those which are practised in most of the London hospitals. On this account it will not be wise for a student to make this his only text-book in gynecology, but the volume is well worth reading, as it contains a large amount of valuable information. The translation is not very well done; there are too many long and complicated sentences, which have been translated almost literally from the German text.

INDEX OF MEDICINE, by Seymour Taylor, M.D. (cr. 8vo; London, Smith, Elder, and Co., price 12s. 6d.).—Though by no means one from which to read medicine, this book exactly answers to the description on the title-page, "An Index of Medicine for the Use of Senior Students." Each subject is treated as briefly as is consistent with the purpose of the book, and it is indeed surprising how many facts the author manages to get into so little space. The diseases, in the majority of cases, are discussed on the following plan—definition, causation, pathology, symptoms, diagnosis, prognosis, and treatment,—and in such a way as to enable a student when first meeting with a disease to get a complete idea of it in the shortest possible time.

To men who are working in the wards, and have no time to read the larger books on medicine, the "Index" will be of great service, and we confidently recommend it.

SURGICAL PATHOLOGY AND MORBID ANATOMY, by Anthony A. Bowly, F.R.C.S. (third edition, 1895, 640 pages, with 183 illustra-

tions; London, J. and A. Churchill).—In this, the third edition of Mr. Bowly's book, several additions and improvements have been made. The size of the page has been increased, making it uniform with the new edition of Walsham's Surgery. Several new chapters have been added, which bring the book up to date; thus Achondroplasia is considered, and a full page illustration is given of it. The number of illustrations has been increased from 158 to 183, most of them having been drawn by Mr. Mark. Dr. Kanthack has rewritten Chapter III, on "Micro-organisms in their Relation to Pathological Processes," and has added information on bacteriology in other chapters where it has been considered requisite. During the past few years surgery has made considerable advances, especially in the treatment of abdominal affections, and on this account we think that short chapters upon the pathology of the spleen, pancreas, biliary system, and the diseases of the umbilicus might have been introduced with advantage. We have no doubt that the present edition will be as popular with students as the former ones, and strongly recommend them to make themselves masters of it before going up for their final examinations in surgery.

SURGICAL DISEASES OF CHILDREN, AND THEIR TREATMENT BY MODERN METHODS, by D'ARCY POWER, M.A., M.B. Oxon., F.R.C.S. (cr. 8vo; London, H. K. Lewis, price 6s.).—Mr. D'Arcy Power is to be congratulated upon this volume. The book deals with a subject which is of the greatest importance, yet lately recognised as such. There are many points in which surgery of the adult is not surgery of the child; these points are well brought out in Mr. D'Arcy Power's book, and stress is laid upon those diseases which are especially common among children. Thus tuberculous disease is carefully described in its many varieties, and the treatment clearly explained. The author impresses on the reader the necessity of treating tuberculous abscess as infectious, and guarding against infection of the surrounding tissues, and the causation of tuberculous abscess of the skin. We are glad, too, to see that he condemns the use of drainage-tubes as a general practice. His concluding remark when speaking of abscess abscess we think worth quoting; the same sentiment may be applied with advantage to many other surgical methods which are at present ineffectual.

"The treatment of abscess in this stage is still unsatisfactory. Such improvements, however, have recently been made in our methods of treating these conditions that we need have no fear that we have arrived at the end of our surgical resources, but we may feel assured that in due time a satisfactory cure will be found even for the last stage of a localized abscess."

The antitoxin treatment of diphtheria, though scarcely a "surgical" method, is fully described. The morbid anatomy of leucæmia, with the indications for and against operative procedure, are well done, as also is the description of craniotomography in children; but in dealing with burns the author could well have added some details as to the constitutional treatment of the resulting shock and reaction.

The subjects dealt with are well classified, and the book is written in a style that is pleasant to read; no one will regret the hours spent in its perusal.

Births.

BRINTON.—May 26th, at Queen's-gate-terrace, S.W., the wife of Dr. Roland Danvers Brinton, of a son.
RUSHWORTH.—May 24th, at Langdale, Goldhurst-terrace, Hampstead, the wife of Frank Rushworth, M.D., of a daughter.

Death.

DAWSON, Dr. W. H., at Malvern, on February 10th.

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NOTICE.

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St. Bartholomew's Hospital Journal,

JULY 14th, 1895.

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

How to look up a Point in a Medical Library.

By ARCHIBALD E. GARROD, M.D.

HERE comes to most of us, either during our student days or at the outset of our medical career, a time when it is desired to gain a more complete knowledge of some subject than our text-books provide; and we are led to search for the original memoirs upon which the accounts contained in such works are based. To one so situated the wealth of material provided by one of the large medical libraries, such as those of the Royal College of Surgeons, and Royal Medical and Chirurgical Society, is apt to appear overwhelming, and he is at a loss to know where to begin his search. At such times a little guidance from one who has already trodden the same path may save hours of fruitless labour, and it is to supply a few hints as to the best books to consult at the outset that the following notes have been put together. I may mention

that all the publications to which I shall allude are to be found in the libraries above referred to.

It is a noteworthy fact that the chief works and periodicals in our language, which have for their object the provision of bibliographies of medical subjects, are of trans-Atlantic origin, and amongst such a prominent place must be given to the *Index Catalogue of the Library of the Surgeon-General's office, U.S. Army*. Of this great work fifteen large volumes have already appeared since 1880, and the sixteenth and concluding volume is expected during the present year. This is far more than a mere library catalogue, being indeed a most exhaustive bibliography of medical works and papers, arranged both under the names of the authors and under subject headings and sub-headings. As a rule, the search for references may be most advantageously commenced in its pages.

References to papers and works of later date than the earlier volumes of this catalogue may be found in the '*Index Medicus*,' another American publication which has appeared in monthly parts since 1879. As I write, it is announced that the publication of this most valuable periodical has ceased for want of adequate support, but it is greatly to be hoped that it will be found possible to continue it. In it the subjects are grouped under numerous headings, which are repeated in each monthly number, and under each heading the authors' names are arranged in alphabetical order. The journal in which a paper is published must be indeed an obscure one if it escapes entry in the '*Index Medicus*.' It results from the monthly appearance of the *Index* that, in searching through the literature of any given year, the particular heading or name must be looked up in the index of the volume, and followed through from month to month.

Sajous' '*Annual of the Universal Medical Sciences*,' also an American work, has appeared in sets of four or five volumes annually since 1888. It differs from the above publications in that it gives a sketch of the progress of the various branches of medical knowledge during the year, but the system of indexing employed is rather elaborate, and requires some little study before it can be readily and quickly used.

For papers dealing with the sciences allied to medicine, but not for those on clinical subjects, the Royal Society's Catalogue of Scientific Papers may be consulted. The first eight volumes give the titles of papers published from 1864 to 1873 inclusive, and a second series (1874-1883) is in progress. The references are grouped under the authors' names, and not according to subjects.

The volumes of the defunct *Medical Record* and *Medical Recorder*, the weekly supplements of the *British Medical Journal*, and the numbers of the *Practitioner*, *Medical Chronicle*, and other English journals, contain short abstracts of many important papers both British and foreign, and it is hardly necessary to add that a search through the indices of the *Lancet* and other journals, of the 'Transactions' of the several Medical Societies, and of the various Hospital Reports is often well repaid.

Those who read French will find short abstracts of many papers in the 'Revue des Sciences médicales' which has appeared quarterly since 1873, under the editorship of M. Hayem. Valuable bibliographies are also appended to many of the articles in the two great French Encyclopædias, each in many volumes, viz. the 'Dictionnaire encyclopédique des Sciences médicales' and the 'Dictionnaire de Médecine et de Chirurgie pratique.'

Year by year and week by week there issues from the presses of Germany a large and ever-swelling stream of Jahresberichte and Centralblätter devoted to every branch of medicine, surgery, and the allied sciences, and all giving abstracts of papers published in almost every language, so that with a knowledge of German one can keep oneself in touch with the progress of medical science in all lands.

Among the most valuable and comprehensive of these is the 'Jahresbericht über die Leistungen und Fortschritte in der gesamten Medicin,' usually known after its successive editors as Canstatt's or Virchow and Hirsch's 'Jahresbericht.' The whole range of the medical sciences is included in its scope, and this work, dating from 1842, and Schmidt's 'Jahrbucher,' published in monthly parts and quarterly volumes since 1834, are amongst the most valuable mines of information at the command of the student.

The two hundred and sixty-fourth volume of Schmidt's 'Jahrbucher' has now been reached, and collective indices of groups of volumes, which greatly facilitate a search, appear from time to time. Summaries of the progress of particular subjects form an additional feature of this publication.

Jahresberichte devoted to physiology, pathology, bacteriology, animal chemistry, practical medicine, and other special branches are also published.

The Centralblätter appear in frequent parts, and often contain original articles as well as abstracts. Among these the 'Centralblatt für medicinische Wissenschaften,' dating from 1863, is the most comprehensive in its scheme, and the associated 'Centralblätter für Innere Medicin, Chirurgie, und Gynäkologie' may also be specially mentioned; but

many special subjects have also their special organs of this class, such as neurology, laryngology, physiology, pathology, bacteriology, &c. Therapeutical subjects are dealt with in the 'Theurapeutische Monatshefte.'

When once started upon his work the student will find that the cross-references contained in the papers to which he refers will usually provide him with an ample supply of literature, and will render him to a great extent independent of bibliographical works; whilst reference to the abstracts in some of the above-mentioned periodicals will enable him to get hold of at least the main points of memoirs published in journals which are not accessible to him, or in a language with which he is not familiar.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,
Assistant Surgeon to the Hospital.
(Continued from page 132.)

Carbolic acid.—Experimenters seem to make the most contradictory statements concerning carbolic acid. According to Mr. Evans* a 2 per cent. solution of carbolic acid is said by one observer to kill *Staphylococcus aureus* in eight seconds, whilst another asserts that this is only achieved after fifteen minutes. Mr. Evans' own results are almost the same, for he found that 1 in 40 took fifteen minutes to kill *aureus* in broth.

Carbolic acid came badly out of Geppert's tests. Anthrax spores after lying for thirty-eight days in a 7 per cent. solution grew on agar-agar, and killed guinea-pigs †

Christmas ‡ says anthrax spores may be kept in 20 per cent. carbolic acid for a month without the least alteration. Even 50 per cent. carbolic took eight days to kill anthrax spores.

Gärtner and Flügge § seem to have obtained the same exceptionally favorable results with carbolic acid as they did with sublimate. They claim that a 3 per cent. solution killed non-spore-bearing anthrax and a variety of pyogenic cocci and streptococci in eight seconds. But Vinay found that anthrax spores were alive after soaking for thirty-seven days in 5 per cent. carbolic lotion. The effects of carbolic acid upon the typhoid bacillus is also very slight. It grows in the presence of considerable quantities (4 per cent.). Indeed, this peculiarity is used to separate the typhoid bacillus from other kinds.

Schill and Fischer || say that sputum containing tubercle bacilli and their spores is disinfected by an equal volume

* *Cuy's Hospital Reports*, vol. xvii, 1890, p. 245.

† "Ueber Desinfectirende Mittel und Methoden," *Berlin. klinische Wochenschrift*, 1890, p. 247.

‡ *Loc. cit.*, p. 276.

§ Flügge, p. 668.

|| Quoted in article "On Disinfection," *Quain's Dictionary of Medicine*, ed. 1894, p. 525.

of 5 per cent. carbolic lotion in twenty-four hours. A one in five hundred solution of sublimate was not efficient in the same time and in the same quantity. I have already pointed out that disinfection depends both upon the chemical which is used and upon the microbe which is acted upon by it, as well as the conditions under which the chemical acts.

Carbolic acid kills spores much more quickly when it is mixed with hydrochloric acid. In this respect it resembles sublimate. A one per cent. solution of carbolic acid in water took thirty days to destroy anthrax spores. A one per cent. solution of hydrochloric acid took as long. A mixed solution of 2 per cent. carbolic acid and 1 per cent. of hydrochloric killed the spores in seven days; 4 per cent. of carbolic acid and two of hydrochloric destroyed spores in less than an hour. The carbolic alone required at least twelve days.*

Dr. W. Black Jones tested the relative disinfecting properties of sublimate, biniodide of mercury, and of carbolic acid. Sterilised silk threads were infected by soaking them in pus discharged from a necrosis of the femur. These were disinfected in a minute by an aqueous solution of sublimate, one part in five hundred, and by an aqueous solution of biniodide, one part in one thousand. A solution of carbolic acid, one part in twenty of water, did not disinfect in the same time. Solutions of the same chemicals in glycerine or in alcohol were much less efficacious. Mr. Furnivall obtained the same results—mixtures of carbolic acid with alcohol and with glycerine, one part in twenty, did not disinfect in ten minutes. Glycerine also seemed to diminish the disinfecting properties of biniodide and perchloride of mercury, but not to the same extent.

Carbolic oil is inert. Anthrax spores were absolutely unaffected by lying for 110 days in a 5 per cent. solution of carbolic acid in oil. Even anthrax bacilli were not more affected by the same solution than by pure oil. † Mixtures of carbolic acid and glycerine are also inert until diluted with water.

Some of Mr. Furnivall's silk threads were left for ten days in a 5 per cent. solution of carbolic acid in glycerine. At the end of that time pyogenic cocci grew freely when the threads were put upon an agar agar plate.

The carbolic acid which we use comes in beautiful snow-white crystals which melt at 10° C. (50° F.), and have very little odour.

Although my own hands are easily injured by carbolic acid I have never known this quality cause an eczema. The crystals of carbolic acid are made into a solution by melting them in a water-bath. The water is then added and the mixture stirred. In winter, when the temperature is low, some glycerine is added to prevent recrystallisation. The strongest solution which can be made at 56° F. is one part of carbolic acid to fifteen of water, but at 95° F. one

part of carbolic is soluble in twelve of water. With glycerine it is possible to obtain a solution of one part of carbolic acid to two of glycerine. The carbolic acid is very apt to crystallise out of its solutions when the temperature falls below a certain point. This also occurs when the solutions are poured into cold trays or vessels. The crystals which form are not at once redissolved by warm water, and are, Mr. Parsons suggests, the cause of the eczema which sometimes troubles operators.

It is most important to use pure carbolic acid. The commoner kinds are much more irritating and poisonous. The Pharmacopœial standard of purity is too low. It allows a melting-point of 33° C. instead of 40° C.*

I always use 5 per cent. carbolic gauze as a dressing next to the wound. There are many ways of preparing this material. One of the main objections to this admirable dressing is that after a few days it dries into a hard cake, which is apt to be stiff and uncomfortable. On the other hand, it seems to be sufficiently absorbing and quite unirritating, although it contains 5 per cent. of carbolic acid. That which we use is prepared from a formula of Sir Joseph Lister's, by passing sterilised muslin through a melted mixture of paraffin four parts, resin four parts, and carbolic acid one part. After the excess of this mixture has been squeezed out, the gauze or muslin ought to contain in its interstices 5 per cent. of carbolic acid. Some manufacturers add a small proportion of castor oil to make it softer.

Carbolic acid seems to have such slight disinfecting properties that I seldom use it for that purpose. Even pure carbolic acid has not given me good results. On the other hand, carbolic acid is an efficient antiseptic, and dilute solutions seem to have little action upon cutting instruments. Therefore I use a 5 per cent. solution to keep sponges in after they have been disinfected by other means. Also a 2½ or 2 per cent. solution is used for the immersion of the instruments, silk, fishing gut, and drainage-tube during the operation.

Iodoform.—Few drugs have been so extravagantly praised as iodoform, † and hence, perhaps, there has been a corresponding reaction against its use. However, there can be no doubt but that for certain purposes it is a valuable remedy. Its use in our hospital dates back to the late Dr. Greenhalgh, who was for many years physician-accoucheur. Iodoform (CHI₃) is made by the action of iodine on a hot solution of carbonate of soda in diluted alcohol. It is sold either as an impalpable precipitated powder (Iodoformum Præcipitatum) or as a crystalline powder. The former is, perhaps, most liable to adulteration, and therefore it is best to buy the crystals, which may be either used as they are or after trituration in a mortar.

* "Notes on Carbolic Acid," M. Charteris, *British Medical Journal*, Dec. 31st, 1892, p. 1424.

† E.g. von Nussbaum, *Leitfaden zur antiseptischen Wundbehandlung*, 5th edit., 1887, p. 82, et seq.

* Laplace, quoted by Sternberg.

† Koch, "On Disinfection," New Sydenham Society's translations, A. Whitelegge, *Microparasites and Disease*, 1886, p. 503.

Iodoform is quite insoluble in water, in dilute acids, or dilute alkalis; it is fairly soluble in alcohol, ether, chloroform, benzine, ethereal and fatty oils, and bisulphide of carbon. It is decomposed by strong acids and alkalis and alcoholic solution of caustic potash. It is also decomposed by sunlight. It contains a large proportion of iodine, twenty-nine thirtieths of its weight.

In 1886 Heyn and Rovsing* showed that iodoform did not kill cultures of pyogenic cocci, pneumococcus, or *Bacillus subtilis*. It had hardly any effect upon their growth or their pathogenic properties. They concluded, therefore, that iodoform was useless as an antiseptic or disinfectant, and might even cause infection. This is clearly going too far. Ruyter† observed that some of his samples of iodoform contained moulds, but never any pathogenic bacteria. He also found that iodoform had no action outside the body. When dusted upon plates, it merely restrained the growth of bacteria by preventing the supply of air, and by being a mechanical obstacle. It effectually prevented plates of nutritive material dusted with it from becoming infected by the air, but starch had the same effect. When a wound was rubbed with iodoform, and then inoculated with pathogenic microbes, the animals died, but more slowly than usual. Pathogenic bacteria and materials, such as the organs of animals dead of anthrax, had their virulence lessened by being mixed with iodoform. Iodoform was decomposed, it is said, when mixed with pus, iodine being liberated, but I have been unable to confirm this observation. Iodoform is not a reliable disinfectant except when mixed with ether and alcohol in the proportion of one part of iodoform to two parts of ether and eight of alcohol. This mixture is said to contain, after exposure to light, 1 per cent. of free iodine. I have given up using made-up solutions of iodoform colloid. After a while they develop pungent acrid vapours, which are most irritating. It is quite easy to apply the colloid to the wound, and then dust it when drying with the iodoform powder. This is a most valuable dressing for wounds of the face, or in places where the dressing which I will describe presently cannot be applied.

Iodoform has also been said to have an especial value for the destruction of tubercle bacilli, but it is probable that this has been exaggerated. Rovsing‡ says that portions of tubercular organs retained their infective properties after having been triturated with four or five times their bulk of iodoform powder. On the other hand, de Ruyter found that tubercle bacilli refused to grow upon media to which a little iodoform had been added.

According to Yersin§ cultures of tubercle bacilli are killed by iodoform in five minutes.

* *Centralblatt für Bacteriologie und Parasitenkunde*, 1887, vol. i, p. 120.

† "Zur Iodoformfrage," Gustav de Ruyter, *Archiv für klin. Chirurgie*, von Langenbeck, 1887, p. 213, et seq.

‡ "Hat das Iodoform eine Antituberculose Wirkung, eine Experimentelle Untersuchung," *Fortschritte der Medicin*, 1887, p. 257.

§ A. Yersin, "De l'Action de quelques Antiseptiques et de la Chaleur

Laboratory experiments show that some mixtures of iodoform are almost as inert as the powder. Heyn and Rovsing* were unable to kill moulds, a white micrococcus, *Staphylococcus pyogenes aureus*, pneumococcus, and *Bacillus subtilis* with a 4 per cent. solution of iodoform in olive oil. De Ruyter found that 10 per cent. solutions of iodoform in glycerine or bisulphide of carbol had feeble antiseptic properties, and contained hardly any free iodine.

Tilanus† did not get good results with iodoform. He grew various bacteria, including *Staphylococcus aureus* and *Micrococcus putridus*, on media containing iodoform. I have grown *aureus* luxuriantly in broth which contained a large percentage of iodoform.

Laboratory experiments do not altogether account for the efficient service which iodoform renders in the wards. For instance, I found‡ that when iodoform powder is dusted upon colonies of *Staphylococcus aureus* or *albus*, or of *Staphylococcus epidermidis albus*, it does not kill them, but merely arrests their growth. At the same time the dusting prevents the media from becoming infected when exposed to the atmosphere, but sugar and starch are almost equally effective in this respect. Further, the addition of small quantities of iodoform powder to broth does not spoil it for growing the ordinary pyogenic cocci. Added to ordinary water iodoform reduced the number of bacteria, but only because it helped to precipitate them.§

I was at one time inclined to think that the iodoform which was dusted upon the skin was more potent in destroying the bacilli than the cocci. As I have already said, cocci are found oftener than bacilli in antiseptic wounds. But with Dr. Blackwell's help it was easily ascertained that a mixed plate culture of bacilli and cocci of the skin grew both kinds equally well for some days after it had been dusted with iodoform.

Although iodoform has such feeble action upon bacteria and spores, nevertheless, as Behring|| has shown, it can neutralise their toxins or ptomaines. That observer ascertained that Brieger's cadaverin caused suppuration when introduced pure into the cellular tissue of animals. But a mixture of iodoform and cadaverin did not have such an effect. Neisser, Lanz, and Flach have arrived at similar conclusions.¶

Von Nussbaum,** who seems an enthusiastic advocate of iodoform, says that in many cases it far exceeds carbolic acid,

sur le Bacille de la Tuberculose," *Annales de l'Institut Pasteur*, 1888, No. 2, p. 60, et seq.

* Heyn and Rovsing, *Centralblatt für Bacteriologie und Parasitenkunde*, vol. i, 1887, p. 120.

† R. Tilanus, "Ist Iodoform ein Antisepticum?" *München med. Wochenschrift*, 1887, No. 17.

‡ *British Medical Journal*, May 28th, 1892.

§ "Zur Iodoformfrage," Gustav de Ruyter, *Archiv für klin. Chirurgie*, von Langenbeck, 1887, p. 213, et seq.

|| *Infection and Disinfection*, p. 105.

¶ Quoted by Schwartz, *La Pratique de l'Aspersion et de l'Antiseptie*, p. 24.

** *Leitfaden zur antiseptischen Wundbehandlung*, Stuttgart, 1887.

sublimate, chlorine water, or any of the antiseptics which he knows. He recommends it for the treatment of foul cavities and sinuses, especially those connected with caries and necrosis of bone. His prescription is as follows:—Iodoform 10 parts, aether. sulph. 70 parts, distilled water 200 parts. This is to be thoroughly squirted into every crevice of the foul locality. He also recommends it for slowly-healing ulcers, cancers, venereal sores, and for use in aural surgery.

As the disinfection of the human skin is still an uncertain process, I am accustomed to use finely powdered crystals of iodoform to dust over the skin which is covered by the dressing, and into any folds, chinks, or crevices in the neighbourhood. I seldom or never dust it into a wound, because it is apt to remain as an insoluble foreign body and prevent repair. Iodoform powder is of the greatest use in preventing blistering of the skin beneath dressings. We habitually leave our dressings untouched for eight to ten days. It is also of especial value as an application should any blistering or dermatitis have been caused by a dressing.

The power of iodoform to keep a wound aseptic, and one of the conditions under which it is of peculiar utility, was illustrated by the following. A girl aged seventeen had an incomplete right inguinal hernia, for which I performed the operation of radical cure. After the patient had had a hot bath the skin was prepared by Mr. Murrell by shaving, scrubbing with soft soap and hot water, washing with 5 per cent. carbolic lotion, and saturating with sublimate glycerine 1—2000, with a dressing of which it was also covered. As I was called away by an emergency, this dressing was left on for forty-eight hours, and when it was removed the skin was blistered, and there was also a crop of scattered pustules. Forty-eight hours after the operation the skin around the wound was red and blistered, the bullæ being filled with thin turbid fluid.* Cultures inoculated from these remained sterile, as did others which were inoculated from the wound. The whole area was thickly dusted with iodoform and covered with iodoform gauze. Next day the whole area had become dry, and more iodoform was dusted on, and the same dressing left in place. On the twelfth day it was all removed, the wound being healed. Cultures inoculated from the line of the wound and with a suture underwent no change. The case ran a typical aseptic course, the highest temperature having been 99° F.

If anyone were to claim that this was an instance of suppuration, without infection, it would, I confess, be hard to prove the contrary. However, the process by which the turbid fluid was produced by the denuded skin was in reality a catarrhal one, and I am aware of no researches having been made to show the exact relationship of bacteria to the catarrhs. The evidence is strong that some, especially gonorrhœa, are caused by bacteria.

Mr. W. H. Pollard, in his very clear notes, calls this fluid purulent.

(To be continued.)

Notes of a Clinical Lecture.

By THOMAS SMITH, F.R.C.S.

Rupture of Duodenum; Intestinal Injuries; Fracture of the Base of the Skull.

GENTLEMEN, I propose this afternoon to call your attention to some cases of intestinal injury.

CASE 1.—K. P.—, an errand-boy, æt. 14, on December 21st, at 10.15 a.m., was run over by a wagon, both wheels passing over his body. He was immediately sick, and was brought to the hospital at 10.30 a.m. He was quite conscious, pulse 70, regular, good volume and tension, no abdominal pain. He passed four ounces of clear urine, and with the exception of a bruise over the right iliac crest he seemed none the worse for the accident. He was kept in the surgery and watched. At 12.30 he had pain all over the abdomen; he lay with the legs drawn up on his side. His pulse was 100 and irregular; he was taken into the ward, and at 3.30 I saw him. He was lying curled up on his left side; his face was pale and anxious. There was great abdominal pain and tenderness, frequent vomiting, subnormal temperature, pulse 110, feeble and intermittent. There was some dullness on percussion below the umbilicus, and the dullness varied in position as the patient lay on his side or back.

His condition indicated some very serious abdominal injury, and Dr. Church agreed with me that probably there was rupture of some abdominal viscus, possibly the intestine, and that an exploratory operation was justifiable.

At 5 p.m. the abdomen was opened. There was a considerable quantity of bloody fluid in the peritoneum, but no sign or trace of intestinal contents. The intestines and stomach were empty. There was bruising of the mesentery at its attachments to the spine, and some ecchymosis of the intestine near the cæcum. The intestines were passed through my fingers, and examined for any injury or perforation, but none being found, the abdomen was sponged out and the wound closed. The patient was not long on the operating table, and bore the operation fairly well, and on being put back to bed was comfortable for some time, but sank and died at 2 a.m., about sixteen hours after the accident. At the post-mortem examination the second part of the duodenum at its juncture with the third part was found extensively lacerated. There were three pints of bloody fluid in the peritoneal cavity, but no intestinal contents were recognisable as having escaped. The operation was futile, and did not even disclose the nature of the injury, and had it been successful in this respect I think it would have been impossible to save the patient's life. It is worth noticing that there was no smell or trace of fecal matter in the abdominal cavity, though the intestine was extensively lacerated, and that, with so severe an injury as was proved to exist, there was for some little time after the accident no very serious or characteristic symptom.

The comparative frequency with which the duodenum is ruptured is accounted for by its position, it is bound down to the spine, and can easily be squeezed between the vertebrae and a cart-wheel, or any other crushing force.

CASE 2.—H. T.—, a carman, æt. 28. On January 4th his horse kicked him in the belly just below the umbilicus, knocking him down. He managed to walk home, where he vomited and passed bloody urine. I saw him shortly afterwards in the surgery. He was pale, collapsed, pulse 120, feeble. The abdomen was rigid and painful, but there was no distension. He could not be induced to remain in the hospital, but went home, where he was again sick after eating some gruel. Next day he was admitted to the hospital, when all his symptoms were less severe than on the previous day, though there was some dullness in the left lumbar region. The urine was free from blood, and no blood had been passed per anum. He gradually improved, and on January 10th, six days after the injury, his bowels were opened after an enema of warm water. There was no blood in the motions. Some days later he left the hospital quite well.

It is interesting to compare the conditions of these two patients at the time when they first came under observation. The boy, with ruptured intestine, showed no sign of serious injury; while the man, with bruised viscera only, and no gross laceration, at first presented many indications of visceral injury of a severe kind; and this suggests that we should use great caution in cases of abdominal injury in coming to a diagnosis from first appearances, for they may be very misleading. In illustration of this let me relate a case, of which Mr. Marsh has kindly given me the particulars, and which came under his observation. A gentleman æt. 39 was thrown from his horse. He

days—it is perfectly miraculous what the Prince has to do. I give you with all heartiness the health of the Most Worshipful Grand Master H.R.H. the Prince of Wales."

Dr. Godson said, "Brethren, the next toast is that of 'The M.W. The Pro-Grand Master, the Earl of Lathom.' Immediately the warrant for this lodge was granted, his lordship said that it would be his wish to consecrate it, and I think that we must all be most grateful to him for that. The Pro-Grand Master at that time was taking a voyage to the West Indies, and he said we must wait his return, he also said he hoped to get His Royal Highness the Grand Master to give us his presence, and we have to thank him for that. The ceremony to-day was performed by the Pro-Grand Master in an admirable manner; we had an excellent oration, and we have to thank Lord Lathom for being with us to-day."

The Earl of LATHOM, in acknowledging the toast, said, "Worshipful Master and Brethren, I thank you sincerely for the kind way in which you have received this toast. I assure you that when first I heard that this lodge was to be founded, I at once said, as your W.M. has told you, that I should be only too happy to have the honour of consecrating it. I have felt that intimately connected as His Royal Highness was with this hospital, he ought to be present on this occasion, and I took the opportunity of making the suggestion to him, and I am happy to say it was received. Brethren, I congratulate you on having the presence of the Grand Master here to-day. I am pleased. I am not quite sure, but I believe it is only the second occasion when His Royal Highness has been present at the consecration of a lodge, and it is memorable in another way, and that is that this is the consecration—I may use the term—of a professional lodge. On the previous occasion it was a professional lodge—the Chaucery Bar Lodge. Brethren, I think—and I hope you will agree with me—that it is an admirable thing that what we may call these professional lodges should exist, because it brings into our ranks a number of men who would not otherwise join, but who accept the membership of a lodge belonging to their own profession, where they will meet men they know, where they will have mutual topics to discuss, and where they are all good fellows. I will speak of my own Province of West Lancashire, and I find that in that I have a dramatic lodge, and there is a very good reason for having a dramatic lodge, and why? Because, as a rule, dramatic artists are employed all the evening, and if they attend a lodge they must attend in the afternoon. I have a Bar lodge also. The next one may not be a professional lodge, but it is a Jewish lodge; it is professional to some extent: there is a reason why there should be a Jewish lodge; Jews do not eat the food Christians do—food not killed the same way as ours. That is a very good reason for a Jewish lodge. Then there are naval lodges; there are several most admirable instances in our naval stations and seaports, and men come in with their ships and ask, where is there a lodge? Then there are military lodges; there are several of those too. And then I come to another lodge that I consecrated not very, very long ago, which is a flourishing lodge—a cycling and athletic lodge. I am a cycling man. Now that is why I say I approve of professional lodges, and I say they are extremely useful to the Craft, and I am very glad when I hear of anything of the sort being constituted. I congratulate you, sir, on the inauguration of this lodge. Everything has gone on well. It is very pleasing to me to see how you conducted it. I am sure it is in safe hands; the officers worked and showed they knew their work. You have put old hands in—which you had a right to do—to teach others. I congratulate you most sincerely, and wish the lodge long life and perfect success, and may all brotherly love always remain in it."

Dr. Godson then said, "Brethren, the next toast is 'The R.W. the Deputy Grand Master and the rest of the Grand Officers, Present and Past.' I hold a letter in my hand from Lord Mount Edgumbe expressing his deep regret at not being present; he was obliged to be away on some very serious business. (Dr. Godson read a list of distinguished brethren who were not able to be present.) We have been fortunate enough, however, to have many distinguished Grand Officers with us, and we heartily welcome them. We are exceedingly fortunate in having our Senior Grand Warden, Lord Roberts with us; and I very deeply regret that the Junior Grand Warden, Lord Barnard, has been prevented coming by a most serious illness, and we express the hope that he may soon recover. We know he is now in a most critical condition. We are glad to have among us Lord Skelmersdale, Past Junior Grand Warden, who acted as Junior Warden; he is a worthy son following in the footsteps of his noble father. Without further remarks I give you the toast, coupling with it the name of Col. Sturkie, Past Grand Master for West Lancashire."

Col. LE GENDRE N. STURKIE briefly returned thanks on behalf

of the Grand Officers, Present and Past, of the Grand Lodge of England.

The Earl of LATHOM: "Brethren, by permission of the W.M., I propose the next toast to you. It is one that will be drunk, I know, with enthusiasm by all of you, for it is 'The Health of the W.M. of the Rahere Lodge.' Bro. Godson has been connected so long with this great institution, St. Bartholomew's Hospital, that he must be well known to all who are associated with it. I will not attempt to describe what good he has done, what work he has performed; that is not my province, but I congratulate the Rahere Lodge most sincerely on having at its head a man and brother who has done so much not only for Freemasonry, but for the alleviation of the sufferings of humanity. Without any other preface I give you 'The Health of the Worshipful Master, Bro. Dr. Godson,' and I am happy in that he has set the example, which is an augury for good for the future of the Rahere Lodge of brevity in making speeches. If that will not carry on the lodge I do not know what will."

Dr. Godson, in reply, said, "Brethren, you may imagine that after the twenty years' consecutive work in the wards of St. Bartholomew's Hospital, and sixteen years on the permanent staff, I did not sever my connection with the hospital without the deepest regret and pain; and therefore it is with the heartiest rejoicing that I find myself again connected with my *Alma Mater*, which I love so well, by being on the governing body, and being in the proud position in which you have placed me this evening. I shall love the hospital as I have ever done, and I shall love the lodge. I thank you, brethren. The next toast, which is always well received in our lodge, is that of 'The Visitors.' On account of the short notice of this consecration, many could not come. We have, however, many distinguished brethren as visitors, but I shall couple with this toast the name of Bro. Smith, P.G.M., of Illinois."

General JOHN COOPER SMITH, in reply, said, "Worshipful Master and Brethren, did I not the dictates of my own mind, I would, as the priest did in the Convention in which he was a candidate for a Minister of State or Finance, in appealing to the Almighty before the opening of the Convention: he said, 'Do Thou endow this Convention with wisdom to select the best man, and then, O Lord, do Thou help elect him.' It is unnecessary to say that the speaker was nominated and elected by a large majority. That advice will serve you in the coming campaign for members of your Parliament. Select the best men, and the good Lord will help you elect them. But, brethren, this lodge has started in the right direction. There is nothing that will give a greater reputation to a lodge than courtesy to visitors. When a visitor enters a lodge and no one speaks to him, the W.M. does not come near him, no brother asks him who he is or whence he comes, he feels as though he were among strangers, and wishes he was outside of that lodge. Now, as the W.M. of a lodge for five years, I made it my duty to speak to every visitor that entered, learn who he was, where he came from, and introduced him to the members. This lodge has commenced in that direction, and royally received the visitors. Coming as I do, brethren, from one of the States of the Federal Union—the greatest republic on the face of the earth—I was the Grand Master of 50,000 true and ancient Craftsmen, and I give you their greetings. Coming from that Grand Prairie State of Illinois, I may say the annual products of which from field, farm, and mine are more than thrice the gold and silver output of the entire United States—its plant, stock, and farm products are more than three times the entire gold and silver output, and in that estimate we do not value the blood of our boys and girls—now, then, I bring you the greetings of these 50,000 true and tried Craftsmen, and as a member of all the lodges of the United States, when I return in August, I shall say I brought the greetings of one million tried Craftsmen of the Federal Union. I love Freemasonry because it teaches me to be loyal to my country, and to bravely defend its flag. We were taught that by you, the Mother Grand Lodge of England. Our genealogy is correct. We received our parentage from Pennsylvania, and Pennsylvania from England, and as the son of one born in Scotland, and a mother that reared me in the border city of Carlisle, I come among you as a brother in the flesh and the blood as well as a brother masonically. In one address which I had occasion to make to some Freemasons in the Orient but a few weeks ago, I said that were I the Sultan of Turkey or the Shah of Persia I would connect myself with a lodge of Freemasons under the Grand Lodge of England; and why? Because they would teach them to reverence Allah, and to be loyal to their country and devoted to their flag. But a few days after that a Col. Rish Allah Bey, educated in this country forty years ago, was informed that a Freemason had been arrested because he had spoken disrespectfully of the Sultan. He was thrown into prison, and he

sent for Rish Allah Bey because he was familiar with the Governor of the province. He told him there was not a word of truth in the story, that it was an enemy who had so reported him, and that he was loyal to the Government. The Colonel, a distinguished medical officer of the British Army, went to the Governor of the province, and he quoted my speech before those Freemasons as an evidence of the loyal teachings of the Freemasons; and the brother was liberated. But, brethren, a word more and I am done. A distinguished statesman of America once said that the drum-beat of England accompanied the rising sun around the globe. I will say to you that Freemasonry has preceded the drum-beat of England—that the Freemasonry of the Grand Lodge of England has preceded civilisation around the world, and with the Royal Standard of Great Britain and the Union Jack, its battle flag, it has carried civil and religious freedom around the entire globe. I thank you, brethren, for your courteous reception of myself and the other visiting brethren whom I represent on this occasion."

Dr. Godson, in proposing "The Officers of the Lodge," said at present very few of them have had the opportunity of doing any work, but he knew they had good stuff in them, and that excellent work will be done. "There are two, however, who have done an immense amount of work, and they are our Treasurer and our Secretary. I do not think the brethren can realize exactly what work has come upon them during the last ten days. It is just eleven days ago that we had notice from the Grand Secretary that he had heard from Lord Lathom that the Prince would come and do the consecration. We thought it would be impossible, but we said we would strain every nerve possible in order to get ready. It has been done by enormous work on the part of the Treasurer and Secretary. I do not want to make a long speech, but I had intended to give you some account of the origin of the lodge; I will, however, call upon our Junior Warden to respond to this toast."

Mr. WALSHAM, in replying, said, "Worshipful Master and Brethren, in the absence of Mr. Alfred Cooper I return you thanks on behalf of my brother officers for the very kind words you have used in proposing this toast. No doubt we have always had a strong bond of union in those little words 'St. Bart.'s,' which the founders of this lodge have the honour and the privilege of placing after their names, and we hope that this lodge, which has been consecrated under such brilliant auspices, may strengthen those bonds of friendship which I trust will always exist among those who have been educated within our walls. We are all proud of our hospital; we have attached to it the most flourishing and the largest medical school; we believe it to be the best, and last, but not least, have we not as our President the Grand Master himself? Such, sir, as is our hospital, such we desire to make this lodge—second to none—worthy of our ancient institution, worthy of our founder, Rahere, whose name we bear; worthy, indeed, of our President the Grand Master. If, sir, the labours, the energy, the zeal which have been brought to bear on the formation of this lodge by our Treasurer, Mr. D'Arcy Power, and our Secretary, Dr. Burns, may be taken as an earnest of what your officers will do, then, sir, I am sure the lodge during your year of office will be a great success; it will not be the fault of your officers if it fail to be so."

The Tyler's toast closed the successful proceedings.

D'A. P.

Notes.

MR. A. W. R. COCHRANE, M.B. Lond., has been appointed Extern Midwifery Assistant.

DR. P. HORTON SMITH has been appointed Casualty Physician, *vice* Dr. H. M. Fletcher.

DR. GRIFFITH has been appointed Examiner in Midwifery, and Mr. Howard Marsh Examiner in Surgery, in the University of Cambridge.

MR. W. H. JESSOP has been reappointed Examiner in "Bones" at the Conjoint Board. Mr. E. W. Roughton has been appointed Examiner in the same subject.

MR. C. B. LOCKWOOD has been reappointed Examiner in Anatomy for the First F.R.C.S.

MR. W. J. WALSHAM has been reappointed Examiner in Anatomy for the Second Conjoint, and Mr. D'Arcy Power has been reappointed Examiner in Physiology for the Second Conjoint.

MR. H. T. BUTLIN is President-elect of the Metropolitan Counties Branch of the British Medical Association, and enters office at the Annual General Meeting in 1896.

DR. THORNE-THORNE, C.B., F.R.S., has been elected a Foreign Member of the Société Française d'Hygiène.

THE MATTHEWS-DUNCAN MEDAL has been awarded to T. Strangeways Pigg.

DR. J. HAVWARD has been reappointed Assistant Demonstrator in Anatomy.

P. FURNIVALL, F.R.C.S., and J. S. SLOANE, M.B., have been appointed Assistant Demonstrators in Anatomy.

DR. P. HORTON SMITH has been appointed Assistant Demonstrator in Physiology.

DR. H. M. FLETCHER has been appointed Assistant Demonstrator in Practical Medicine, *vice* Dr. Calvert.

MESSRS. W. L. BROWN and T. J. HORDER have been appointed Assistant Demonstrators in Biology.

The recent Election of Members of the Council of the Royal College of Surgeons must have proved very satisfactory to all Bart.'s men, for Mr. Alfred Willett headed the poll by eighty-nine votes, Mr. Butlin was third, only two votes behind Mr. Treves, and Mr. Alfred Cooper was placed fourth.

Thus all the full surgeons of our staff are placed on the council, as well as three others who received their education at our School. This large representation, however, is fully justified both by the surgical reputation of the members, and by the very large number of Fellows of the College who belong to us. So long as we produce so large a proportion of new Fellows as we have of recent years we shall continue to supply members to the Council.

In the report of the Abernethian Society's Conversazione which appeared in the May number we spoke of the excellent manner in which the lantern which illustrated Dr. Kanthack's lecture was worked by Goffi. It appears that the work was done by Hallett, who is the only person authorised to manage the school lantern.

ONCE more H.R.H. the Prince of Wales—our President—has given evidence of the interest he takes in our hospital. Since the issue of our last number he has paid two visits to the hospital. The first visit, a "private" one, was made on June 28th in company with the Princess of Wales and the Crown Prince of Denmark, together with Major-General Clarke (Equerry) and the Hon. Mrs. Harding (Lady-in-Waiting).

The Prince inspected all the wards in the "big" block, and both he and the Princess spoke to many of the patients. Our visitors were received with cheering by a large number of students who had collected round the fountain, and who demonstrated to the Prince that nowhere was he more welcome than at St. Bartholomew's Hospital.

The second visit took place on the following day, in connection with the consecration of the Rahere Lodge. Of this we give a full account on another page.

It seems that men are quite unable to believe that no notice is taken of anonymous contributions. Each month letters, prose, and rhyme follow each other from their envelopes to the waste-paper basket.

THE attention of old Bart's men is called to Dr. Kanthack's letter in this issue. We entirely agree with him that it is unreasonable to expect time and money to be spent in doing work for men who have had little or no connection with the Pathological Laboratory, merely because they are "old Bart's men." We should be glad to hear the views of old Bart's men on this point. The question of instituting a "Pathological Department" in connection with the JOURNAL is now being considered. It is many years since a similar department was formed in connection with the Guy's Hospital Gazette, and should we take a leaf from their book we feel sure they would wish us the same success that they have met with, remembering that "imitation is the sincerest flattery."

Amalgamated Clubs.

CRICKET CLUB.

SINCE last month the form of the 1st XI has been very in-and-out. The Cup Tie has been played and lost, so that the career of the Hospital in that competition is at an end. At first things went very well for Bart's, as after dismissing our opponents on a run-getting wicket for 150, our first wicket put on 48 runs. After that a most unaccountable collapse occurred, wicket after wicket falling, the whole side being eventually dismissed for 130 runs, 24 of which were made for the last wicket. There is one good performance to be recorded, that against Barnet, when Bart's having made 188 for two wickets declared the innings closed, and dismissed the opposite side for 70. The 2nd XI have not done so well this month, though they did a very good performance in beating Guy's Hospital 2nd XI by 103 runs. The wickets, notwithstanding the continued drought, still play wonderfully well at Winchmore Hill, which reflects great credit upon Dean. The attendance of Bart's men at Winchmore Hill on match days is disgraceful, and this was very noticeable during the Enfield match. It was like playing on our opponents' ground. There was a big concourse of Enfield supporters, who cheered to the echo every good

piece of play on the part of the visiting team, whilst any good performance by the Hospital team was treated with silence. There were only one or two spectators from the Hospital on the ground the whole afternoon, except those men who happened to be playing at tennis. It is quite certain that the team would do ever so much better if they had a little more support, at any rate in their home matches, from the rest of the Hospital.

ST. BART'S v. UNIVERSITY COLLEGE.

This match was played on the Guy's Hospital Ground at Honor Oak, on Monday, June 17th. University College won the toss, and sent in Marriott and Pretty to face the bowling of Rose and Pank. The innings began disastrously for University, as Pank dismissed Pretty and Bidwell in his first over, the former being well caught by Nimmo at short leg. Capper then joined Marriott, but at his third ball was caught by Nimmo, who brought off a clever catch with his left hand. Clover and Marriott then made a good stand, adding nearly 40 runs, when Clover was clean bowled by Pank. Marriott was the next to go, after an excellent innings of 41, and Hackney and Stanley then carried the score to 122. Stanley's wicket falling to Greaves shortly after lunch. None of the other batsmen gave any trouble, and the innings closed for 156, Moffit carrying out his bat for a useful 17. The Bart's fielding was loose at times, but this perhaps was due to the roughness of the ground. Of the bowlers Pank was by far the most successful, taking nine wickets at the small cost of 52 runs.

At 3 o'clock Bart's began their innings, putting in Randolph and Jeaffreson first; both batsmen scored freely, and runs came at a great pace, the score standing at 58 when Jeaffreson was bowled by Hackney, having played well for 17. Greaves then went in, but with only 8 runs added Randolph was bowled. Rose joined Greaves, but after this the wickets went down in quick succession, Greaves, Willett, Simmonds, Bond, and Nimmo being bowled with the addition of 13 runs. Nunn and Rose showed signs of making a stand, when Rose was yanked by Stallard after a useful innings of 12, the total being 91. Stone, after making two fine off drives to add 26 runs, and the innings was brought to a close by Nunn being bowled by Capper after a very good innings of 14. Pank not out 13. Mention must be made of Stallard's bowling, whose five wickets for 35 runs was a very good performance.

Table with columns for UNIVERSITY COLLEGE and ST. BARTHOLOMEW'S HOSPITAL, listing players and their runs.

ANALYSIS.

Table with columns: Overs, Maidens, Runs, Wickets. Rows for E. F. Rose, H. W. Pank, J. A. Willett, H. S. Greaves, etc.

ST. BARTHOLOMEW'S HOSPITAL v. BARNET.

Played at Winchmore Hill on Saturday, June 22nd. Bond won the toss, and took in Randolph to commence the innings. Both played contentedly and well, and 51 was on the board before Bond was caught in the slips for 34, the best innings he has played this year, comprising 4 fours, 4 threes, and 0 singles. Randolph left at 81, having made 35 by very good cricket. Nunn joined Rose, and the two stayed

together until the innings was declared closed at 188, having added 107 runs for the wicket. Duth hit very finely all round the wickets, neither gave a chance, and seemed likely to stay for a week. Barnet could make no stand against the bowling of Rose and Skey, and were dismissed a quarter of an hour before time for 70. Rose took six wickets for 38 runs, Skey four for 27.

Table with columns: ST. BARTHOLOMEW'S HOSPITAL and BARNET, listing players and their runs.

ST. BARTHOLOMEW'S HOSPITAL v. ENFIELD C. C. Played at Enfield, and won by Enfield. Bart's won the toss, and after a very bad start totalled 156. The fifth wicket fell at 56, so that the last five wickets added 100 runs. Willett, Rose, and Nimmo batted well for their runs, and Marrack played a lively innings of 22. On Enfield going in three wickets fell for 29 runs, but II. A. Ford and Chambers (pro.) batted finely together, and put the result out of doubt. Later Chambers and Turner added 60 runs by hard hitting.

Table with columns: ST. BARTHOLOMEW'S HOSPITAL and ENFIELD, listing players and their runs.

ST. BART'S (2nd XI) v. GUY'S HOSPITAL (2nd XI). Played at Honor Oak on Wednesday, June 5th, and won by 103 runs. Bart's won the toss, and were not dismissed till they had made 188. Collyns and Marrack both played very well for their runs, whilst Watson and Baylis hit hard for 25 and 22 net out. Guy's could only put on 85 runs.

Table with columns: ST. BART'S (2nd XI) and GUY'S HOSPITAL (2nd XI), listing players and their runs.

ST. BART'S (2nd XI) v. LONDON HOSPITAL (2nd XI).

Played at Lower Edmonton on Saturday, May 25th, and won easily. Turner bowled well, and took eight wickets. The London men seemed afraid to stick up for their runs, and quite demoralised the bowling. Body and Watson both played well for their runs, and Baylis quickly knocked up 23 against the worn out bowling.

Table with columns: ST. BART'S (2nd XI) and LONDON HOSPITAL (2nd XI), listing players and their runs.

LAWN TENNIS CLUB.

We have been fairly busy during the past month, having played eleven first team matches since the last issue of this "powerful organ." Of these, six have been won and five lost, the wins being against Icen, London and University College Hospitals (Inter-Hospital Cup Ties), Hornsey, Croftdown (Highgate), and Connaught (Chingford), while we have sustained defeat at the hands of Croftdown (twice), St. Thomas's Hospital (final of Inter-Hospital Cup Ties), Albemarle, and Connaught. We made a creditable show in the Cup Ties, easily defeating London Hospital by 0 matches to 2, University by 8 matches to 2, and being beaten by St. Thomas's 0 matches to 4. In this latter match, moreover, we had the consolation that Shewell beat Halstead (St. Thomas's first man in singles), and that Shewell and Baird were unbeaten in doubles, so that we can lay claim to the possession of the best single player and also the best pair. We append details of the matches.

- June 13th.—Croftdown. Played at Croftdown. St. Bart's lost by 1 match to 5, 2 sets to 11, 50 games to 83. T. Martin and A. Woolcombe—lost to Fuller and Cliff, 3-6, 3-6; beat Deverell and Pridoux, 10-8, 6-4. R. Waterhouse and V. Bell—lost to Fuller and Cliff, 0-6, 6-8; lost to Deverell and Pridoux, 6-3, 3-6, 6-8. P. Wood and F. E. Price—lost to Fuller and Cliff, 0-6, 3-6; lost to Morris and Biscoe, 8-10, 4-6. June 17th.—London Hospital. Played at Chiswick Park. St. Bart's won by 0 matches to 2, 20 sets to 7, 154 games to 104. Singles.—H. Shewell beat Simson, 1-6, 7-5, 6-2. R. Baird beat Jackson, 6-3, 6-1. A. Woolcombe lost to Hutchinson, 5-7, 6-3, 5-7. V. Bell beat Fry, 6-2, 6-1. F. E. Price beat Salt, 6-2, 4-6, 9-7. P. Wood beat Norman, 6-1, 6-2. Doubles.—H. Shewell and R. Baird—beat Simpson and Jackson, 6-4, 6-4; beat Hutchinson and Fry, 6-1, 6-2. A. Woolcombe and V. Bell—beat Hutchinson and Fry, 3-6, 6-2, 6-2; lost to Simpson and Jackson, 6-3, 4-6. F. E. Price and P. Wood beat Norman and Salt, 7-5, 7-5. June 20th.—St. Thomas's. Played at Chiswick Park. St. Bart's lost by 4 matches to 9, 10 sets to 21, 127 games to 162. Singles.—H. Shewell beat W. Halstead, 5-7, 9-7, 6-3. R. Baird lost to F. F. Barton, 1-6, 4-6. A. Woolcombe lost to F. H. Pearce, 2-6, 3-6. V. Bell lost to A. Rotherham, 1-6, 5-7. F. E. Price beat W. Thorman, 0-6, 6-4, 8-6. P. Wood lost to T. Brown, 9-11, 2-6.

Doubles.—H. Shewell and R. Baird—
beat Darton and Pearce, 6-2, 5-7, 6-1;
beat Halstead and Rotherham, 6-1, 6-1.

June 22nd.—v. Hornsey. Played at Winchmore Hill. St. Bart.'s
won by 5 matches to 4, 12 sets to 9, 103 games to 88.

Singles.—J. C. Padwick lost to Green, 3 6, 6-3, 2-6
K. Baird beat W. R. Horncastle, 9-7, 7-5.

Doubles.—J. C. Padwick and R. Baird lost to Green and Thomson,
2-6, 6-1, 1-6.

July 6th.—v. Croxford. Played at Croxford. Croxford won by 4
matches to 3.

June 29th.—v. Crottdown. Played at Highgate. St. Bart.'s won
by 5 matches to 4, 10 sets to 9, 95 games to 89.

July 12th.—v. Connaught. Played at Chingford. St. Bart.'s won
by 5 matches to 2, 12 sets to 6, 108 games to 89.

SWIMMING CLUB.

WATER POLO.—St. Bartholomew's v. Otter S C
Played at St. George's Baths on June 17th. The Hospital team
was one short, and our opponents provided a substitute. The Otters,

WATER POLO.—St. Bartholomew's v. Cambridge University.
Played on June 28th at the Fitzroy Baths. The game was fast and
well contested, and neither side succeeded in scoring during the first

Staff v. Students Golf Match.

This annual fixture was played at Mitcham on Thursday, June 27th.
The ground was very hard and the greens extremely fast, owing to
the long spell of dry weather.

Table with 4 columns: Name, Score, Opponent, Score.
1. Mr. T. Smith 0 v. Mr. Robertson 1
2. Mr. Marsh 4 v. S. Jones 0

1. Mr. Robertson began very well, and, playing a strong game, was
3 up at the fourth hole, but Mr. Smith, playing very steadily, soon
made matters level, and a good match resulted in a win for Mr.

Abernethian Society.

Thursday, June 20th, the midsummer address was given
by Dr. Thorne-Thorne in the Anatomical Theatre. His
subject, "Some difficulties in connection with the isolation
of infectious cases," was of unusual interest, though the

these households of patients who had been under isolation in a hospital
for infectious disease. On the basis of his own experience, and
of a recent inquiry held by a medical inspector, he explained that, in
given years, such secondary attacks in households had tended to
increase, notwithstanding every effort to prevent them.

The address included detailed descriptions of the methods of disinfection,
and was illustrated by diagrams and drawings on the black-board.

United Hospitals Athletic Club.

"Of comfort no man speak;
Let's talk of graves, of worms, and epitaphs;
Make dust our paper, and with rusty eyes
Write sorrow on the bosom of the earth."

THE "United" sports have come and gone, and the shield has
gone with them. Gone, too, the half-mile challenge cup,
so long an ornament of the library table that Bart's men
had almost begun to think it a fixture.

From first we have come down to fourth; but let us not repine too
much, rather look forward to the future with a full determination to
very "Blue" after the hurdles, but then a dead heat and a "dead
beat" all at once are enough even for a Varsity crack.

I have no heart to describe the racing at length, but here are the
results:
100 YARDS CHALLENGE CUP.—H. C. Woodyard (University), 1;
H. T. Bell (Guy's), 2; C. Francis Williams (St. George's), 0; C. H.
Leggatt (St. Mary's), 0. Bell jumped off and led to halfway, but

was then passed by Woodyard, who won easily by a yard. Time,
10 3/4 sec.

HALF-MILE CHALLENGE CUP.—A. G. Butler (St. Mary's), 1;
F. F. Elwes (Middlesex), 2; A. Hay (Bart.'s), 0; H. E. Finch
(London), 0; C. M. Fells (University), 0; F. K. Darwell (University), 0;
H. H. Rignold (Guy's), 0; J. Cunningham (St. Thomas's), 0.
Butler led all the way, and won anyhow in 2 min. 03 sec. (record
for the hospital).

PUTTING SHOT.—W. F. Bennett (Bart.'s), 25 ft. 10 in.; F. N.
Scott (Guy's), 34 ft. 2 1/2 in.; 2. H. Webb Ware (London), 33 ft.
3 in., 3.

120 YARDS HURDLE.—J. Johnston (Bart.'s), H. H. Coltart (St.
George's), (dead heat), 1; E. W. Woodbridge (Bart.'s), 3. Johnston
led at first, but Coltart passed him, and our man only got up in time
in the run in 10 1/2 sec.

A THREE-MILE BICYCLE was, I believe, held at this stage; but our
"reporter" was, we understand, away, "drowning care."

HIGH JUMP.—H. T. Dell, 5 ft. 7 1/2 in.; C. B. Adams, 5 ft. 7 1/2 in.;
G. W. Stone (Bart.'s), 5 ft. 6 in.—S. F. Smith (Bart.'s), P. R.
Lowe (Guy's).

ONE MILE CHALLENGE CUP.—H. A. Munro (Guy's), 1; R. C.
Leaning (St. Mary's), 2; James, 3; Hay, 0; Finch, 0. Hay went
off at 100 paces, but soon cracked, and Butler, running strongly, won
easily by 8 yards, James only just being beaten for second place.

LONG JUMP.—Leggatt (St. Mary's), 20 ft. 1 1/2 in.; Bell,
19 ft. 7 1/2 in.; J. W. Nunn (Bart.'s), 19 ft., 3.

ONE THOUSAND YARDS OPEN HANDICAP.—E. S. Wilkins, 24 yds., 1;
B. Lawford, 52 yds., 2; E. C. Bredin, scratch, 3; S. W. Ashworth,
27 yds., 0; A. W. Andrews, 35 yds., 0; P. J. Mould, 60 yds., 0.
Won by one and a half yards. Bredin tied a lower amateur record,
but failed by two fifths of a second.

THREE MILES CHALLENGE CUP.—I. A. Munro, 1; Leaning, 2;
H. Mundy (Bart.'s), 3; Henry (Guy's), 0; Hawes (St. George's), 0;
G. Elwin (St. Mary's), 0; S. A. Edwards (Guy's), 0. The usual
thing, Munro winning with laughable ease in 13 min. 29 1/2 sec.

After the sports the Countess of Egmont kindly gave away the
prizes and made a brief speech. The Earl of Egmont also spoke,
and, contrary to the usual after-sports attempts, he really was most
amusing and interesting.

The meeting, which had begun with forebodings, ended with
"cheers." Personally I did not cheer much!
Guy's, it will be seen, won the shield, with St. Mary's second, only
half a point behind.

Let us disguise our true feelings and congratulate the winners.

The Summer Concert.

HOSE who were fortunate enough to obtain tickets for the
Annual Summer Concert given by the members of the
Junior Staff and of the Musical Society were well rewarded
for spending one of the hottest nights of the season under
cover. Not only was the concert itself of a very high
order of merit, but it was very evident that the Junior Staff had
determined to entertain their guests on a scale not usually attempted
at the summer entertainment. We allude to the refreshments in
the library. This is an innovation, and a decidedly welcome one.

We have said that the night was exceedingly hot, and to this, no
doubt, we must attribute the fact that many of the Staff who were
expected did not come. However, notwithstanding their absence,
the Great Hall was crammed to overflowing. Of the concert itself
we must say that its success—for unqualified success it was—was
largely owing to the indefatigable efforts of Messrs. Paterson and
Sevestre, the secretaries, who spared no pains to make things go
smoothly.

Another innovation was the presence on the platform of ladies not connected with the Hospital, and to Mesdames Paterson, Kelman, and Timberman much of the success of the evening was due. Can we ever hope that the permission for ladies to appear in the entertainments will be extended to the Dramatic Club?

The programme commenced with Cherubini's Overture to "Anacreon." Following this Miss Katharine Timberman, who had kindly consented to assist, sang Caracciolo's beautiful setting of Mrs. Browning's well known poem, "Unless," which suited her rich clear contralto voice admirably.

The first part of the programme was completed by Fox's cantata, "The Jackdaw of Rheims," sung by the members of the Hospital Choral Society, accompanied by the full orchestra. Considering the difficulty of such a work, it would be unfair to criticise the performance of it too closely. On the whole the cantata went exceedingly well. In places the orchestra were not well together, and at times were inclined to forget that they were accompanying the chorus. The solos, without exception, sounded very well. Almost at the last another soloist had to be found to sing the soprano part. Miss Paterson kindly consented to fill the gap. She has a clear and fresh voice, and took the high notes in the somewhat difficult soprano solo with great ease. Miss Pierce sang the contralto solo parts in excellent style, and Mr. S. F. Smith and Mr. A. B. Waud reflected great credit on themselves by the way in which they sang the difficult tenor and bass solos. The chorus, although suffering somewhat by being unaccustomed to sing with the orchestra, sang very well. One or two passages in particular were very well done. One passage especially, which was sung unaccompanied, sounded very pleasing and melodious.

The second part of the programme commenced with two movements of one of Mozart's symphonies. Dr. Samuel West's rendering of old English ballads is always greatly appreciated, but on this occasion he surpassed himself with a charming rendering of "Tell me, Mary, how to woo thee." He was called back to the platform three times, and the plaudits of the audience only ceased on his standing on a chair and humorously pointing to the foot-note on the programme requesting that encores should not be insisted upon, owing to the length of the programme. The next item was "Never, ah! nevermore," sung with much feeling by Miss Kelman, whose sweet and fresh soprano it suited admirably.

That ever pleasing sight, the Hospital Choir, next reappeared and sang two part-songs, "The Sands of Dee" and "Gipsy Life." The first was excellently sung without any accompaniment, but in the latter, as in "The Jackdaw," the orchestra seemed to hamper the vocalists considerably, more especially as the players did not follow the conductor's baton closely.

Miss Katharine Timberman sang two songs, the first a German one, "Still wie die Nacht," a most melodious setting, well suited to her deep rich contralto. "Chanson du Tigre," from the opera of "Paul et Virginie," a very difficult song, and of extensive compass, was most artistically sung, but of the two we thought the German song by far the most pleasing and best suited to her voice. Edward German's "Gipsy Suite" was then played by the orchestra. This was the best performance of the orchestra during the evening, and was very well done indeed. It was a trifle long, taking over twenty minutes to perform, but it was quite a treat to listen to it. The third movement (love duet) especially is very beautiful, and was played with great expression.

Mr. Percival Wood next sang "Ask nothing more." Mr. Wood has an exceedingly rich and mellow baritone, and his rendering of the song was admirable and apparently greatly appreciated by the audience. The programme concluded with a couple of plantation songs, the solos of which were sung by Mr. Wood, accompanied by three banjos, led by Mr. Forman, and the chorus sung by a quartette. These popular songs were greatly enjoyed, and were quite one of the features of the programme.

There can be little doubt that the second part of the programme was infinitely better and much more appreciated than the first part. As we said last year, we greatly doubt the advisability of attempting a long and difficult cantata, especially with orchestral accompaniment. In our opinion "The Jackdaw of Rheims" was rather too long for a two hours' programme. One other point we would venture to criticise, and that is the large amount of orchestral work included in the programme. We heard the opinion freely expressed in the Hall that there was too much orchestral music in comparison with the length of the programme. We hope next year one of the orchestral pieces will be omitted, and that the orchestral piece in the middle of the second part will be limited to ten minutes at the outside.

As a whole the programme was undoubtedly a good one, and the solos were, without exception, excellent. The choir had evidently had great pains bestowed upon them, and the thanks of the Musical

Society and of the Hospital generally are due to the conductor, Mr. Metcalfe, for the great trouble he has taken during the past year, and to Mr. Paterson for his able accompaniments. The choir this year, instead of standing on the level platform, stood on three tiers raised one above the other. Not only did this improve the singing, but added greatly to the picturesque appearance of the choir.

Appointments.

BUTLER, T. H., L.R.C.P., M.R.C.S., M.D. (Oxon.), to be Resident Assistant Medical Officer (House Physician) to the Royal Free Hospital.

BISS, C. Y., B.A., M.D., F.R.C.P., has been appointed Physician to the Hospital for Consumption, Brompton.

ADAMS, P. E., M.R.C.S., L.R.C.P., has been appointed Junior House Physician to the North-Eastern Children's Hospital, Hackney.

Examinations.

E. W. BLACKBURN has taken the degrees of M.A. and M.B. in the University of Oxford.

J. H. BUTLER has taken the degrees of B.A. and M.B. in the University of Oxford.

C. E. HEDGES, E. W. Ormerod, L. C. P. Phillips, F. B. Norris, and J. H. Pead have taken the degrees of M.B. and B.C. in the University of Cambridge.

J. C. NEWMAN has passed the first M.B. Cambridge in Biology and in Chemistry and Physics.

J. JOHNSTON and G. Micklethwait have passed the second M.B. Cambridge in Pharmaceutical Chemistry.

S. S. F. BLACKMAN, J. C. A. Rughy, and — Shewell have passed the second M.B. Cambridge in Anatomy and Physiology.

F. I. EVANS, J. Hobday, H. W. Lance, H. J. May, R. D. Parker, and E. W. Ormerod have passed Part I of the third M.B. Cambridge.

A. EICHHOLZ, J. K. Murphy, E. W. Ormerod, and G. V. Worthington have passed Part II of the third M.B. Cambridge.

M. A. COOKE and R. A. Fegan have passed the final L.S.A. in Medicine, Forensic Medicine, and Midwifery.

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

SIR,—In the first number of the JOURNAL (October, 1893) we were told that amongst the objects of the new publication was "to put on record such clinical and other work as is done in this hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner." With this object, which is certainly a most praiseworthy one, I for one am in complete sympathy, and have expected to see from time to time some sort of report of cases occurring in the hospital wards, and had hoped that clerks and dressers would have contributed "notes" of anything clinical which is of special interest coming under their observation. With the exception of a report of a "Case of Peliosis Rheumatica," bearing the well-known initials of "F. O. A.," and "Some Surgical Cases," by G. R. Lowe, no students have contributed any reports of cases to your columns in the eighteen numbers which have now appeared.

Of course I am quite aware, sir, that this is not your fault, and I have no desire to criticise adversely the way in which you occupy the "editorial chair," but is it not possible to do more to encourage this kind of contribution? The object of my calling your attention to this subject is to suggest the feasibility of a scheme by which I think the popularity and circulation of the JOURNAL may be increased, and at the same time the clerks and dressers may, by competition, learn to perfect themselves in "note-taking." The scheme is, broadly, that the proprietors of the JOURNAL should offer, either each month or at stated intervals, a prize (or prizes) for the best report (or reports) of a case occurring in the wards of the hospital during a given period. The reports should be limited to a single case, should not exceed a specified length, and the name of the winner (or winners) be published in the next succeeding issue, with the report (or reports) which are adjudged the best. Of course, proper, carefully drawn-up regulations

are a *sine qua non*, and the decision of the editorial staff or some one appointed by them would have to be final.

I make this suggestion for what it is worth, and my object will be fully attained if any other means can be found by which records of interesting cases find their way into the columns of the JOURNAL.

I am, Sir, yours, &c.,

CONSTANT READER AND WELL-WISHER.

To the Editor of St. Bartholomew's Hospital Journal.

SIR,—There seems to be an idea abroad that the examination of pathological specimens is a mere pastime, a kind of a scientific parlour game, to borrow a phrase from the *Saturday Review*. "Old Bart's men" send up tissues, and ask the "man in charge of the laboratory"—that is the usual expression employed—to prepare sections and to report thereon. Others have yet more wonderful requests—such as looking up museum specimens and writing out lengthy descriptions with full clinical notes. The "man in charge" has been taunted with such vituperations as the following:—"That when he is older he will learn that he has to perform certain duties towards the public besides receiving lucrative emoluments." Another "old Bart's man" complains that there should be a charge "for such a thing as examining a pathological specimen for an old Bart's man."

This may appear amusing, but it is not quite logical. As "man in charge" I feel that the Laboratory cannot undertake to examine, free of charge, specimens sent up by any old Bart's man unconnected with the hospital, to whom the Laboratory owes nothing. The simplest specimen requires time, and it also requires material. I cannot spare an hour for such love-labours, and cannot expect my students or boys to do it without some kind of compensation. Moreover who is to defray the expenses of such services rendered to "old Bart's men"?

It is therefore gratifying to find that there are at least a number of old Bart's men who realise that pathological work cannot be done with the twinkle of an eye. I have had several letters expressing the wish that we should begin in connection with the Journal a "Society" to report on pathological material sent. An old Bart's man writes from Beckenham to me, "I should much like to bring under your notice the admirable Clinical Research Association, with a view that you should institute one at Bart's for Bart's men, which would be another means of getting Bart's men in more efficient and scientific touch with the hospital. It would certainly be bringing yourself and your work into touch with us in the country, and we should then feel that pathologists are of some good to us also after we have left our old hospital, and it would give us some interest in our work."

Having had many letters and verbal communications to the same effect, I think it is time to propose a scheme according to which pathological investigations could be made on material sent up to our Pathological Laboratory. The JOURNAL might retain a few men to do the work, pay them and the Laboratory a certain proportion of the fees: small contributions are highly acceptable to my impoverished laboratory. The fees should be low—say 2s. 6d. for ordinary sections, 3s. 6d. for tissues requiring embedding, 2s. 6d. for sputa, 3s. 6d. for diphtheria examinations. Slides and postage to be paid extra.

Although I could not undertake to guide or direct the scheme, I would undertake to act as referee in conjunction with the Lawrence Student in Pathology, and to sign any report, so long as it is clearly understood that I render my services for the good and the welfare of my laboratory. I do not wish nor would I accept any fee for my own personal use, but I must see, as "the man in charge," that the interests of my Laboratory and of its workers and employes are guarded.

I am, Sirs, Yours faithfully,

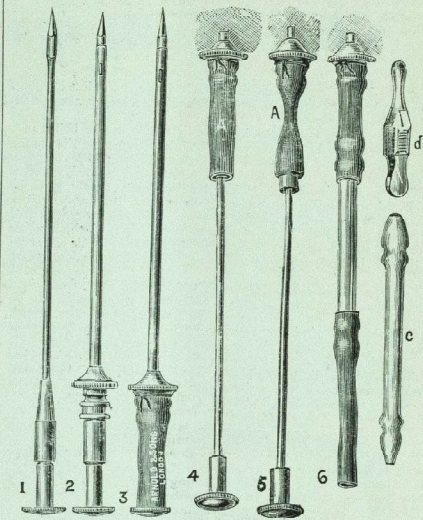
A. A. KANTHACK.

Obiter Dictum.

I TRUST you consider pneumonia to be a disease of the whole body, and not of the lungs alone. It is so. Usually, indeed, the stress of the disease falls upon the lungs; but sometimes it falls upon the intestine, when it simulates typhoid fever; sometimes upon the kidneys, when you may think you have to do with simple acute nephritis; and sometimes upon the brain, when it resembles, and indeed causes, meningitis. But it is pneumonia all the same.—DR. GEE.

Some New Medical Instruments.

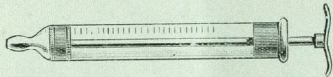
By GEORGE C. GARRATT, M.B.



A Instrument to explore, and either drain or aspirate a cavity in one operation, which is simple, portable, difficult to break, and easy to clean, has not hitherto been obtainable. In that which I am about to describe I have attempted to supply this want. While serving well for aspiration, my instrument is intended more especially for simple drainage by syphon action; for this method is easier, dispenses with much cumbersome apparatus, and is all that is required in acute and in most pleuritic effusions which require tapping. My trocar has, instead of the hollow packed plug of Potain's instrument, a smooth solid metal plug running on its shaft (Fig. 1). This plug fits directly into the cannula without intervening tap (Fig. 2). Before use, a piece of rubber tubing one and a half inch long is fitted over the mount of the cannula, and secured by a thread; the trocar is then put inside (Fig. 3). The instrument is now ready for use; it is quite rigid, and is comfortable to hold. It is thrust in, and the trocar drawn back (Fig. 4); in doing this it is well to hold the plug at A, lest it be drawn out of the cannula with a jerk. The plug is then given a slight twist, merely to ensure that it is loose in the cannula, and is withdrawn through the enclosing rubber tube by slow steady traction on the trocar. In order that this may be done smoothly the rubber tube must be of correct calibre, and must be wet; I always test the working of this part just before use. As the plug is withdrawn, the rubber is either pinched with finger and thumb, or clamped with bull-dog forceps, to prevent ingress of air (Fig. 5 and Fig. 6). The cannula is thus left ready fitted with short drain tube, as in Dr. Hensley's apparatus. Exploration is now readily performed by inserting a glass syringe into this tube, and drainage by replacing the syringe by a long drain-tube with a glass connecting piece (Fig. 7 and Fig. 8), the whole previously filled with water and clamped. The fluid is then run off under cathartic on removing the clamps. For the rare cases where the syphon action of the long drain-tube is insufficient, Potain's bottle replaces it, the same glass connecting-piece being used. If the operator has not a Potain's bottle, a Higginson syringe, with the valves cut off, attached to the glass connecting-tube above and the long drain-tube below, will make a fair substitute. It should be filled with water before connecting it up, and worked with the fingers in place of valves.

I have designed a special syringe for exploring with my cannula, of

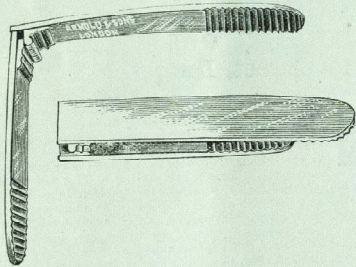
plain glass, graduated up to 10 c.c.; it has an asbestos plunger, adjustable to secure an accurate fit, and a rubber cork, lined and capped with metal, in place of a screw cap. Every part takes to



pieces easily, and can be boiled. Attached by a short piece of rubber tube to a hypodermic needle, sent out with the trocars, it makes a first-rate antitoxin syringe.

The trocars, cannula, and hypodermic needle can be boiled in a test-tube—a distinct advantage over Potain's instrument. For boiling test-tubes nearly full of water, it is convenient to use rubber caps with a slit in the top; this allows steam to come out, but not water, if boiling is done carefully. After closing it by pushing the cap up, pulling down the cap; after close it by pushing the cap up. Plain water should be used, not carbolic, which spoils the instruments. I have had made little loops of twisted silver wire, by which a few threads of soft darning cotton are drawn through the cannula after use; in this way it is effectually cleaned inside. This should be done before boiling.

The cannulae in three sizes, each with a blunt rod as well as a trocar, are sent out in a neat box entirely of metal, which can be carried in the pocket. The syringe, with a pair of test-tubes, nested, and fitted with caps, is sent out in a wooden box with four feet of drain-tube. With these two boxes in his pockets the practitioner is ready to deal with nearly any serous effusion, is equipped for injecting antitoxin, and carries his sterilising apparatus with him. In tapping the abdomen I find it best to place a pillow across the patient's thighs to support the instrument, and keep its end well down inside.



I have had made a modification of the ordinary hinged tongue depressor for examining the fauces. Those in general use are, I think, open to some objections. The larger sizes are too broad, the smaller too short; different sizes must be used for child and adult, and they commonly do not open out enough to allow room for the hand. The open pattern allows the tongue to rise between the bars, and the long narrow pattern set in a handle is not portable. My pattern is long, rather narrow, but very strong, especially the hinge; it opens beyond a right angle, shuts conveniently for the pocket, and has both ends a right angle, sharp conveniently do for babies and adults; while its rounded. This instrument will do for babies and adults; while its length, allowing one to press right on the back part of the tongue, gives a particularly good view. All the above instruments are made by, and can be seen at, Messrs. Arnold and Son's, West Smithfield.

Obituary.

MR. JOHN BIRD, M.R.C.S., OF LONDON.—At the ripe age of eighty-four there died at 36, Osaburgh Street, Regent's Park, a blind surgeon, Mr. John Bird, who has done as much, and perhaps more than any other member of the profession to mitigate the condition of the blind, of which he unfortunately was one. Deceased became a Member of the Royal College of Surgeons, England, and a Licentiate of the Apothecaries' Society in 1834, after pursuing his medical studies at St. Bartholomew's. Mr. Bird was the author of *Observations on the Neglected Condition of the Blind in England*, the publication of which he followed by a *Lecture on the Capabilities, Rights, and Treatment of the Blind*, and a *Letter on the Duty of*

Superseding the System of Exile Education of the Deaf and Dumb, as well as of the Blind, by Social Education, as recently established in the Communal Schools of Paris. This was published in 1856, and the same year he also issued an *Essay on the Life, Character, and Writings of the Blind James Wilson, as well as on the Present State of the Blind.* He was also the contributor of the articles on "The Blind" and on "The Deaf and Dumb," to *Social Pathology*.—MEDICAL PRESS.

Mr. JOSEPH MILLS, M.R.C.S.Eng.—Although it is now some years since Mr. Mills resigned the post of Senior Chloroformist to our Hospital, there are very few Bart's men who will not remember him, and who will not hear with deep regret of his death.

Mr. Mills was the son of the late Robert Mills of Inkpen, and was educated at Andover and Weymouth. He commenced his medical studies at Winchester as a pupil of Dr. Richards, and afterwards entered at St. Bartholomew's, where he became House Surgeon to the late Sir William Savory. He was appointed Anaesthetist in 1875, and resigned in 1893. His health failed somewhat in 1886-7, but not until 1888 was any serious mischief discovered. It was then found that he had apical trouble, with some pleuritic effusion. He rapidly improved under treatment, and spent the winter at Davos. On his return to England in April, 1889, he was in excellent health, and in spite of an attack of influenza in 1890 he continued in good health until the end of 1892, when he began to suffer from cough. In the spring of 1893 he gave up work and retired to Andover. During the last two years he led the life of an invalid, but he was always bright and cheerful, and was much delighted to see any of his old friends. He died quite suddenly on May 29th from hæmoptysis.

A melancholy point in connection with his death was the fact that his wife came up to town the day before, "because he was so much better." She had nursed him devotedly for eighteen months, never once leaving him.

Mr. Mills was a most skillful anaesthetist, and as a teacher of anaesthetics his great experience made him deservedly popular, but his great popularity was due to the consistent kindness and courtesy which characterised all his actions.

Cases of Special Interest.

MEDICAL.

John, No. 9, M., 46, mediastinal tumour.
Radcliffe, nine children, all under 7½ years, recovering from tracheotomy, after treatment by the antitoxin of diphtheria.
Elizabeth, No. 15, F., 18, melasma.
Matthew, No. 2, M., 32, tuberculosis of lymphatic glands, peritonsium, and kidney.
Matthew, No. 14, M., 55, abdominal tumour.

Marriages.

MURDOCH—SIMPSON.—June 18, at St. James's, Tunbridge Wells, by the Rev. A. T. Scott, Vicar, assisted by the Rev. R. E. V. Hanson, Alan Murdoch, M.R.C.S., L.R.C.P., eldest son of H. H. Murdoch, of Calverley Lodge, Tunbridge Wells, and late of Calcutta, to Eva Maria, daughter of the late Thomas Fox Simpson, of Clyde House, Tunbridge Wells.
RAMSAY—HOPWOOD.—6th ult., at St. George's, Hanover Square, by the Rev. Philip Stocks, Vicar of Ketton, assisted by the Rev. Montague Fowler, Herbert Murray Ramsay, Surgeon-Captain Scots Guards, to Eleanor, youngest daughter of Mr. Hopwood, of Ketton Hall, Stamford.
SHARPIN—OLDREY.—25th June, at St. George's, Hanover Square, by the Venable Archdeacon Sharpin, Rector of Millbrook, Beds, uncle of the bridegroom, Archdale Lloyd Sharpin, of Bedford, to Hannah Jane Powell Oldrey, widow of the late Robert Blatchford Oldrey, of Harpole Hall, Northamptonshire.
ECCLES—ANSTIE.—On June 12th, at the Baptist Chapel, Devores, by the Rev. J. F. T. Hallows, M.A., of Birmingham, William McAdam Eccles, M.S.Lond., F.R.C.S.Eng., of Harley Street, W., son of W. Soltan Eccles, Esq., of Upper Norwood, to Anna Coralis, second daughter of Edward D. Anstie, Esq., of Devores.

Deaths.

MILLS.—May 29th, at Andover, Joseph Mills, M.R.C.S., late Chief Anaesthetist to St. Bartholomew's, aged 44.
DAVIES.—June 18th, Joyce Caroline, the beloved only daughter of Arthur Temple and Alice Davie, of Finsbury Square, aged three years and five months.

St. Bartholomew's Hospital Journal.

VOL. II.—No. 23.]

AUGUST, 1895.

[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. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., 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, AUGUST 14th, 1895.

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

THE hardships which beset the newly qualified man are many. He has looked forward through his student days to the date of his qualification as a red-letter day, which means emancipation thenceforward from hard study, and which denotes a change in his financial condition whereby the continual expenditure of the student shall be replaced by the income of the man paid for his work. Alas! to how great a disappointment is he doomed! Slowly he realises that if he wishes to be anything in his profession, the study of the last five years is only a detail of the work which still lies in front of him. When he looks to the financial question he sees that to get even an unpaid appointment means the keenest competition. He awakes to a new appreciation of the profession, and his ideas undergo a complete transformation.

With regard to the necessity for further study comment is unnecessary. The increasing number of unpaid appointments is, in our opinion, an undoubted evil. There are, we know, other opinions, and this is not the question in our minds at the present. To our fledgling's hardships is added one that could be easily remedied, one about which there

can be no second opinion. We speak of the non-payment for medical evidence at coroners' inquests, where the person upon whose death the inquest is held has died in a charitable institution.

The law enacts that when an inquest is held over the body of a person who has died in a public hospital or other medical institution, supported either by endowments or by voluntary contributions, the medical officer of such institution is not entitled to any fee, and is bound to attend the coroner's inquest without fee. This is nothing but an iniquitous imposition. A resident medical officer at a public hospital is thus compelled to do a great deal of work for the State and to run considerable professional risk with no chance of any remuneration.

In those cases where the inquest is held in the precincts of the hospital the hardship, though great, is less so than in the case of many of the smaller hospitals, where the unfortunate resident has to proceed to the parish court. At the parish court the resident is often compelled to wait for a great length of time, and this, together with the time spent in going and coming, as a rule occupies most of a morning.

The evidence is often of the greatest importance. It is recorded, and may be the subject of further legal proceedings in the future. The evidence given in the coroner's court may then be disputed by other medical witnesses. The report of the case is published, and should the resident prove to be wrong, his reputation necessarily suffers. Thus he runs a risk every time he attends an inquest. Surely it is unfair that he should be compelled to do this without fee.

In addition to giving evidence, a post-mortem examination of the body is often required. This, again, even in what are apparently simple cases, must be done with full attention to forensic details; for it, too, may be the subject of future cross-examination. In making the post-mortem examination every question that an opposing counsel is likely to ask must, if possible, be anticipated and prepared for.

All this work for the State must be done whether the medical officer likes it or not, and neither for the work nor for the risk he runs does he receive a single penny.

Surely there is, then, a good ground for complaint here. Such a condition of things is scandalously unfair. We believe that there is no other instance where the State can demand professional work without paying for it.

The difficulty in securing a remedy seems to lie in the fact that few men spend more than two or three years as hospital residents. They do not see any likelihood of their bringing about any change in time to benefit themselves, and they do not care to take trouble which will only benefit their successors.

A short time ago one of the residents at a London hospital complained to the coroner that he had spent a considerable time over the post-mortem examination on the previous day, and that a whole morning had been spent in attending the court. The coroner informed him that he (the coroner) had no voice in the matter, but advised him to bring the matter before the County Council.

A letter was written to the County Council, who replied that the law was definite on the point, and that without an alteration in the law they were powerless to make any change in the fees. They suggested that steps taken with a view to obtaining an alteration in the law should be initiated by the resident medical officers themselves.

We cannot but think that success would attend such an effort, and we advise that it should be made without delay.

Each hospital might arrange a meeting of its residents and elect a representative. The representatives could then meet and constitute a general committee, who would draw up a petition. The petition would then receive the signatures of as many residents as possible, and be ultimately laid before Parliament.

We would ask the journals of the hospitals to bring this scheme before their readers, and to join with us in inviting correspondence on the subject. It is only by these means that any change is ever likely to be brought about.

We trust that the matter will not be allowed to rest with that *nonchalance* which characterises the younger members of our profession, but that whatever energetic spirits there may be in our hospitals will join together and make a determination to carry it through to a successful issue. The labourer is indeed worthy of his hire.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,
Assistant Surgeon to the Hospital.

(Continued from page 149.)

N young children and old people iodoform is prone to produce poisoning, especially if it be put into wounds or cavities.

Nussbaum* describes three degrees of iodoform poisoning.

* *Leitfaden zur antiseptischen Wundbehandlung*, Stuttgart, 1887, p. 85, et seq.

ing: in the first there is melancholy and loss of appetite, with a constant smell of iodoform in the nostrils; in the second, hallucinations and delirium, all nourishment being refused; in the third there is mania, followed by stupor and collapse. The very young and the very old seem most predisposed to iodoform poisoning, which, however, is with difficulty discriminated from the sepsis which often accompanies it.

One of the most important symptoms of iodoform poisoning is the appearance of free iodine in the urine. This can be ascertained by the usual starch test for iodine. Doubtless inquiry would show that in iodoform poisoning free iodine was present in the other secretions and excretions.

Mr. Watson Cheyne* has described a fatal case of iodoform poisoning. The patient was a child who had two drachms of a 10 per cent. solution of iodoform injected into an illiac abscess. This was followed by collapse, frequent vomiting of blood, carboluria, restlessness, and delirium, inequality of the pupils, and a temperature of 104.6° F.

It is supposed by some that iodoform owes any efficacy it may possess to the liberation of iodine, so that it seems natural to ask why a solution of iodine is not used in the first place. It is claimed, however, that not only does the ethereal and alcoholic solution of iodoform contain free iodine, but that it also contains a reserve of iodoform capable of conversion into a fresh supply of iodine.† A similar value is claimed for the iodoform powder, but it is very doubtful whether its store of iodine is ever really liberated. For instance, I have been unable to confirm the statement that when iodoform is mixed with pus iodine is set free. A mixture of fetid pus and iodoform was kept at 37° C. for twenty-four hours. At the end of that time the starch reaction gave no result.

Nor have I been able to learn that any iodine was liberated from iodoform dusted upon the skin beneath antiseptic dressings. On many occasions when removing a dressing on the eighth day starch solution has been poured over the skin yet covered with the remains of the iodoform, and without any result.

Clearly iodoform is a drug with peculiar characters, about which much remains to be learnt. Although its disinfecting properties are so feeble, its antiseptic are not to be despised.

In addition to the powder and emulsion of iodoform, we use iodoform gauze, which ought to contain not less than 20 per cent. of iodoform powder. It is made by rubbing the powder into gauze or muslin which has been dehydrated and sterilised. If nothing but iodoform is used, the gauze is apt to part with its iodoform, and therefore some surgeons add glycerine. This fixes the iodoform, and renders the gauze soft and supple.

The following is the prescription of the late von Billroth,‡

* *British Medical Journal*, December 31st, 1892, p. 1421.

† Von Nussbaum, *Leitfaden zur antiseptischen Wundbehandlung*, 5th ed., 1887, p. 84.

‡ *Introduction to the Antiseptic Treatment of Wounds according to the Method in Use by Professor Billroth's Clinic*, by V. von

who was an enthusiastic advocate of iodoform:—Iodoform 50 grammes, glycerine 50 grammes, alcohol (95 per cent.) 400 grammes. Ten metres of gauze is uniformly impregnated with iodoform by pulverising the crystals in a mortar with the glycerine, and then adding the alcohol.

Iodoform emulsion for injection into sinuses or abscess cavities was made by Sir Joseph Lister by adding one part of iodoform to ten parts of glycerine. This is improved, I think, by the addition of one part of ether and two of alcohol. But, as might be expected, such a popular remedy as iodoform is applied in a variety of ways.* Generally speaking, all the mixtures should be fresh. I have given up using a made-up mixture of iodoform collodion. It seems to decompose and develop pungent and acrid vapours. It is, as I have just said, much easier and better to apply collodion to the wound, and dust it with iodoform whilst it is drying.

Thus the disinfecting properties of iodoform are rather doubtful. Its antiseptic properties, on the other hand, are by no means to be despised. Therefore, as no bacteria will grow in the presence of dry iodoform, I use it for dusting upon the skin all around, but not within the wound. It seems reasonable to suppose that if the skin had escaped disinfection the growth of bacteria from its sweat-glands, sebaceous glands, or hair-follicles would be arrested by the iodoform, and not grow as far as the wound. Next, the layer of iodoform seems to me to have a great value in preventing bacteria passing from the exterior of the dressing along the skin into the wound. Moreover I have occasionally seen the wound protected by the layer of iodoform, although, owing to the struggles of the patient, it had been exposed to the air. The valuable soothing and anodyne properties of iodoform, and its power of preventing dermatitis, need not be referred to again.

We may now begin to apply the foregoing to surgical practice. Our task is the exclusion of bacteria from wounds, and we have seen the means at our disposal for this purpose. It is not enough to pretend to keep out the harmful bacteria from wounds whilst allowing the so-called harmless to enter. To begin with, it is not known which are harmless and which are harmful. Next, a method which is so defective as to admit one kind cannot keep out the other. The presence of any kind of bacterium in a wound proves that the *method* of treatment has failed.

We have now to apply our knowledge of disinfectants and antiseptics to (a) the preparation of the surgeon and his helpers; (b) the preparation of the patient; (c) the preparation of the instruments and materials used at the operation; (d) to the operation; (e) to the treatment of the wound.

The aim of aseptic surgery is sterility. We endeavour to Hacker, trans. by Killkelly, published by Percival, London, 1891, p. 49. This small work is full of useful information.
* These are given in the *Extra Pharmacopœia*, Martindale and Westcott, 7th edit., p. 239, et seq.

reach this standard of perfection by the most simple and direct means. A moment's thought shows that as few as possible ought to take part in an operation. Each pair of hands is a danger. The chances of error from ignorance or inadvertence multiply in proportion to the number engaged. Our aim, therefore, is to employ as few as possible. The surgeon does all he can for himself—one assistant suffices for almost every operation; but an amputation of the thigh requires some one to hold the leg, or an amputation of the breast some one to hold the arm. A single nurse is enough for most operations, and her duties are made as simple as possible. The fewer hands touch the sponges or dressings the less the chances of infection. Therefore the nurse's duties are, if possible, confined to handing sponges in a basin of lotion, the iodoform bottle in lotion, the dressing, and so forth.

As regards instruments, we endeavour to use few, and of the simplest kind. This diminishes expense, because instruments which are sterilised by heat soon deteriorate; also a number of instruments are apt to be confusing to the surgeon, since he alone handles them. Quantities of instruments cannot make up for want of skill. After the instruments have been boiled for fifteen minutes they are placed in a tray of carbolic lotion. The surgeon himself takes the required instrument from the tray, uses it, and returns it to the lotion. In its passage to and fro it touches nothing. I myself never lay instruments or sponges upon towels or upon the patient's body; such repositories may or may not be aseptic, and the instruments are apt to fall upon the floor—rather a misfortune when so few are at hand. We always endeavour to finish an operation with the instruments with which we began. There is no objection to the use of an instrument fresh from the steriliser, provided it has been boiled long enough. I have, however, learned to distrust these emergency instruments. It betokens want of forethought to discover in the midst of an operation that an instrument is wanting, and a want of resource not to be able to make another take its place. The assistant at an operation has nothing to do with the instruments beyond occasionally holding forceps or retracting the edges of the wound. As we have not yet learned how to disinfect the hands with absolute precision, his fingers should be put into the wound as little as possible, and then only after a thorough rinsing in lotion. No assistant is told off to pass instruments, ligatures, or sutures to the surgeon who is operating. This would entail an extra pair of hands, and be an additional source of error. Sometimes in difficult operations where swiftness is essential a trustworthy assistant is told off to thread needles and hand ligatures. He ought to be familiar with each step of the operation, so as to be ready to anticipate the needs of the operator.

It has already been said that air, water, skin, instruments, ligatures, sponges, and other appliances are the usual sources of wound infection. Part of the practice of aseptic surgery

consists in the use of the agents at our command, so as to prevent bacteria being introduced from any of those sources. But many other factors, as we shall see, combine to achieve the perfection of aseptic surgery.

We have seen that for purposes of disinfection we possess two agents of unequal value; namely, heat, which is reliable, and chemicals, which are unreliable and difficult to use. But for antiseptics, or, in other words, for keeping disinfected things aseptic, chemicals are quite efficient when skilfully applied. Dilute chemicals may be confidently relied upon to prevent aseptic instruments, sponges, or dressings becoming infected from the atmosphere, and, I believe, from the skin. They are also sufficient to prevent infection by water and a few such sources. Our course, therefore, is quite clear; heat is used to disinfect, and chemicals to maintain asepsis. Some things, however, cannot be heated, and here one of our great difficulties arises, because under such circumstances we have to trust in chemicals.

Although I am in the habit of using certain chemicals, yet there may be others which may be as good or better. But, as I have already said, it is safer to use chemicals we thoroughly understand rather than those which are recommended upon theoretical grounds.

That which has been sterilised should be handled with care. If by inadvertence or carelessness anything becomes infected, ordinary solutions of chemicals could not be trusted to disinfect. Thus a sponge which has been soiled, or an instrument which has been dropped upon the floor, has to be discarded. Very strong chemicals might disinfect them, but to dip them for a minute into dilute solutions is mere fetish.

The books upon aseptic surgery with which we have of late been flooded contain elaborate descriptions of operating costumes. After what has been said no one would touch a wound with any unsterilised article, let alone with the garments. These, therefore, should be arranged so as to avoid any danger of contact. The surgeon and his assistant remove their coats, turn up their shirt sleeves, and put on aprons to protect themselves from jets of blood or the splashing of lotions. If aprons be not at hand, towels serve this purpose very well. The apron, it is hardly necessary to say, not having been sterilised, must never be touched with the disinfected hands, or be allowed to touch the wound. The sisters and nurses are to be dressed upon similar lines. Their sleeves and cuffs are sometimes too long, and are apt to touch the towels, or sponges, or dressings. In other respects our standard of personal cleanliness is so high in this country that directions which are sometimes given may be omitted.

The disinfection of the hands ought to be first in our procedures. It is inconsistent to disinfect instruments, towels, sponges, and so forth, and then handle them with infected hands. The hands pass through three stages. First, they are prepared for disinfection; second, they are

disinfected; and third, the disinfectants are washed away with dilute chemicals, which act as antiseptics to keep them sterile. To prepare the hands for disinfection it is hardly necessary to say that rings should be removed. Reverdin's* remarks upon jewelry are much to the point. He very properly says the hands should be naked. Even the sacred engagement ring is tabooed. This last sacrifice seems sometimes too much for vanity and superstition. As I have already said, the finger-nails should be trimmed as short as possible with knife or scissors. Afterwards the hands and forearms should be scrubbed with soap and hot water (temp. 105° F.) for three minutes. The object of this soaping and scrubbing is not only to remove all visible dirt, but also to extract as much as possible of the grease from the skin, so that the disinfectants can penetrate. The ordinary soaps are suitable for this purpose, but potash soap is, perhaps, the best. Potash soap, or soft soap, as we generally call it, checks the development of anthrax spores, and presumably of other bacteria. Koch† found that a solution of one part in five thousand retarded their development, and that one part in one thousand completely prevented it.

The next step is to disinfect the prepared hands. For this I am now using a one in five hundred solution of biniodide of mercury in 75 per cent. rectified spirit, to which a little water and iodide of potassium or of sodium are added to dissolve the biniodide. Ordinary methylated spirit is almost as good as rectified, but not so pleasant to use. A little water ought to be added to these spirituous solutions.

Mixtures of pure chemicals with absolute alcohol are inert. Koch found anthrax spores alive after they had been exposed for seventy days to a 5 per cent. solution of carbolic acid in alcohol. But to obtain such results as these the acid and the alcohol must both be pure. When water is present, even in small quantities, the chemical can act in its usual way.

The hands and forearms are soaked for a minute in spirit and biniodide. A longer sojourn may be harmful, and is not, I think, required. Finally, the spirit and biniodide are washed off with the biniodide of mercury lotion, which is to be used throughout the operation. The strength of this varies according to the circumstances. For a radical cure of hernia or of hydrocele I usually employ one in two thousand, because the region is one which is particularly difficult to keep aseptic. For an ovariectomy, one in four thousand is used for the sponges, which are well wrung out. Should irrigation be called for, sterilised hot water is put into the abdomen. Nevertheless, when septic matter has escaped into the abdomen I have washed it out with a one in four thousand solution of biniodide without any ill result. It seems safe to use the same solution or stronger for localised septic peritonitis or pleuritis.

* Loc. cit., p. 87.

† New Sydenham Soc. trans., 1886, p. 514. Every one ought to master this important essay.

During the operation the hands are frequently rinsed in a fresh bowl of the biniodide lotion. This cleanses them of blood, and keeps them aseptic. When once the hands have been disinfected, they do not touch anything which is not known to be sterile. Others, therefore, are asked to move the patient into position, pull aside blankets, or move tables. Should the operator or any of his assistants take part in such proceedings, they disinfect their hands before handling any of the sterilised articles, and before interfering with the field of operation. The proper observance of these precepts requires the keenest attention. Proper habits are soon acquired by those who grasp the principles of aseptic surgery.

It is, as a rule, hazardous to perform operations with hands which have been cut or grazed. But if these injuries be slight and uninfamed, and not suppurating, it is, I believe, safe to cover them with collodion after the hands have been disinfected in the spirit and biniodide. It would be most reprehensible to operate with a suppurating sore upon the hands. It is quite improbable that such a septic sore could be disinfected or occluded.

The spirit and biniodide used in the above process seems to be an efficient disinfectant. Not long ago we placed scraps of skin which had been disinfected with it from the hands of the surgeon, house surgeon, sister, nurse, and patient into culture tubes of sterilised broth. Every one of them remained sterile. The skin was taken at the end of an operation for the radical cure of hernia. But such good results are not constant. Upon another occasion the skin of the assistant, of the sister, and of the nurse were all septic. However, the skin of the hands was sterile in twelve cases out of twenty-two—a much better result than we used to obtain. It is clear that a better method might be found, but much depends upon the care with which our present one is applied.

Koch's experiments showed that solutions of sublimate and carbolic acid in absolute alcohol had no injurious effect upon anthrax spores. But it is to be noted that absolute alcohol has to be used to obtain this result. Spirit is used in our solution because it penetrates the skin better than water; but only 75 per cent. rectified spirit is used, not absolute alcohol, and a proportion of water is added. Ordinary watery solutions of chemicals run off the skin as soon as they are put on, and often the surface is hardly wetted by them. Such applications must be useless.

The nail brushes which are used for the hands and skin ought to be sterilised in the steam steriliser, and kept in fresh 5 per cent. carbolic lotion or in 1 in 1000 biniodide of mercury lotion. The steaming ought to be repeated without fail whenever the brushes are used to remove pus or virulent septic fluids of like kind.

Glass jars are the best for keeping brushes, silk, sponges, and so forth. It is rather hard to obtain the right kind of jars. These ought to be made with a glass lid to fit over

and surround the outside of the mouth or neck of the jar. When the mouth is closed with the ordinary glass stopper a chink is left betwixt the stopper and neck of the bottle. Dust collects in this chink and falls into the bottle every time it is opened. Should a jar with a proper glass lid not be at hand, the stopper and neck of the ordinary ones should be kept covered with a cap of stout paper or waterproof jaconet. Also the chink ought to be wiped round with a bit of gauze or alembroth wool soaked in 1 in 1000 biniodide solution, or 1 in 20 carbolic acid lotion, before the stopper is taken out. The jars ought to be quite air-tight. Carbolic acid soon evaporates, so that after a while the brushes, sponges, or ligatures may be lying in a dangerous and septic fluid. In any case solutions of carbolic acid ought to be renewed at frequent intervals; once a week is the rule at St. Bartholomew's.

The preparation of the patient may be described next, because the disinfection of the skin is an important part of the process. In hospitals the patient is got ready in a routine manner, but it is not always necessary or desirable to treat every case alike. The methods which are necessary to disinfect the harsh, thick, neglected skin of some hospital patients would be harmful to the delicate skin of a child or lady. Moreover skin which is clean and cared for is easier to disinfect than that which is dirty and neglected. Other circumstances, too, may necessitate slight alterations in matters of detail. These will be mentioned as I proceed.

I propose to describe first the preparation of a patient who has no septic sore or sinus from which the wound could be infected. The presence of a septic sinus or sore near the site of operation is a dangerous complication, and calls for special precautions.

Operations are not done upon those who have unsound kidneys or other organs, except in case of necessity. But when such patients have to be operated upon, aseptic surgery robs the operation of many of its perils.

Supposing, therefore, that the great organs have been examined and found to be healthy, and that there is no septic process going on, we proceed as follows.

The evening before the operation a purge is given. This unloads the bowels, so that the patient is not disturbed and does not feel uncomfortable for a few days after the operation.

The skin is prepared after the patient has had a hot bath, with plenty of soaping and scrubbing. It passes through the same stages as the skin of the hands. First, it is prepared for disinfection; second, it is disinfected; and third, it is protected and kept aseptic until the operation.

In most cases the first step is to thoroughly shave the skin. When hairs are present they impede the operation and render the dressing insecure; moreover they harbour bacteria, especially in the mouths of their follicles. The whole area involved in the operation ought to be shaved; for trephining and similar procedures the whole scalp, or

the whole thigh when amputation is to be done through the femur. At hospitals and nursing homes some one is usually employed to do the shaving. Sometimes it has to be done by the surgeon or his assistant just before the operation. This is always troublesome, because it is so difficult to get rid of the loose hairs. They ought to be taken away with wet wool, and at once thrown upon the fire.

After the skin has been shaved it is thoroughly cleansed of dirt and surface epithelium by energetic scrubbing and soaping. The epithelium always harbours bacteria, but most are present when it is thick and sodden. Such thickened epithelium is best removed with a sharp spoon, either before or at the operation. The extraction of the fat and sebaceous matter is of the highest importance. As I have already said, sebaceous matter is a mass of bacteria and degenerated epithelial cells. It has, therefore, to be extracted from the ducts of the sebaceous glands. Moreover it is useless to expect disinfectants to penetrate skin which is full of fat. Whatever chemical was put upon the surface, bacteria would continue to live in the depths of the follicles and sweat-glands. Thus the removal of the fat is imperative. For this purpose much reliance may be placed upon energetic soaping and scrubbing. But after this we rub and bath the skin with ether or spirits of turpentine. Ether is clean and rapid, and leaves a surface into which the disinfectant sinks easily. Turpentine is cheap, has slight disinfecting properties, and helps to remove dirt from the surface. It has been ascertained* that turpentine had little effect upon *Bacillus prodigiosus* or *Staphylococcus albus*; that *Staphylococcus pyogenes aureus* did not grow well after it had been three hours in turpentine, and was killed in five hours.

(To be continued.)

Notes of a Clinical Lecture on Two Cases of Aneurism and a Case of Surgical Tuberculosis.

By HOWARD MARSH, F.R.C.S.

THREE cases have recently been in the wards, each of which presents points of interest.

CASE 1.—The first is that of a patient who was admitted with an aneurism involving the right common femoral artery. He was forty-three years of age, and he gave a history of having been in good health, as far as this particular disease was concerned, until three months previously. He then noticed a pulsating swelling in his groin. Four days before admission this swelling increased considerably in size, and when it was examined some ecchymosis of the skin and subcutaneous tissue over the tumour was observed. It seemed probable, therefore, that the case was one in which the aneurism had begun to leak. Eighteen months before this date the patient had had an aneurism of the common femoral on the opposite side, which had been successfully treated by ligature. At the present time he was suffering with both aortic and mitral valvular disease. After considering all the circumstances of his case I determined to ligature the external iliac artery. In the first place, the tumour was situated so high up on the femoral artery

that it extended to the crural arch. There was thus no room to tie the common femoral. But even if it had been possible to tie that vessel, I should still have desired to ligature the external iliac instead. We are in possession of a certain amount of information as to the results of tying the common femoral. Irish surgeons have rather favored ligature of this vessel, and their results have been more favorable than those obtained by others. Their records show that of nine cases six recovered and three died. That is, however, a very considerable mortality. During the American Civil War, of eighteen instances in which the common femoral was tied only four recovered; while Mr. Barwell found that in thirty-one cases twelve died. Thus you see that the mortality attending this operation is high. And the reasons are clear. In the first place the common femoral artery high up gives off several branches. Now, as you know, if you cut a branch near its origin from the parent trunk, it will bleed as freely as if you made an opening of the same size in the trunk itself. Then, again, although the profunda normally comes off in the second inch below Poupart's ligament, there is a good deal of uncertainty as to its precise position. Sometimes its origin is low down; sometimes, and more frequently, it is high up, so that in a certain proportion of cases the profunda would come just within the field of your operation. As the matter stands at present, the concurrence of opinion is that if in any given case there is a question whether you should tie the external iliac or the common femoral, the former should be selected.

The general condition of this patient was very unfavorable. He had double valvular disease, and had been actively moving about up to the time of admission. His pulse was rapid and weak, and he was unable to lie down in bed. I was therefore very unwilling to tie the artery at once, yet it was almost certain that there was leakage from the aneurismal sac. On consideration I determined to wait for twenty-four hours. Next day the patient was much quieter, and both his breathing and the condition of his heart had improved. His aneurism was no worse—it was no larger, and there was no evidence of any considerable increase of extravasation of blood around it; I therefore waited, and as the condition of the aneurism continued about the same, I did not tie the artery until the fourth day after his admission. During these four days his general condition had greatly improved, he was able to lie down, and could breathe easily; the heart was much steadier, and the pulse less rapid.

In regard to the leaking of an aneurism, experience proves that this process may be slow. I once had a case of aneurism of the innominate artery, for which no operation was admissible, and in which the sac at length gave way and hemorrhage occurred, but not to a large amount. The hemorrhage ceased, but it recurred from time to time over a period of three or four days. During one hemorrhage a large piece of laminated clot escaped, yet the patient lived for a day or two longer. In the present case there was probably only a small rupture of the wall of the aneurism, and as the sac was filled with a more or less firm coagulum, the blood had some difficulty in finding its way out through the opening. I therefore ventured to wait. I feel sure that if I had tied the external iliac on the day of his admission he would have died. As it was he bore the operation very well. There was slight superficial suppuration of the wound itself, but in respect of the ligature everything went smoothly. Six weeks later, however, while he was still keeping his bed, it was noticed that there was a return of pulsation in the tumour. What was to be done? As his external iliac artery had been ligatured, no further operative interference seemed to promise a favorable result. I found, however, that by strongly flexing the limb the pulsation was arrested. So I fixed the limb in this position as he lay on his side. Within two days pulsation had ceased, and the tumour felt smaller and harder. A month later, however, some pulsation was again detected, so the limb was once more fixed in a fully flexed position. This time the pulsation did not return, and he left the hospital three weeks later quite well as far as the aneurism was concerned.

This patient, as I have already mentioned, was the subject of double femoral aneurism. Such an occurrence is not very rare. Aneurism of the aorta is, as you know, sometimes double, and in the case of the popliteal and femoral arteries I have met with several instances in which both the right and the left trunks were involved.

The operation of ligature of the external iliac is not one that you often see. I need not enter upon a description of the best method of performing it, but I may remind you that although, if the patient is thin, you may easily get at the vessel, if he be both fat and muscular you will find that the artery lies at a great depth, and you are very likely indeed to meet with serious difficulty. If you have any difficulty in detecting the vessel, the best plan is to feel for it where it passes over the horizontal ramus of the pubes, and then to trace it

upwards for about an inch and a quarter, and then apply the ligature. If you do not take this course you may get into the deeper parts of the iliac fossa, having passed the artery on your way.

The occasional value of the treatment of aneurism by the method of flexion was well illustrated by this case.

CASE 2.—The next case is that of a man forty-five years of age, admitted in January of this year with a large popliteal aneurism. The account he gave of himself was that in September, 1894, that is to say, about three months before, he noticed that his foot was swollen, and in the course of another month the swelling had spread up the limb. It was for the swelling of the foot and leg that he consulted his medical adviser, who found that he had a large popliteal aneurism. He treated him by bandaging pieces of cork over the femoral artery so as to exercise pressure, and by keeping him at rest in bed. A certain improvement followed, but the aneurism was not cured,—nor, indeed, could one reasonably expect an aneurism of this size to yield to such comparatively mild measures. At this period he was sometimes in a drowsy condition. He was a hard drinker, and I think he was probably suffering from uræmic poisoning. I will refer to this again.

Probably this man had had the aneurism for some weeks before he sought advice. It may be well to mention that patients are often ignorant of the presence of an aneurism, and that the affection may be overlooked even by the surgeon unless great care is used. I remember the following cases in which patients had large aneurisms which had not attracted their attention. A man came to the out-patient room some years ago complaining of swelling of his right lower limb. On examination it was found he had an iliac aneurism, but, although there was a large tumour which was the seat of strong pulsation, he was, till his attention was drawn to it at the hospital, quite unaware of its existence. In another case a man complained of severe pain and weakness of the left arm. He had walked from Highgate, supporting the limb with the opposite hand. It was found that his axilla was distended by a large strongly pulsating aneurism, which, however, he had not previously noticed. When this patient was admitted into the hospital some two months after the cork treatment it was found that he had a large aneurism in the popliteal space. The same question of possible leakage presented itself as in the other case I have related. The tumour felt soft and fluctuating, as if it contained very little clot, and there did not appear to be any clearly circumscribed sac. This patient was admitted in an almost unconscious state. He was weak and dull, and took scarcely any notice of what was going on. He was passing very little urine, and it was loaded with albumen. He was obviously unfit to undergo any operation, so the limb was put up in a comfortable position on a pillow, and he was ordered an aperient with injections of pilocarpine to favour perspiration. We watched him with considerable interest. The pilocarpine made him sweat profusely. The uræmic symptoms gradually passed off, he passed larger quantities of urine, and the proportion of albumen steadily diminished. In three weeks the condition of the kidneys had become normal. I do not think there was any question as to the origin of his uræmia. He had been drinking to great excess, and the alcohol he had consumed had, no doubt, given rise to an attack of acute nephritis, whereby the secretion of urine was stopped, and uræmia had supervened. A great change took place in his aneurism. When I first saw him its sac was very large and thin-walled, and it evidently contained very little laminated clot. A few days later the aneurism was evidently not quite so large, and it was firmer; pulsation also was less marked. At the end of three weeks the aneurism had ceased to pulsate, and was steadily growing smaller. This result was very satisfactory. He remained in the hospital for some time, but there was no recurrence of the pulsation, and the sac went on shrinking. I am sorry that I am unable to show you this patient to-day. He was written to, but he could not attend. He has, however, been seen since he left, and he is still quite well. The case is an interesting one in two particulars: first, as an instance in which a large popliteal aneurism was complicated by uræmic poisoning; and second, it affords a good illustration of the spontaneous cure of an aneurism which was not only very large, but which appearances seemed to indicate had probably begun to leak. Whether the uræmic condition of the blood was favorable to consolidation of the aneurism I am unable to say.

CASE 3.—The third case takes us to an entirely different subject. This patient may be introduced to you as an example of surgical tuberculosis. He is twenty-six years of age, and was admitted on March 7th, 1893, with tuberculous disease of the wrist. When he was first seen his wrist was dropped and flail-like, as if extensively disorganised. The joint had suppurated, and two openings were discharging freely. I am sure that some surgeons would have ampu-

tated the limb at once. The large area of the disease and the existence of sinusses would have been strong indications against resection. I did not like to adopt that course, and instead, I made free openings wherever matter could be got at, scraped the structures freely, placed the limb on a splint, and dressed the part antiseptically. Within a fortnight the case began to look very promising. Shortly the suppuration ceased, and the wounds slowly but soundly healed. Then the hand was put up in leather splints and kept at rest. It has long been perfectly sound. Of course considerable damage had been done, which can never be fully repaired, but he has preserved a very useful hand; he can extend the fingers, and has a fairly strong grasp. One day the patient came not only to show the wrist, but also to call attention to a considerable swelling of the right lower extremity which resembled "white leg." It was evidently a case for careful diagnosis. When he was undressed in the ward we found that he had Pott's disease, and a very large psoas abscess—which was the cause of the œdema of his limb. A few days later the abscess was opened by an incision in the groin, at the spot where the swelling was most prominent, and fifty-eight ounces of pus escaped. The abscess cavity was scraped and irrigated with an antiseptic solution, and a drainage-tube left in. I may point out that when you introduce a Vollmann's spoon into a long and deep cavity you must scrape with great care and discretion, or you may place the patient's life in danger. It is always an anxious moment for a surgeon when he is called upon to treat one of these large abscesses by free incision. It is important they should be opened, but if the abscess cavity becomes septic the patient will probably never recover. If you are successful in maintaining an aseptic condition recovery may confidently be hoped for. The cavity in this case slowly contracted, and ultimately was completely obliterated. He came back in November, that is to say, a month later, with double lumbar abscess. These abscesses were opened. You can see on his back the scars of two incisions marking their site. I notice that there is still a slight amount of discharge from the one in the right side. This patient's case is interesting because he has shown such remarkable powers of repair. One hears it said that certain people "look tuberculous." I do not think such an expression has any real meaning. Patients only look tuberculous when tuberculosis has seriously affected their general health. But when their general health has been repaired their "tuberculous" aspect entirely disappears. This man is or has been markedly tuberculous, yet no one, I think, would say that he looks "tuberculous" now,—indeed, he is as hale and stout as if he had never been otherwise than in robust health.

Biblical Materia Medica.

By W. H. MAIDLOW, M.D.

THE Bible, besides its great store of comfort always before us, contains vast stores of matter valuable and interesting, which, if equally well known, are at least so nearly buried that an occasional resurrection and refuge is at once important and valuable. The Bible is not now, as once, a book open only to the select, but is cosmopolitan, a contemporary, panoramic, a panacea. My object now is to show some of its stores of pharmacy and therapeutics.

Behold allusions to the *apothecary* (Exod. xxx, 35): make the perfume "after the art of the apothecary"—*secundum artem*.

Eccles. x, 1, has it, "Dead flies cause the ointment of the apothecary to stink."

In Exod. xxx, 23, is a *prescription* for an anointing oil written almost as now, in which order I write it, showing the accuracy of the comparison:

* Christmas Dirckinck-Holmfeld, *Fortschritte der Medicin*, 1887, p. 617, "Das Terpentinal als Antisepticum."

"Take thou also unto thee" = R.

Principal spices of		
pure myrrh	shekels	500.
Sweet cinnamon	"	250,
Sweet calamus	"	250, or
Cassia	"	500 (after the shekels of the sanctuary).

Oil of olive an hin.

"Make it an oil of holy ointment, compounded after the art of an apothecary," or, as we might say, "*ft. ung. sacrum secund. art. apothecarii.*"

"It shall be an holy anointing oil," or *utendum more dicto.*

"Thus the Lord spake to Moses" (*B.c. 1491*).

Here is reference to an *eyesalve*, Rev. iii. 18: "Anoint thine eyes with eyesalve, that thou mayest see." Palestine has most of the eye diseases of Egypt, the most notorious of which is the Egyptian ophthalmia or granular lids. The bad eyes of the Old Testament may have been this troublesome disease. "Leah was tender eyed, but Rachel was beautiful" (*Gen. xxiv. 17*), seems to mean Leah had blepharitis, rather than that her eyes were bewitching.

Gall—Gall is generally used to mean aught that is bitter. There is some controversy touching the draught offered to Christ on the cross. St. Matthew has "vinegar mingled with gall," which might be taken allegorically to signify a bitter death, for the offering was meant kindly.

St. Mark (xv. 23) has it "wine mingled with myrrh," so that in this case the beverage may be considered merely refreshing. Tinct. Myrrh. makes an excellent mouth-wash.

The *Good Samaritan* used oil and wine for the wounds. Alcohol is a fair antiseptic (and witness the Muscum preservations), and its smarting would be relieved by the oil.

The *bitter water of Marah* (*Exod. xv. 23*).—Three days' journey from the crossed Red Sea brought the Israelites, parched with thirst, to the tantalising bitter waters of Marah, to correct which Moses cast in a tree which "the Lord showed" him. The bitter spring is said to exist now, and the agent used is said to have been the berries of the *ghūkūd* tree.

The "*Death in the Pot.*"—In 2 Kings iv. 39, occurs the celebrated passage, "There is death in the pot," the cry of one of the sons of the prophets who had partaken of "potage" of wild gourds. They had probably eaten either colocynth or *ecballium* (squirting cucumber), both violent irritants.

Hyssop (*Psa. li*).—"Purge me with hyssop, and I shall be clean," is almost certainly figurative. Hyssop is probably a species of *marjoram*, a *labiate*.

Manna of the wilderness can hardly have any connection with the manna of the B. P. The word is derived from the Hebrew *man hu*, "What is it?" This startled question has yet to be answered satisfactorily. The Arabians of Sinai

are said now to gather in the early morning "manna" from the tamarisk.

Mandrake is the last drug I have to mention. The plant (*Gen. xxx*) which Rachel so much desired from Leah that she might bear children seems to be *Atropa mandragora* (*Nat. Ord. Solanaceæ*), a plant with a strong odour and a root cleft like a human being. Its properties were apparently like belladonna—a narcotic or antispasmodic, with some of the psychical effects of *cannabis indica*. Its flowers would attract the youthful Judah. *Mandragoras* is one of the attributes of Venus. In Shakespeare ("Antony and Cleopatra," act i, sc. v) we find Cleopatra, "Give me to drink mandragora, that I may sleep out this great gap of my Antony away."

W. B. Richardson, in the 'Asclepiad' (*Whittall Mat. Med.*, p. 583), finds the weak tincture of mandrake is narcotic, and believes an alkaloid in it like atropine would be an acquisition to therapeutics.

My list is a short one, but, I feel, sufficiently interesting to many to justify these few notes on the subject.

"M. D. Brux."

HAVING been frequently asked to give particulars concerning the medical examinations held at Brussels, I think that the following remarks may be of interest to some of the readers of our

JOURNAL.

By the regulations of the University of Brussels anyone holding a British qualification in Medicine and Surgery may present himself for examination. The fees are 550 fr., or £22; and this includes a "carte d'admission aux cours et aux cliniques des Hôpitaux de la ville de Bruxelles" for the academical year. The examinations are held in November, December, February, May, and June, and are entirely *vivâ voce*.

Special courses in Operative Surgery and Pathology are conducted in English, by a leading professor, during the two months prior to the examination. These courses are not under the auspices of the University authorities. That on Operative Surgery is similar to our own course for the higher examinations, and the Pathology to our Tuition Classes. The fee is 200 fr., or £8.

A separate course on Therapeutics, &c., is also given, for which a fee of 100 fr. is charged. These courses are purely voluntary, and some men pass the examination with only a ten days' stay in Brussels.

The examination is conducted in English, which most of the examiners speak fluently, and consists of three tests, viz.: 1st Doctorate (four examinations): Pathology, Therapeutics, Medicine, and Mental Diseases.

2nd Doctorate (four examinations): Surgical Pathology, Midwifery, Hygiene, and Medical Jurisprudence.

3rd Doctorate (Five examinations): Medical and Surgical Cases at the Hospital, Obstetrical Operations on the "Mannequin," Operative Surgery, and Dissections.

The 1st and 2nd Doctorate examinations are conducted in public at the University, and I should strongly recommend members of the medical profession visiting Brussels to attend the Court, and form their own opinion as to the character of the examination.

On the first day all the candidates assemble and draw lots for their numbers. They are then examined one after the other, no two candidates getting the same questions; he is fortunate who draws an early number, for it appears to be the custom to deal first with common or every-day subjects, and afterwards to ask questions on rarer matters. The candidate is expected to do most of the talking. He is asked, perhaps, "What do you know about hyperpyrexia?" and not until the candidate has exhausted himself does the examiner say anything; then follow two or three questions bearing on the same subject to elucidate what the candidate may have passed over. Each examiner deals with a small subject, and will not allow himself to be led away from it. If a man fails in one subject he fails in that "test," and is told to retire at the end of the evening. I cannot but think that there is even more chance in this examination than in that of our own Conjoint Board; in both the examiners are, as a rule, courteous gentlemen who do all they legitimately can to help the unfortunate candidate, but the time at disposal is too short, and the candidate has very little chance of recovery from a blunder, possibly due to nervousness.

Among the subjects on which I heard men examined were arthritis, endocarditis, pericarditis, cerebral hæmorrhage, carcinoma, sarcoma, syphilis, inflammation, repair of fractures, thrombosis, hypertrophy, fatty degeneration, emboli, aneurism, amyloid degeneration, hyperpyrexia, whooping-cough, diarrhoea, posterior myelitis, tetanus, phthisis, delirium tremens, pneumonia, enteric fever, scarlet fever, post-partum hæmorrhage, detection of blood-stains, spectroscopy of blood, evidences of live birth at term, causes of sudden death, duties of medical men as regards secrecy; while in therapeutics, sodium bicarbonate, rectal enemata, iodoform, phenol, strychnine, iron, atropine, mercury, arsenic, quinine, phosphorus, and santonin were the subjects of discussion. The specific action of drugs was inquired into; e.g. after describing the nature, source, and uses of santonin, and its action on the second, third, and fourth nerves, I was asked if it had any action on the first nerve. I opined that it caused some disturbance of the sense of smell, and was told that the odour of patchouli was sometimes simulated. The examination on Public and Private Hygiene was held in a separate room, so I had only my own experience. I was first man in, and was questioned concerning gases and other substances found in air before and after it had been breathed—as to the least quantity of oxygen and greatest quantity of carbon dioxide

in which life could be sustained, and the influence which ptomaines exercised in crowded rooms. The best means of ventilating public and private dwellings were also discussed.

The examination for the third Doctorate was more searching. There appeared to be no time limit; from three to five candidates were examined each day. Every one had to do two operations on the dead body, one of which was an amputation. The examination on regional anatomy and dissection was on a separate day. Two hours were allowed for dissection. Triangles of neck, axilla, crural region, and forearm were the parts I saw given. After dissecting all the branches of the arteries the distribution of the nerves and insertions of muscles had to be named. I was fortunate enough to get the forearm; the part was an exceptionally good one, the scalpel sharp. With the Mannequin various obstetrical problems had to be explained, and forceps and other operations performed. At the hospital each candidate had one medical and one surgical case; as a rule they were perfectly straightforward, but the examiner in Medicine seemed rather hard to please. He was very angry with one man because he asked to see the stools in a case of enteric fever, and with another for ordering port wine for a man with an empyema, who, he said, could only afford beer.

Eight out of twelve candidates succeeded in satisfying the examiners, and I think were all glad when the examination was over. On some days, including Sunday, we had been summoned at 8 a.m., and on one day we did not finish until after 11 p.m., being summoned that day at 7 p.m. The diploma is on parchment, and proclaims its possessor "Docteur en Médecine, Chirurgie, et Accouchements." The degree is not registrable in England.

Notes.

THE SKYNNER PRIZE has been awarded to T. J. Horder.

THE BENTLEY PRIZE, given this year for a report of cases illustrating "The Symptomatic Value of Optic Neuritis in the Diagnosis of Cerebral Disease," has been awarded to E. W. GROVES.

THE SHUTER SCHOLARSHIP has, we are sorry to say, not been awarded this year.

WE HEAR that four "shelters," presented by Mr. Holman, one of the Governors of the Hospital, are shortly to be erected in the Square for the use of patients.

WE REGRET to hear that Sir James Paget has resigned the office of Vice-Chancellor of the University of London: Sir Julian Goldsmid, M.P., has been elected Vice-Chancellor in his place.

THE BRACKENBURY SCHOLARSHIPS, which lately have only been worth £27 10s. each, will in future be valued at about £39 each. This is the result of the reinvestment of the fund on mortgage to the trustees of the students' ground. Thus two results are attained—increase in value of two of the scholarships, and the handsome pavilion at Winchmore Hill.

THE WIX PRIZE next year will be given for the best essay on the "Life and Works of Sir Astley Cooper."

THE BENTLEY PRIZE next year will be given for the best report of "Surgical Cases."

DR. CHATTAWAY has been reappointed Demonstrator of Chemistry to the Hospital.

It is a great pity that the competition for some of the valuable scholarships in the School is so small. The result has been this year that several of the prizes have not been awarded. The Kirkes Scholarship and Gold Medal, the Hichens Prize, the Sir G. Burrows Prize, and the Shuter Scholarship have not been awarded at all this year. We hope that next year the students will "pull themselves together," and wipe out this blot by showing exceptional merit.

MR. EDGAR WILLETT has been appointed additional non-resident Anaesthetist to the Hospital.

THE HOSPITAL AUTHORITIES have now definitely decided to appoint a fifth Physician and a fifth Assistant Physician, thus supplying a need which has been felt not only by the Hospital, but also by the students. There will be more medical beds, whereby the pressure for medical beds will be relieved to some extent, and of course additional clerkships will be open to students. The change will also add two more per annum to the staff of House Physicians. In every way the Governors, Staff, and students are to be congratulated on the decision of this question.

THE VALUE of the new Operating Theatre is fully shown by the fact that 403 operations have been performed there since it was opened in November last. Most of these were operations which would formerly have been performed in the wards.

SURGEON-CAPTAIN WHITCHURCH has been rewarded the decoration of the Victoria Cross for his act of bravery in the defence of Chital, of which we gave an account in our last issue. He was present at the luncheon in the Great Hall on July 31st, and after its conclusion he was chaired round the square amid hearty cheers.

DR. SAMUEL WEST has been appointed Examiner in Medicine for the Murchison Scholarship.

DR. LAUDER BRUNTON has been appointed Examiner in Materia Medica and Pharmacy to the Royal College of Physicians.

DR. LEWIS JONES has been reappointed Examiner in Elementary Physiology to the Conjoint Board.

DR. VINCENT HARRIS has been reappointed Examiner in Physiology for the Conjoint Board.

DR. HENSLEY has been reappointed Examiner in Medicine at the Conjoint Board.

MR. LANGTON has been appointed Examiner in Surgery by the Royal College of Physicians.

THE JUNIOR SCHOLARSHIPS in Chemistry and Histology have been awarded to—(1) I. A. Walker; (2) R. Walker.

MR. W. E. SARGANT has been appointed by the School Committee to keep a register of recently qualified men wishing to hold "locums" and assistantships. Old Bart's men who may want assistants or gentlemen to take temporary charge of their practices should apply to him.

MANY were the regrets expressed at the absence of the nurses and sisters from the Mid-session Address of the Abernethian Society. We confess that to our eyes—possibly astigmatic—it seems a pity that such excellent lectures as are given to the Abernethian Society should be withheld from the nurses, while there is plenty of room in the Theatre in which the lecture is delivered.

Perhaps ere October the old custom will be revived, and we may once more see a segment of the Theatre roped off for the Nursing Staff. Such a condition of things greatly augments the audience, and this in turn reacts upon the lecturer, making his work pleasanter and his lecture better.

It was our intention to publish in this number the final report of the Cricket Club for this season. The cricket reporter, however, had other views, and was "blessed" if he'd send it in for this number, as nobody would be up to read it, but he'd send it in for the September number.

MR. BUTLIN has been elected President of the Pathological Society, in place of Dr. Pavy.

MR. R. F. STANDAGE, who passed into the Indian Medical Service 10th, has passed out of Netley 9th.

Amalgamated Clubs.

SWIMMING CLUB.

The following races have taken place:
Three lengths (handicap) on July 3rd.—Won by L. A. Walker, who swam well from scratch. T. C. L. Jones, with 8 seconds start, was second. Six started.

Abernethian Society.

The opening address of the 101st Session of the Society will be delivered by Dr. Church in the Anatomical Theatre on October 10th at 8 p.m. His subject will be "The Rise of Physiology in England and its Effect on the Practice of Medicine." Freshmen are specially invited to attend.

Inaugural Dinner of the Eighth Decennial Club.

THE Eighth Decennial Contemporary Club was inaugurated on July 12th, its members meeting at dinner at the Café Royal. Unfortunately the number present was small—disgracefully small, for although the Hon. Secretaries had received sixty acceptances, not more than thirty-two Contemporaries had the good sense to turn up. The members of the Junior Hospital and School Staff belonging to this Decennium were the most flagrant delinquents, and did not show that *esprit de corps* of which old Bart's men boast on every possible occasion. It is to be hoped that next year the call of the Secretaries will be better responded to, so that the Eighth Decennial Club may prove as successful as its senior the Seventh. Once the depression, due to the smallness of the number present, had worn off, pleasure and enjoyment became the rule of the evening, and it was evident that cares of practice and disturbed nights had not yet touched the spirit of the Eighth Decennium. That sedateness of manner and quietness of speech which at present characterise the other senior clubs has not crept over the juniors. In ten years' time they also will meet and discuss "old times," compare cases, successes, and failures, and will find that they lead a life which in 1895 they perhaps despised anyone for leading. Mr. Maidlow occupied the chair, and was supported in the duties of the evening by the Hon. Secretaries, Dr. Kandlack and Mr. Waring. After the dinner Mr. Maidlow gave the toast of the evening, "The Eighth Decennial Club," in eloquent words, which we give in full.

Gentlemen, fellow-students, and sufferers since October, 1886, Horace somewhere asks, "To what will not inebriety lead?" If inebriety signify tumultuous joy and pleasure in meeting again old friends, such a feeling it is that allowed me to accept the distinguished and unmerited honour of presiding to-night. Did I not reflect that an office is made for man, and not man for the office, that a representative of the people is not seldom selected from his very docility and absence of colour, his sole virtue being his well-meaningness, well might I shudder when I see the Gogs and Magogs of the intellect of the past years, Basanie-like, encompassing me round on every side. Gentlemen, in this look around, what a host of thoughts must have flashed through our minds, come, gone, quivered, and persisted! Some we see in the full glare of publicity, bettering them-

Three lengths variety (breast, back, and side stroke).—Swum on July 10th. Six started in this race, which was won by G. B. Nicholson (8 seconds) by 3 yards. W. J. Codrington (scratch) was only just in front of R. Thorne-Thorne (12 seconds) for second place. The rest were all close up at the finish.

Six lengths (= 180 yards).—There was a good entry for this race, the heats of which were decided on July 24th.

1st heat. E. A. C. Matthews (40 seconds), 1; A. Hay (25 seconds), 2.

2nd heat.—G. B. Nicholson (25 seconds), 1; B. Rowlands (40 seconds), 2.

The final of this race and the six widths race have been postponed to the beginning of next session.

WATER POLO.—Inter-Hospital Water Polo Cup, Final Tie. St. Bartholomew's v. Guy's.

Having beaten St. Thomas's (last year's winners of the cup), Guy's met us in the final at St. George's Baths on July 25th, and were again victorious by the substantial score of 5 goals to nil.

Guy's won the toss and started by defending the deep end. They soon began to attack our goal, and were only prevented from scoring by the energies of our goal-keeper and backs. Towards the end of the first half Syer scored the first goal for Guy's amid loud cheers from the spectators, almost all of whom were Guy's men. From the throw-out the ball was carried up to the Guy's goal, and our forwards looked like scoring several times, but half-time arrived with nothing more recorded.

After changing ends the Guy's team seemed to have it all their own way, and goals were rapidly scored by Wood (2), Marshall, and Syer.

It is to be hoped that in future the cup ties will be played earlier in the session, when there is more chance of getting together a more representative team than was possible this year.

The teams were as follows:
St. Bartholomew's.—F. K. Weaver, goal; W. F. Bennett (captain), W. J. Codrington, backs; G. B. Nicholson, half-back; J. S. Macintosh, T. C. Litter Jones, L. A. Walker, forwards.

Guy's.—G. W. Simpson, goal; A. R. MacLachlan, T. L. Payne, backs; A. Syer, half-back; G. Marshall, W. R. Wood, W. E. Collins (captain), forwards.

WINNERS OF THE INTER-HOSPITAL WATER POLO CUP. 1892, St. Bartholomew's; 1893, St. Bartholomew's; 1894, St. Thomas's; 1895, Guy's.

United Hospitals' Rifle Cup.

THE competition for this cup took place at Bisley as usual. Bart's came out third in the list of hospitals, with the scores printed below. Our team seems to have a bad "tail" to it, but we cannot grumble; a team with a tail is better than no team at all. Scores:

ST. THOMAS'S.	
Hindley	66
Beley	65
Child	65
Brakenridge	59
Somers	55
Walker	50

GUY'S.	ST. BART'S.
Telling	56
Secretan	53
Fulham-Turner	54
Ashwin	55
Ellis	49
Moss	41

ST. MARY'S.	
Smith	59
Woodburn	58
Hammond	50
Wells	51
Smith	53
Taylor	27

CHARING CROSS.	
Lloyd	61
Staten	52
Street	40
Spencer	40
Clark	28
Walker	23

several indeed, but as they go, shedding fresh lustre on their hospital, and enriching the world of truth. Who of us are not proud of our Jacksonian Prize Essayist, Mr. Waring? or who does not feel better for having been associated with the greatest of English pathologists, our versatile and courteous friend Dr. Kanthack?

Then, too, we see others on whose brows we saw fame and distinction in those grim, early dissecting-room days.

But many more are there who also are bettering themselves and the world of truth. These are the vast army of general practitioners, who work on silently, slowly, steadily; who know little rest, and receive only the blinks of their own imaginations; restless even in recreation, who, entrusted with the secrets, hopes, and fears of their patients, right well know how to keep them; men most weighty in council, considerate in sickness; grave, courteous, earnest, liberal, and large-souled. Such are the qualities of some I feel round me to-night. The more one sees of the general practitioner the more we like him.

Let Bart's men, too, excel in that friendly spirit which sees no evil of two in a street, which allows to live and let live, as befits fellow-sufferers, far away from petty quarrels and bickering, so burdensome to bear; rivals only in enthusiastic well-doing.

But where are others that have joined us? others who would, like our secretaries' type, have helped to lay the stepping-stones of truth, or joined the army of the silent well doers? Some have left our ranks from disuse, affliction, despair, or grief. To them we tender a kindred pity, ourselves so often feeling the horrors of disease or introspection.

Others death—sometimes kind, oftener unkind—has claimed. We remember them in the laboratories or wards working with us, and we would now that they were here to compete with us; "and deeply would our hearts rejoice to hear again their living voice." But they have gone to clear up that impenetrable first five minutes after death; and *could* they, we feel sure, they *would* be writing notes to us, and inculcating the truth they loved and sometimes lived for.

But, gentlemen, to-night we are here to be happy. Each seeks happiness, each according to his fashion. Forget, then, the grim past and the inevitable to come; duty is happiness—happiness is duty; and no nobler toast can I propose now than a toast to "happiness and the present"—to others, to ourselves, to the Club.

"And the night will be filled with music,
And the eaves that infest the day
Will fold up their tents to the Aias,
And as silently steal away."

Speeches were also made by Dr. Kanthack, Mr. Waring, Mr. "Pat" Murphy, and Mr. Furnivall. Dr. Kanthack reflected chiefly on the want of the enthusiasm shown, which found expression in the smallness of the number present; and he made a few sarcastic but justified remarks regarding the degeneracy of the contemporary Bart's men.

It seemed to him that the only method of bringing a large number of Bart's men together was to "import a few nurses." He had been to the sports on two occasions; no nurses were there, and consequently the attendance of Bart's men was disgracefully small. Recently at the Abernethian Society, Dr. Thorne-Thorne gave an admirable address, with no little trouble to himself; nurses were not invited, and again the attendance was miserable—so miserable, in fact, as to be almost an insult to the lecturer. On the other hand, a conversation or a concert is given, graced by nurses, and the enthusiasm of the Contemporaries knows no bounds. The Eighth Decennial Club should require no nurse to look after its vigour; it should thrive without nursing. Where was that strong Bart's feeling that one always heard talked of at all functions?

The musical talent displayed was not exactly of high order, but everybody did his best, and the evening, as far as the members present were concerned, was a complete success, deacerving of frequent repetition.

We are requested by the Secretaries to invite all old Bart's men who belong to the Eighth Decennium (1885—1895) to join the Club, and to forward their life subscription (2s. 6d.) to either Dr. Kanthack or Mr. Waring.

A Ballad of the Surgery.

"You shall attend daily at the Surgery at 9 o'clock, and under the direction of the Casualty Physicians you shall treat all patients referred to you by those officers."—*Extract from the Charge of the Junior House Physicians.*

THE fleas were hopping merrily,
Hopping with all their might;
They did their very, very best
Poor patients' legs to bite;
And this was easy, for they were
Packed very, very tight.

The air was rising steamily,
Because the early sun
Was shining hot as hot could be,
Though day was but begun.
Before those crowds will melt away
There're many hours to run!

The steps were thronged as thronged could be,
The doors were wide as wide;
They could not all find room, because
There was no room inside.
No use it was to say them nay—
They would not be denied.

The H.P. and the Casualty
Were walking close at hand;
They cuss'd like anything to see
The Surgery so crammed:
"If these were only cleared away,"
Said they, "it *would* be grand!"

"If seventy porters bribed the mob
With seventy jugs of beer,
Do you suppose," the H.P. said,
"That they could get it clear?"
"I doubt it," said the Casualty,
"And—liquor's very dear."

"O patients, come and talk with us!"
The H.P. did beseech;
"A pleasant talk, but short as will
Suffice your wants to teach;
Two at a time come in, and we
Will hear the tale of each."

The oldest patient looked at him,
But never a word he said;
The oldest patient closed his eyes,
And dropped his heavy head—
Showing he drank too much last night,
And hadn't been to bed.

But one sad patient hurried in,
The Casualty to greet;
His face was wan, his trousers torn,
His waistcoat wouldn't meet:
And this was odd, for you may guess
He'd not had much to eat.

Another patient followed him
Within that open door;
And thick and fast they came at last,
And more and more and more.
The porter thoughtfully poured out
Carbolic o'er the floor.

The H.P. and the Casualty
Worked hard an hour or so,
And still the crowd became no less,
But rather seemed to grow;
A dinner rouse to get through yet,
And fifteen in a row.

"The time has come," the H.P. said,
"To tell of all your woes:
Of fits, and wens, and chicken-pox,
And bleeding from the nose;
Of how the windy spasm comes,
And whether bugs have toes."

"My baby wastes," a mother cried,
"Though grub it's always at;
It's crammed with whelks and pickles, yet
It's very far from fat!"
"No wonder!" said the Casualty.
She seemed surprised at that.

"A pill or two," the H.P. said,
"Is what you chiefly need:
Cough drops and liniment besides
Are very good indeed.
Take this three times a day, and please
Be careful how you feed."

"But can't you cure me?" one exclaimed,
Turning distinctly blue:
After six months' attendance this
"Is surely time to do."
"I'm busy now," the H.P. said;
"Please, nurse, another two!"

"It was so good of you to come
To ask for my advice!"
The Casualty looked in, and said,
"We're getting on quite nice.
Clear off that row in front, and we
Shall finish in a trice!"

"It seems a shame," the H.P. said,
"To treat them out so quick,
When they have waited there so long,
And say they are so sick!"
The Casualty said nothing but
"The atmosphere's too thick!"

"I weep for you," the H.P. said,
"I deeply sympathise."
Right rapidly he handed out
Brown tickets, all a size.
"Get medicine there," he said, "and don't
Come back—if you are wise!"

"O patients," said the Casualty,
"Now so much work is done,
I can attend your wants quite well."
But answer came there none;
And this was scarcely odd, because
They'd packed off every one.

Dedicated to that sadly over-worked individual, the Junior H.P. on duty. By the Author of "The Lay of the B.N.A."

Distribution of Prizes.



ON Thursday, July 18th, the prizes were distributed in the Great Hall of the Hospital by Sir Trevor Lawrence, Bart., at 3 p.m. Sir Trevor was supported on the platform by Sir James Paget, Bart., Dr. Church, Mr. Thomas Smith, Dr. Gee, Sir Dyce Duckworth, Mr. Willett, Mr. Langton, and most of the other members of the Staff. The proceedings began by a few words from Sir Trevor Lawrence explaining the reasons for reviving the public distribution of prizes, and referring to the last occasion, about forty years ago, when the prizes were so distributed.

He then called on the Warden to read his report of the work of the School. Dr. Shore read the following report:

The Report which I have to present is in every way satisfactory. The number of students who entered the School for the year 1894-5 was 193, of whom 119 entered to the full course, 50 joined for some special work, and 24 were students of Preliminary Science, thus showing that the position of St. Bartholomew's as the most popular Medical School in the metropolis is still maintained. The total number of students in attendance is 555.

The only change in the Hospital Staff during the past year has been the resignation of his post of Ophthalmic Surgeon by Mr. Henry Pover, after twenty-four years' service. He has been succeeded by Mr. Vernon, whilst Mr. Jessop has been appointed Ophthalmic Surgeon. In the Teaching Staff of the Medical School there have been several changes. Mr. Waring has become Senior Demonstrator of Anatomy in place of Mr. Jessop, and Mr. Bailey has been appointed Demonstrator of Anatomy. Dr. Fletcher has succeeded Dr. Calvert as Assistant Demonstrator of Practical Medicine, and Dr. Horton Smith, Fellow of St. John's College, Cambridge, has become Assistant Demonstrator of Physiology in place of Dr. Fletcher. Dr. F. J. Waldo, Medical Officer of Health for South-west, has been appointed Tutor in Public Health, and Mr. P. Furnivall and Mr. Sloane have been elected Assistant Demonstrators of Anatomy.

The Hospital and School are to be congratulated on the creation of the new post of Pathologist to the Hospital, and the appointment to it of Dr. Kanthack. By the creation of this office St. Bartholomew's Hospital has again taken the lead, and the Governors have recognised the importance of bacteriological and pathological research in the direct treatment of the Hospital patients. The Research Studentship in Pathology, founded by Sir Trevor Lawrence last year, was worthily held by Mr. C. P. White, who, amongst other matters, was engaged in investigating the value of the anti-toxin treatment of diphtheria. He has been succeeded by Mr. J. W. W. Stephens, and it is hoped that in the near future most valuable results will be obtained by the work of the Treasurer's Research Student.

During the Summer Session Dr. Edkins, the Senior Demonstrator of Physiology, with the approval of the Governors of the Hospital, given a course of lectures on Advanced Chemical Physiology, and Dr. Kanthack has conducted practical classes in Chemical Pathology.

By the opening of the new Operating Theatre, with all the most modern improvements, in November last, the Governors have supplied an urgently needed addition to the Hospital equipments. The medical officers view with satisfaction the decision of the Governors to appoint an additional non-resident Anaesthetist, and the election

of Mr. Edgar Willett to that post; and they hope that the appointment of a fifth physician, which is now under consideration, will shortly be decided upon.

One of the highest distinctions in Surgery, which has more frequently been won by St. Bartholomew's men than by any others, has again been secured by a member of our Teaching Staff, viz. the Jacksonian Prize given by the Royal College of Surgeons for an original essay on some surgical subject, which has been awarded to Mr. H. J. Waring for his essay on the "Surgical Diseases of the Liver."

At the Examinations of the Universities and of the Royal Colleges of Physicians and Surgeons the students have maintained the high reputation of the Hospital. At the final F.R.C.S. Examination recently held nine out of ten St. Bartholomew's men were successful, and they formed more than one-third of the total pass list. Fifteen have passed the primary F.R.C.S. during the year. At the Examinations of the Conjoint Board eighty-seven students have completed their final Examinations, and received the diplomas of L.R.C.P. and M.R.C.S., whilst similar numbers have passed the first and second Examinations, and six have received the Diploma of Public Health.

At the University of London two have taken the degree of M.S.—one, Mr. McAdam Eccles, having been awarded the Gold Medal, the highest distinction in Surgery granted by the University. The Hospital is to be congratulated on the Gold Medal at the M.S. Examination having been secured by our men on two occasions during the past three years, and on the Gold Medal at the M.D. Examination having been obtained twice in the same period. Ten have taken the degree of M.D., and fifteen the degree of M.B.—one, Mr. W. E. Lee, gaining the Scholarship and Gold Medal in Obstetric Medicine, and five others securing honours. Twenty-four have passed the Intermediate M.B., and twenty-four have passed the Preliminary Scientific.

At the University of Cambridge eleven have passed the first part and fifteen the second part of the final M.B., and four have obtained the Diploma of Public Health.

In the competition for the Naval Medical Service in November three secured commissions, and in the competition for the Indian Medical Service in February two were successful.

The members of the Teaching Staff had not been unmindful of the physical as well as the intellectual welfare of the students, and on June 5th last the large recreation ground which they have purchased was formally opened by Sir Trevor Lawrence. In later Hospital Football Cup from Guy's, and though beaten on the second occasion, drew in the first match with St. Thomas's, the present holders of the Rugby Football Cup.

Early this year the Medical Officers and Lecturers issued a directory of old St. Bartholomew's men, which has been favorably received by former students.

Old students have during the year well maintained the reputation of the Hospital by securing a fair share of public appointments in all parts of the country. Most notable amongst old St. Bartholomew's men are Dr. W. G. Grace, whose achievements in the national game of England are the admiration of all lovers of cricket; and Surgeon-Captain Whitechurch, whose daring bravery at Chitral has been rewarded by the decoration of the Victoria Cross, and has reflected honour on his alma mater.

The prizes, &c., were then distributed, each scholar or prize winner being presented to Sir Trevor Lawrence. Afterwards the Treasurer addressed those present, who numbered about 300, and included many ladies, Governors, students, and their friends. He spoke encouragingly to the prize winners, and referred to the large number of valuable scholarships and prizes which are annually open to our students. He read an account of the deed of bravery for which Surgeon-Captain Whitechurch has been awarded the Victoria Cross, and assured those present of the interest which the Governors take in the welfare of the School and the students, and of their pleasure of assisting in securing for the students the new recreation ground at Winchmore Hill. Sir James Paget proposed a vote of thanks to Sir Trevor Lawrence for presiding and dis-

tributing the prizes, and mentioned that he himself received a prize in that hall sixty years ago. In a few words he contrasted what things were then with what they are now, and said that in everything improved had taken place in the Hospital and School. The last time the prizes were publicly distributed was, he said, about forty years ago, and it was a point most worthy of note that at that occasion the prizes were distributed by Sir William Lawrence, father of Sir Trevor, and that the re-introduction of the custom by Sir Trevor was therefore most appropriate. Mr. Smith seconded, and the vote was carried by acclamation. A few words in reply from Sir Trevor Lawrence concluded the proceedings.

We are glad that the public Annual Prize Distribution has been revived, and hope that it will long continue; for the dull proceedings in the Library with only the School Committee and the prize students present were, we are sure, regarded by every one as unsatisfactory.

The Stewards' Feast.



LARGER number than usual attended the Stewards' Dinner this year on Wednesday July 24th. The Treasurer occupied the Chair, and amongst those present were His Excellency the Ambassador for the United States, His Excellency the Japanese Ambassador, Mr. Christopher Heath, Sir J. Bridge, Dr. Anderson, Mr. Dickcressell, Mr. Thomas Smith, Dr. Church, and most of the Governors, Hospital Staff, and teachers in the School. After an excellent dinner the Treasurer gave the loyal toasts of "The Queen" and "The Prince of Wales, Princess of Wales, and the rest of the Royal Family." These having been duly honoured, he proposed "Prosperity to St. Bartholomew's Hospital and health and ease to the poor patients." He spoke of the progress of the Hospital during the past year, and of the growing expenses and in some respects diminishing income. As an instance he cited the case of one farm which twenty-five years ago produced £100, and now only £300 per annum. The additions to the staff of a Pathologist and an extra Anesthetist were mentioned, as also the decision to appoint a fifth Physician, which had been arrived at only a few days previously. The Stewards' dinner, he said, had been held as long ago as 212 years, and he read the "bill of fare" of the dinner given 200 years ago, on July 18th, 1695. It contained many amusing items. Sir Trevor concluded with an allusion in eulogistic terms to the devotion of the staff and the nurses to their duty, and spoke of Mr. Cross's valuable services to the Hospital. The next toast was "The Ambassadors of foreign countries," coupled with the name of the American Ambassador, who replied, and objected to the term "foreign," contending that all civilised nations are brethren in the cause of humanity. In well-chosen words, in which he referred to the great forces of Conservatism, he proposed the "Medical and Surgical Staff." Dr. Church in replying alluded to the probable settlement of the University question for London in the near future, and to the small resources of the School, which is quite unendowed. Mr. Smith also replied, and referred to the great value of the second operating theatre, for although open only 104 days, 403 operations had been performed there. St. Bartholomew's, he said, was to be congratulated on being the only hospital not now "begging its bread." He concluded by proposing "The Treasurer," who replied, and proposed the "Visitors," coupled with the name of Sir J. Bridge, Chief Magistrate of London. Sir J. Bridge in his reply spoke of the unselfishness of the medical profession. The Treasurer then proposed "The Almoners," for whom Mr. Bickerstaff replied, and proposed "The Stewards." Colonel Mathew replied.

Amongst the speeches excellent musical selections were interspersed, notably "The Meeting of the Waters," by the Westminster Glee Singers, the "June Song," by Miss Elsie Mackenzie, and the violin solo of Miss Edie Reynolds.

Luncheon in the Great Hall.



ON Wednesday, July 31st, the medical and surgical staff of the Hospital took advantage of the presence of so many of their friends at the meeting of the British Medical Association to entertain them at luncheon in the Great Hall. The chair was taken by Mr. Thomas Smith, the senior member of the staff. He was supported on his right by Sir Trevor Lawrence, who had kindly allowed the use of the hall, and by the President of the College of Surgeons of England, and the President of the College of Physicians of Ireland and of Edinburgh, and by Sir Spencer Wells, Sir William MacCormac, and by a host of medical and surgical talent. The presidents of the various sections of the Association meeting and many other important officials were also present. But not the least honoured of the guests were the old Bartholomew's men, who were present in great numbers. The Great Hall was filled to its fullest capacity, and of the three hundred and odd seats hardly one was empty. After an excellent repast Mr. Smith gave the toast of the Queen and Royal Family. He alluded especially to the recent visits of H.R.H. the Prince of Wales, our President, and of H.R.H. the Princess of Wales to the Hospital. He next proposed in a very happy speech the toast of the visitors, and read a letter from Sir James Paget, in which he expressed his regret at being absent. Sir Joseph Lister was also absent on account of his recent bereavement. This toast was acknowledged by Dr. Clifford Allbutt, Dr. Stokvis, of Amsterdam, and Surgeon-Captain Whitechurch, of whom we are all so proud. Dr. Stokvis was very happy, and said the history of St. Bartholomew's was the history of the progress of medical science. Surgeon Captain Whitechurch was as modest as he is brave. At the conclusion of the luncheon Mr. Christopher Heath, President of the Royal College of Surgeons, proposed the health of the Chairman, and remarked that all of our four organisations were upon the Council of the College. This ended a most pleasant and enjoyable function. We have only to add that each visitor was presented with a small book in which Dr. Norman Moore, with his usual happy facility, gave a brief relation of the past and present state of the royal and religious foundation of St. Bartholomew's Hospital. It is generally agreed that this function went off particularly well and was thoroughly enjoyable.

Examinations.

FIRST CONJOINT—*Chemistry and Physics*.—H. E. Ashley, W. C. Douglass, E. B. Adams, H. C. Adams, R. Bigg, A. H. Dostock, F. W. Brown, C. L. Chalk, A. T. Compton, R. T. Cooke, E. C. Hepper, V. G. Heseltine, H. R. Hamby, H. N. Marrett, W. P. Miles, P. M. Parkine, H. G. Pinker, A. T. H. Pollock, A. B. Pugh, W. H. Randolph, J. F. Robertson, R. T. Thorne, R. Walker, W. Nicholls, V. S. A. Bell.

FIRST CONJOINT—*Materia Medica and Pharmacy*.—H. E. Ashley, W. C. Douglas, T. P. Allen, N. C. Deamouth, H. Burrows, J. M. Collins, C. V. Cornish, W. S. Danks, D. Davies, R. F. Ellery, C. S. Frost, T. H. Gandy, W. G. Hamilton, J. D. Hartley, R. H. Hayes, J. W. Illius, H. W. Illius, G. H. Low, H. P. Lobb, M. M. Martin, J. W. Nunn, J. O'Hea, E. Russell Risien, J. J. S. Scrase, S. R. Scott, W. C. B. Smith, S. Stevens, G. W. Stone, H. S. Thomas, A. L. Vaughan, G. W. S. Williams, L. A. Walker, A. J. W. Wells, E. E. H. Woodford, H. G. Wood-Hill, W. Nicholls, A. J. Andrew, H. G. C. Dring, E. P. du Heume, J. S. Gayner, P. O. Gruber, F. H. Nimmo, A. Woolcombe.

FIRST CONJOINT—*Biology*.—A. R. Baker, C. S. Hawes, G. R. McClintock, A. E. J. Lister, C. H. Turner.

FIRST CONJOINT—*Elementary Anatomy*.—G. J. A. Leclezio, S. B. Green, H. E. Flint, A. Hawkins, S. Hey, W. C. Douglass, T. W. Brown, H. G. Pinker, C. C. B. Thompson, R. Walker, A. H. Hayes, C. S. Scott, R. E. Woodford.

FIRST CONJOINT—*Elementary Physiology*.—A. Hawkins.

SECOND CONJOINT—*Anatomy and Physiology*.—C. G. Watson, A. O. B. Wroughton, R. Hatfield, P. W. Rowland, L. A. Bais, C. P. Burd, F. Horridge, G. E. Gask, R. S. F. Hearn, I. D. Dawson, E. F. Rose, W. E. A. Worley, E. C. Morland, and H. Davies.

SECOND CONJOINT—*Anatomy only*.—N. Buendia.

SECOND CONJOINT—*Physiology only*.—A. W. Penrose and F. R. Eddison.

FINAL L.R.C.P. AND M.R.C.S. The following having passed in all subjects have received their diplomas.—C. Lamplough, G. F. Reynolds, J. M. Woolley, D. L. Jones, L. B. Burnett, H. W. Southey, C. A. Newbald, C. W. Williams, J. F. Bill, H. W. Carson, S. C. Hounsfield, J. S. Chater, H. T. Gillett, J. L. A. Hope, G. A. Crace-Calvert, and E. H. Fryer.

INTERMED. M.B. LONDON.—E. C. Morland has obtained the Exhibition and Gold Medal in Physiology, a second-class honour in Organic Chemistry, and a third-class honour in Anatomy. F. Brickwell (Second Division). W. L. Rowe, F. V. O. Beit, H. A. Scholberg, and E. W. Woodbridge have passed, excluding Physiology. J. A. P. Barnes and J. L. Maxwell have passed in Physiology only.

INTERMED. B.Sc. LOND.—First Division, F. C. Borrow.

PREL. SCI. LOND.—First Division, J. C. M. Bailey and C. A. S. Ridout. Second Division, A. H. John, A. E. J. Lister, J. G. Matshell, J. P. May, A. T. Pridham, E. D. Smith, R. L. Thornley, and J. S. Williamson. Chemistry and Physics, E. V. Lindsey. Biology, A. B. Brown, A. G. Eds, P. G. Harvey, T. M. Pearce, E. Wethered, and F. H. Wood.

F. W. GALE and P. S. Kesteven have taken the L.S.A.

Appointment.

BRIDGES, Mr. G. C., M.B., B.S. (Dur.), L.R.C.P., M.R.C.S., has been appointed House Surgeon to the Great Northern Central Hospital.

Pathological Laboratory.

(The Pathological Laboratory will be closed to students until September 23rd.)

LONDON UNIVERSITY M.B. Examination.—Dr. Kanthack will begin his Tutorial Classes in Pathology on Monday, September 2nd, at 2 p.m. Days and hours to be arranged to suit the convenience of those who are desirous to attend.

F.R.C.S. Re-examinations.—Dr. Kanthack will hold his Tutorial Classes in Surgical Pathology and Bacteriology on Tuesdays and Fridays from 10 to 11, beginning on Friday, September 6th.

Bacteriology.—Dr. Kanthack will conduct a short course of Bacteriological Diagnosis for qualified men, extending over two weeks from Monday, September 6th, till Saturday, September 21st. The course will consist of Demonstrations (with Lanterns), followed by practical work, and will include the diagnosis of Diphtheria, Phthisis, Actinomycosis, Pneumonia, Typhoid, Cholera, Ague, Septicæmia, Gonorrhœa, the detection of the Tubercle Bacillus in Urine, &c. The class will meet five times each week, at hours to be arranged subsequently. Gentlemen wishing to attend are requested to communicate with Dr. Kanthack at once. Fee, Two Guineas.

Clerks in the Pathological Department.—Gentlemen wishing to act as Microscope Clerks for Dr. Kanthack or Mr. Berry from September 23rd to October 31st, and from November 1st to January 31st, are requested to send their names in at once.

The next course of Elementary Bacteriology will begin during the second week of October, together with the Bacteriology Course for the D.P.H. Examinations. Days and hours of attendance to be arranged subsequently. Gentlemen wishing to attend are requested to communicate with Dr. Kanthack.

Dried Antidiphtheritic Serum.

We have received from Messrs. Burroughs and Wellcome a sample of antidiphtheritic serum in the form of the golden scales. One gramme of the dried serum equals in potency 10 c.c. of the natural serum. In order to use it the dried serum is dissolved in 5 or 10 c.c. of sterilised water.

We have used the specimen supplied to us. The child recovered, and the progress of the case showed no departure from the usual course of cases of diphtheria treated with the natural serum. A

very marked antitoxin rash was produced. Further statistics are required in order to establish the efficacy of the new preparation as compared with the old, but there is no doubt that serum in a dried form is far more convenient than liquid serum, especially when it is necessary to keep it for any length of time.

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

SIR,—I was both interested and glad to read Dr. Kanthack's letter in your last issue. I was glad because I knew of several cases where old Bart's men, who had no claim whatever upon the Pathological Laboratory, had sent up pathological specimens for examination, with requests that reports should be sent them "as soon as possible." I had wondered how long the patience of "the man in charge" would endure him to tolerate this presumption on their part, and I hailed with joy the signs of his rebellion.

I have one fault to find in Dr. Kanthack's letter. He says, "The fees should be low." I think he puts them far too low. All the processes he mentions are tedious ones, and are, in my opinion, worth a higher scale of fee.

The practitioner who sends them up does not presumably pay the cost, but his patient. In fact, the case is similar to the calling in of a consultant to assist in diagnosing a disease. A Harley Street consultant will not examine a patient's lungs for 3s. 6d., and why should the Pathological Laboratory examine the patient's sputum for 4s. 6d.? Each process requires skill and experience, and the time occupied is much the same in the two cases.

The scale of fees, however, is a minor detail so long as there is a recognised system by which old Bart's men may avail themselves of the services of the Laboratory without feeling that they are trespassing beyond their right. I think the plan of identifying it with the Journal, an excellent one, and I sincerely hope that it will be carried out—I am, Sir, yours, &c.

ONE OF THE MANY OLD BART'S MEN WHO DO NOT LIKE TO SPONGE UPON THE PATHOLOGICAL LABORATORY, BUT WHO WOULD BE ONLY TOO GLAD TO AVAIL THEMSELVES OF ITS ASSISTANCE IN A FAIR MANNER.

Reviews.

A PRIVATE JOURNAL IN EGYPT, by Dr. D. Harvey Attfield, M.A. Cantab.—This interesting little volume is a year's record of the doings of an old Bart's man who holds the appointment of Sanitary and Quarantine Medical Officer at the Port of Suez, under the Egyptian Government. It is published "for private circulation," but its style and the interesting nature of the material merit a wider distribution. The writer states in his preface that "all readers will please understand that my Journal only records the diversions of a young physician, chit-chat for friends, and the results of general rather than professional observation of men and things." The Journal throughout keeps to this plan; not only does it contain descriptions of many amusing and exciting episodes, but it is full of information with regard to the country and the people that is instructive in the highest degree. Space in this number forbids quotations, but we hope at some future date to publish extracts telling of Dr. Attfield's medical duties, with a few of his experiences in pursuit of sport, which seems to be so plentiful in his part of the world.

TEXT-BOOK OF FORENSIC MEDICINE AND TOXICOLOGY, by Arthur P. Luff, M.D., B.Sc. Lond. In two volumes (London, Longmans, Green, and Co., price 24s.).—Dr. Luff has made a very useful addition to the literature treating of Medical Jurisprudence. His book deals in a very able way with the details of medical evidence, and gives in a clear

and succinct manner all the points to be borne in mind in dealing with cases that may ultimately find their way into the courts of law.

The main feature of the book, however, is the section on Toxicology, which occupies 310 pages, or very nearly half the book. The symptoms and treatment of poisoning are put in a way that does much to reduce the great difficulty which students meet with in its study. The detection of poisons by analysis is distinctly up to date, and includes some new and original methods. Plates showing many of the poisonous plants are given, and considering the fact that they are uncoloured, they convey a very fair idea of their respective subjects. We doubt, however, whether one who had only seen the plate would be able to recognise the plant itself with any ease or certainty when first meeting with it.

The portion of the book least worthy of praise is that in which Insanity and its medico-legal aspects are discussed. It is impossible to appreciate a definition of any particular form of mental disease without abundant examples, and these are too scarce in Dr. Luff's book.

A student who commenced his study of Insanity by reading this section would find it extremely difficult to keep in his mind anything like a clear idea of the various forms of insanity, he would have still greater difficulty in remembering it for any length of time, and would find it all but impossible to put his knowledge to much practical use.

In addition to this, many of the views expressed in this section are by no means universally held by those who figure as authorities on the subject.

We notice Dr. Gow's name in the preface as having rendered assistance in that part of the work which deals with questions appertaining to the organs of generation.

Births.

ALCOCK.—July 21st, the wife of Richard Alcock, M.D., Burlington Crescent, Goole, of a daughter.
RICE.—5th inst., at 5, Clarence Terrace, Leamington Spa, the wife of Bernard Rice, M.D. Lond., of a son.
HARPER.—4th inst., at 25, Rosary Gardens, South Kensington, the wife of James Harper, M.D., of a daughter.

Marriages.

ANDREWS—HAMER.—July 25th, at Holloway Congregational Church, Frederick William Andrews, M.B. Oxon., M.R.C.P. Lond., of 35, Welbeck Street, London, to Phyllis Mary, daughter of John Hamer, J.P., of 69, Dartmouth Park Hill, N.W.
GIPPS—POWER.—July 10th, at St. Mary the Virgin, Datchet, by Rev. Manley Power, Vicar of Datchet, assisted by Rev. H. S. Wood, R.N., Alexander G. P. Gipps, Staff-Surgeon R.N., to Mary, youngest daughter of the late Rev. Henry B. Power, vicar of Dorking, Surrey, and Mrs. H. B. Power, of 16, Popstone Road, Earl's Court, S.W.

ACKNOWLEDGMENTS.—Guy's Hospital Gazette, St. Thomas's Hospital Gazette, St. George's Hospital Gazette, London Hospital Gazette, St. Mary's Hospital Gazette, The Student (Edinburgh). A Private Journal in Egypt, by Dr. D. H. ATTFIELD; Text-book of Forensic Medicine and Toxicology, by ARTHUR P. LUFF, M.D., B.Sc. Lond. (Longmans & Co.); Medical Electricity, by LEWIS JONES, M.D. (H. K. Lewis); Hygiene and Public Health, by LOUIS C. PARKES, M.D., 4th edition (H. K. Lewis).

St. Bartholomew's Hospital



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NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, F.C., BEFORE THE 1ST OF EVERY MONTH.
The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., 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, 1895.

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

Introductory Remarks to the First Lecture on the Principles and Practice of Physic, October 2, 1894.

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

GENTLEMEN,—We meet to-day to begin our winter course of lectures on the Principles and Practice of Physic. Some of you will remember that my colleague, Dr. Norman Moore, opened this course last October with a very noteworthy and learned prelection, and explained the scope and aims of our duties in this theatre.

I am tempted now to offer a few remarks on the subject of lectures on General Medicine in relation to modern methods of studying medicine, for it is known to every one that great changes have come about in the last fifteen or twenty years in the curriculum of students. When I was in statu pupillari in Edinburgh the system was practically entirely professorial. We were lectured from morning till

evening, and attended about five lectures daily. Tutorial teaching was little available, and quite subordinated to the systematic lectures. To-day we find that students have fewer lectures and more practical instruction, less professional and more tutorial work to avail themselves of. In the main I believe this change to be for good. In London the student has large practical opportunities, and, as a rule, passes out of his school better equipped for practice than do students from some large schools elsewhere. He is more practical and less theoretical.

The modern tendency, then, is somewhat to decry systematic lectures, and to urge diligent attendance upon tutorial classes, and it is stated as one reason for this practice that systematic lectures are the less necessary in these days as the student has access to excellent text-books, which fully embody the best teaching and knowledge extant. This is partly true, but not quite true. We meet the requirements of to-day in this and, I think, in all the London schools by a middle course, and we do well. We adopt the recommendation of the General Medical Council in this matter, and give you three systematic lectures in the weeks of the winter session, while we commit you to the admirable instruction, ancillary to these lectures, given by such capable teachers as Dr. West, Dr. Calvert, and Dr. Andrews. With five teachers of medicine in this school, I think we do justice to this great subject. We do not forget that for the great majority of you your subsequent life-practice will be far more medical than surgical; and for those of you who may elect to practise wholly as surgeons, I need hardly tell you that a good knowledge of medicine is, in these days, more than ever necessary, since surgeons now largely take part in the conduct of cases that come primarily under medical care. I must complement this statement at once, however, by stating that a physician who is little conversant with modern surgery, nowadays can be but a very imperfect medical adviser.

In endeavouring, then, to teach you medicine here you will observe that I claim nothing very special for it. We have regard to all your needs as students of your whole profession, for neither we nor you dare to specialise in any

direction. We hear far too much in these days of specialisation in medicine. It is the plague and the cant of the day, bad, as I have elsewhere said, for all of us, and very bad for the public who have seized the idea of it and try to degrade us down to such a level. But we will have none of it. We have no "specialists" on the staff of St. Bartholomew's Hospital. Some of us are attached to special departments, and of course we recognise such specialties as ophthalmology and gynaecology, but we remain, and we intend to remain, for the best interests and renown of our school, with the two exceptions I have named, *general* physicians and *general* surgeons.

In your education here we recognise a place for systematic teaching in medicine and surgery in their widest aspects, and we bid you to be wise enough to avail yourselves of instruction in this form. What is this instruction? It is not a perfunctory dull mumbing of dry written lectures, of such as are unfailingly soporific and inevitably wearisome. At least I trust not. It is rather, or it certainly should be, a clear and lucid exposition of principles, with the fullest illustrations from bedside experience of disease in all its recognised forms; an instruction living, fervid, and delivered with an enthusiasm only chastened by daily renewed lessons fresh from the efforts (*i. e.* the successes and the failures) of daily practice of our art. Gentlemen, you will not find this in any modern text-book with which I am acquainted. The best of these too often are founded on purely hospital experiences, and these, though of very great value, do not meet all your needs as practitioners of the future. A large part of your after-life work will be very different from hospital practice. You need guides to the work that will await you in very different environments, and we as your teachers here can help you to learn something in preparation for that. We can tell you of disease in less grave phases and in less well-expressed forms that you hardly meet with here, and we can tell you more of the after-history of cases than it is possible for you to learn either in the wards or from any text-books.

Believe me, you will do well to attend diligently all the systematic lectures provided here. You will almost unconsciously acquire stores of knowledge and experience which will years hence come in to help you and lighten your difficulties when you have no one to lean upon or take counsel with. By means of these lectures you will better understand both your work in the wards and your reading in text-books. You need all; all are necessary, and you cannot afford to leave out any one method of instruction.

If you assume in the jargon of the day that you may safely dispense with systematic lectures, you do violence to the memory of some of the greatest men who have graced our profession. You cannot suppose that men like Graves, Watson, Todd, Bright, Gull, Jenner, Burrows, Andrew Clark, Andrew, and many others were foolish enough to give systematic lectures for the best years of their fruitful

lives if they believed them to be of little or no use. We have fewer lectures, as I have said, now than when these men taught, and we have added many new methods of teaching in recent times; true, but I am not sure that we have more, if we have as many, giants in medicine as when these men were actively engaged in teaching.

Let us beware of breaking in rudely upon the old order of things. I am no Tory in physic, but I am certainly no Radical. We are not to go blindly with the times, but to go forward prudently, accepting light, help, and knowledge from all sources as we go. But if we begin by believing that our forefathers in the profession were all fools, we shall very soon suffer for our conceit. Rather we will go wisely and well.

This course, as some of you know, occupies two winter sessions for its completion. Formerly one session sufficed. Everything in medicine has grown, and happily your curriculum has been extended to keep pace with this growth. I trust that you are now preparing to make the use designed for it of the fifth year now required from you. In that final year you are set free from lectures, and expected to be acquiring the practical art of your profession by diligent work in the wards, out-patient, and post-mortem rooms. As you sow now in this seed-time, so will you certainly reap in your fifth year and subsequent career. Put off nothing now till that later day which never comes to the procrastinator. All that comes to him is a day wherein to repent at leisure of his idleness and ease-taking. You may fairly trust us, your teachers, in this matter. We have your best interests at heart, and we wish you so to study here that you may never regret the efforts you made with us. And your work is indeed hard. We know it well. You need much courage and great perseverance. Be assured these will not fail to bring you your full reward in due time. In order to work well, you must play well. We enjoy that, and we have lately done something to enable you to do it. Whatever may be the case in other professions, medical men must be before all else robust men, robust in body as in mind. If you neglect your muscles you will have unstable brains. Everything, then, in its place, and moderation in all. Add to these what I will call staying power, hold on, peg away, and do not look back.

I am tempted to say something respecting the most recent advances in our knowledge of practical medicine. These are now running very much on one line, the line of bacteriological research. There is always something uppermost and to the front, and just now the most actively pursued topics relate to microbes. In my student days microscopic morbid anatomy was the rage, and the fight was carried on over cells, molecules, corpuscles, and all the elements in every solid and fluid of the body. The true features of a tubercle-corpuscle, or the nature of a leucocyte, were then being debated amidst war and some recrimination. Just now we look on at the strife engen-

dered by disputants over the size, the wriggings, and wondrous ways of the *Bacillus coli* and that of the enteric fever poison. My colleague, Dr. Klein, is very confident that he has now tracked that last plague-producer to earth. So with the specific elements giving rise to that still worse pest—diphtheria. We appear to have recognised its microbe, and to be thus empowered to establish, more often than we now do, a diagnosis in cases of sore throat of uncertain nature. Inquiries such as these are pregnant with interest, but above all are of vast importance for us and for all mankind.

Not only in exact researches such as I have mentioned, but in the fact that in the daily study of disease we meet with endless varieties of symptoms of processes, never twice quite the same, we have in the study of medicine an undying source of interest, so that we, with you, are always students, ever reaching on to the far-off goal of eternal truth. Do not suppose that you can ever, here or anywhere else, come to know any disease as an entity or a condition. There is verily no such thing.

You learn to make a diagnosis, say of a case of pneumonia; you know its history, symptoms, signs, and prognosis. You think you know how to treat such a case perhaps. Perhaps in the very first one you meet with, you find all your conceptions at fault, the symptoms and signs not "classical," and you are perplexed as to the issue. What does this indicate? It means that no two cases of disease are alike, and that they never can be alike. What have you to do? You have to study patients, that is, sick people who are suffering day by day and night by night; and you have to discover what disease means to each individual afflicted with it. In that way only can you fit yourselves to treat the patient. Remember that only homeopaths and chaulatans treat diseases. You will not find us treating diseases here. We are busy with patients, discovering the personal needs and tendencies of each, and so engaged in helping them to recover and become sound in health once more. How can a text-book help you in such a work as this? It never yet helped any one to become what I term an artist in medicine, and all our work in this theatre, and in our wards, with you is to enable you to become for yourselves good medical artists. Every great physician or surgeon is a great artist. Many will refuse to us any claim to be scientists. Let them refuse it. It matters not at all. Our business is to heal the sick and to relieve suffering, and if we can do that we may be content to be called by any name. Our art, however, is founded on many sciences, and we can acquire no true art before we are grounded in all the sciences on which it depends. You lay this solid foundation in your preliminary and systematic studies here, and you rear the artistic superstructure in your fifth year, and in every subsequent year of your medical life.

Let me urge you not to be discouraged by many apparent

failures in such work as we carry on here. We have our failures and disappointments as all good men must have in this world, but we learn daily from our mistakes if we are honest, and others, in turn, reap wisdom from them. What we have each to do is to do nothing less than our best, to do everything with our might, and to fear no man.

Gentlemen, with these somewhat desultory and introductory remarks, I now pass on to my first lecture in this winter's course, and begin to study with you the subject of Hydrophobia.

Osteophytic Outgrowths removed from the Articular Surfaces of both Knee-joints, with Restoration of the Normal Joint Movements.

By W. BRUCE CLARKE, F.R.C.S.,
Assistant Surgeon to the Hospital.

HISTORY.—R. M., aged 35, was admitted into St. Bartholomew's Hospital on September 22nd, 1891, in consequence of some pain and discomfort in connection with the movements of her right knee-joint. She stated that for some months past she had been liable to sudden attacks of pain when executing rapid movements with her knee; they came on, for instance, when she started up out of a chair, or changed her position from kneeling to standing, or occasionally on getting out of bed in the morning. Recently the pain had become much intensified, and had on several occasions caused her to fall. The pain subsequent upon these attacks had lasted longer than it used to, and sometimes for several weeks, off and on, she would suffer from aching in the region of the knee, which was aggravated by movement, and latterly had prevented her from taking any considerable amount of exercise at all. She could not walk more than a mile or two at the outside, and often not nearly as far; her walking powers varied a good deal from time to time.

After she had been in bed a few days, and the synovial membrane, which on admission had been distended with an excess of fluid, had almost recovered its normal shape and dimensions, a careful examination of the knee-joint was undertaken.

There was a spot tender to pressure on the outer side of the patella, and underneath it there appeared to be some thickening of the subjacent tissues, probably implicating the synovial membrane, and possibly also the articular edge of the femur. No distinct loose body could be felt, but a day or two later she drew my attention to something which undoubtedly moved about in this region to a limited extent.

Her general health was good, and until her recent pains in connection with the right knee-joint she had never suffered from anything which had laid her up. She had never had an attack of rheumatism.

October 2nd, 1891.—The patient was taken into the theatre, and an incision made on the outer side of the patella over the spot where the pain was most obvious. On opening the knee-joint the articular edge of the femur was seen to be lipped and thickened, and on the edge of the synovial membrane was found a thickened fringe containing a potential loose body. The pedicle by which this potential loose body was attached to the remainder of the synovial membrane was ligatured with fine silk and then severed. The thickened edge of the articular surface of the femur was removed with a gouge, all bleeding arrested, and the wound closed with silk sutures.

The patient made an uninterrupted recovery and left the hospital on October 15th, able to walk with a stick. A few months later she came to see me, saying she was perfectly well and able to walk any distance.

I saw no more of her until she again came under my care on January 9th, 1895. Her right knee had never given her a moment's anxiety since I had last seen her, but about two years ago, viz. in 1893, she noticed what she described as some slipping of the left knee-cap. This caused her to slip down, and produced a locking of the knee-joint, and until she could manipulate the joint she could not get up again. Latterly these attacks had occurred as often sometimes as twice a day, but from constant practice she had become quite an adept at restoring the parts to their proper situation. The knee-joint usually became swollen for some hours after each attack, after which the swelling and discomfort disappeared. She had tried knee-caps, iodine, and blistering, but without any permanent relief.

No fault was to be found with her general health; there was a slight extra amount of fluid in the left knee-joint, and some thickening of the synovial membrane. No outward displacement such as she described could be discovered.

On the internal edge of the condyle of the femur a tender osteophytic growth could be distinctly felt, and a second one just below it. There was marked creaking when the joint moved. The movements of all her other joints were natural and normal in extent and direction. Close by the old incision on the outer side of the right patella could be felt a thickening, apparently of the outer edge of the patella, but it evidently gave rise to no pain or inconvenience whatsoever.

January 21st, 1895.—An incision two and a half inches long was made along the inner border of the left patella, and after all bleeding had been arrested the capsule of the joint was opened. No free loose bodies were felt, but a hard, sharp edged osteophyte came into view along the inner border of the femoral condyle. This was removed with a gouge, and a roughened patch on the opposing surface of the patella was also scraped. Two or three large pedunculated fringes were at the same time removed from the synovial membrane, after which the edges of the wound were carefully sutured and the knee placed on a back splint.

An uninterrupted recovery took place as on the previous occasion, but the restoration of complete and easy movement was more prolonged than it had been in the case of the right knee. In March of the present year the patient came to see me in the out-patient room, and expressed herself as feeling perfectly well and active.

Remarks.—The history of this patient's case appears worthy of record from several points of view. In the first place there is a clear evidence of the presence of rheumatoid arthritis in both knee-joints, which so far interfered with their normal movements as to necessitate operative interference, and in each case has resulted in perfect restoration of function. In neither case was a true loose body found. The edges of the synovial membrane were thickened, and had they remained for some long time without operative interference probably would have become detached, and have given rise to true loose bodies. It is worthy of note that the symptoms were almost exactly the same as if actual loose bodies had been present. Much of the benefit derived from the operations was doubtless attributable to the removal of the osteophytic outgrowths from the edges of the opposing surfaces of the articular ends of the bones, a result which should encourage one to advise removal of such outgrowths even when no loose bodies are present. What length of time may elapse before such growths again begin to interfere with joint movement it is of course impossible to state, but it is very encouraging to note that in the case of the joint first operated on no such interference after a lapse of nearly five years has yet begun to manifest itself.

Notes on Aseptic Surgery.

By C. B. LOCKWOOD, F.R.C.S.,
Assistant Surgeon to the Hospital.

(Continued from page 166.)

ROCK'S* experiments showed that the vapour of oil of turpentine failed to affect earth spores in sixty days, and ten days' exposure of anthrax spores to water containing a few drops of oil of turpentine, with frequent shaking, gave a similar negative result. The pure oil killed anthrax spores in five days, but failed to do so in one day. The development of anthrax spores is prevented by 1 in 75,000.

As a rule, I find that house surgeons prefer to use ether. The methylated kind is quite good enough for the purpose. The sisters and nurses praise turpentine for cleansing the feet or hands or knees of labouring people. Ether or turpentine may be rubbed in with a swab of absorbent cotton wool.

The bacteria which inhabit the ducts of the sweat-glands and mouths of the hair-follicles are either removed by these

* On Disinfection, p. 510.

measures, or the disinfectants are enabled to reach their hiding-places. These measures likewise get rid of or lay bare to disinfection the bacteria which inhabit the ducts of the sweat-glands and the mouths of the hair-follicles.

After the skin has been shaved, cleansed, and its sebaceous matter extracted, it is disinfected with chemicals. After what has been said it is obvious that dilute solutions would have no effect. We therefore soak the prepared skin for two minutes with the same solution of spirit and biniodide of mercury as that which was used to disinfect the hands. This consists of 1 part of biniodide dissolved with the help of iodide of potassium and water in 500 parts of rectified spirit. Before use a tenth part of hot water is added to render the action of the drug more certain. This spirituous solution spreads evenly upon the skin, and seems usually to penetrate its depths. In the last series of cases treated in this way eleven out of twenty-one were aseptic. Some of this skin was from regions which are the hardest to deal with. As we gain experience and learn how difficult it is, and what strenuous exertions it requires to disinfect the skin our results improve. It is clear, however, that we are far from having learnt the best way of disinfecting the skin. But the nature of the problem is such that more will always depend upon the care with which the skin is prepared for disinfection than upon the kind of disinfectant which is applied. After the skin has been disinfected it has to be kept aseptic until the operation. For this purpose we place next to the skin a layer of 5 per cent. carbolic gauze which has been soaked in biniodide of mercury lotion for at least twelve hours. This lotion contains 1 part of biniodide in 2000 parts of water. It is advantageous to use glycerine instead of water, but as solutions of disinfectants in pure glycerine are inert, the whole of the water ought not to be replaced with glycerine. Dr. Black Jones and Mr. Furnivall grew bacteria from threads which had soaked for ten minutes in fresh glycerine and carbolic acid, one part in twenty. Glycerine in biniodide, 1 in 2000, and glycerine in perchloride, 1 in 1000, did not disinfect in one minute. The addition of glycerine keeps the gauze continually moist, and also helps the disinfectant to soak into the skin. This layer of wet gauze is covered with a layer of blue wool, and an outside dressing bandaged over the whole. The dressing should fit accurately, and may be used again after the operation. It consists of eight layers of 5 per cent. carbolic gauze covered with a layer of waterproof jaconet. Its construction and uses will be described when I come to the final dressing of the wound. When there is a septic ulcer or sinus in the skin which has to be prepared for operation the process of disinfection is much more difficult and uncertain. Not only should an attempt be made to disinfect such as these before the operation, but after the patient is anaesthetised they ought to be thoroughly scraped with a sharp spoon, soaked with pure carbolic acid, or touched with the actual cautery, irrigated with 1 in 1000 biniodide

of mercury lotion, and shut off as far as possible from the field of operation by packing them with carbolic gauze. Sometimes a layer of gauze soaked in iodoform collodion seals the infected region, and affords a fair protection. The only case I have lost from septicæmia was infected from a cancerous ulcer which had not been properly disinfected. I was not then aware of the impotence of our chemicals.*

The preparation of the instruments has been mentioned more than once. The following suffice for almost every operation, namely, a knife, a pair of scissors, a pair of dissecting forceps, six to twelve pairs of pressure forceps, a straight needle, and a curved needle. For special operations amputating knives, saws, bone forceps, blunt pointed needles on handles, and such like may be wanted in addition, but the foregoing are the stock ones. Every one of the instruments is put into boiling water for fifteen minutes, they are taken from the water without contamination, and arranged in a basin or tray filled with 2 or 2½ per cent. carbolic lotion.

If the operation is at a distance the instruments are boiled at home in a saucepan or small fish-kettle, and wrapped whilst hot in an ordinary outside dressing. This protects them from infection, and after the operation may be used for dressing the wound.

Frequent boiling certainly destroys the instruments. It does not seem to blunt the cutting instruments if they are protected from contact. Therefore the knife ought to be put in a rack or rolled in a thin layer of wool or muslin. Needles are best tied together with a bit of silk before being put into the boiling water.

The same instruments may be used for several operations, provided they have touched nothing septic. They merely require to be placed in fresh lotion. Of course the knife must be replaced if it has been blunted.

After the operation the instruments ought at once to be thoroughly cleansed of blood by an energetic scrubbing with soap and hot water. This makes their subsequent disinfection much more easy and safe.

It is unnecessary to say that the old-fashioned instruments with wooden or ivory handles are useless now. But instrument makers are gradually learning to make instruments with metal handles. For needles and retractors the bent wire handle, like that of a penny button-hook, is simple and very easy to hold.

All the other instruments which may be required for an operation are sterilised by heat, and kept aseptic with dilute chemicals. It would be wearisome to enter into further particulars.

The instruments are used with proper precautions. As I have said, the surgeon himself picks the instrument he requires from the tray of lotion, uses it, and puts it back in the tray. During its transit from the lotion to the wound

* Hunterian Lectures on "Traumatic Infection," *Lancet*, March 9th, 1895, vol. i, p. 296, et seq.

it touches nothing, or, at all events, nothing but things which have been sterilised and soaked in lotion. It is unnecessary to point out how irrational it is to disinfect instruments and then allow them to touch that which is infected.

Twisted silk is used for tying vessels, sewing together divided muscles or aponeuroses, or for securing pedicles. The smallest size is 00, and is suitable for the smallest vessels; but the larger sizes, 0, 1, 2, 3, 4, 5, and 6 are used according to circumstances. The quantity required for the operation is rolled upon a glass reel or glass microscopic slide, and is prepared by boiling for fifteen minutes to half an hour in water. The shortest boiling suffices for the thinnest kind, provided too much is not rolled upon the glass reel. After twice boiling the silk becomes brittle and unreliable, especially the thinnest kinds. After having been disinfected the silk is put in a bowl of 2 or 2½ per cent. carbolic lotion, from which it is taken by the surgeon. It should be handled as little as possible, and touch nothing unsterilised in its passage from the lotion to the wound; indeed, it is best if it touches nothing whatever. Silk which has to be transported is placed in a jar of 5 per cent. carbolic lotion. This strength allows a little for evaporation, but is rather too strong for the surgeon's hands. The silk, therefore, is taken from it at the operation and put in 2 or 2½ per cent. lotion.

Silkworm gut, or fishing gut, as it is also called, is used for skin sutures, and not infrequently for buried sutures too. It is quite unirritating, and, owing to its physical properties, has no capillarity. Thus when it is placed in the skin no fluids can pass along it either into or out of the wound. It is prepared by boiling and immersion in lotion the same as the twisted silk, and bears the treatment exceedingly well. One or two boilings seem to have no effect upon it, and soaking in lotion only makes it tougher and stronger. The thickness of the fishing gut ought to be proportionate to the strain it has to bear. For a laparotomy wound thick strains should be chosen, but thin ones do for ordinary skin wounds.

This mode of preparing silk and fishing gut is quite reliable. Nine specimens were tested during this year and last by dropping bits of them into broth. In every instance the result was aseptic.

For some wounds, such as circumcision, or wounds about the face, ordinary raw catgut is a valuable material, as it does not require to be taken out. Moreover some surgeons use it for the ligature of vessels. Catgut prepared after Esmarch's* directions is, I have found, quite sterile. His method is as follows. The ordinary commercial catgut, Nos. 1 to 3, is vigorously cleaned with a brush in soft soap and water, and after washing in pure water is wound on glass spools and laid in bichloride solution, 1 to 1000, for twelve hours; then in an alcoholic 1 to 200 solution of bichloride for twelve hours,

* *The Surgeon's Handbook*, translated by Curtis, 1888, p. 15.

and it is then preserved dry in tightly closed glass vessels. Just before it is used it is laid in a vessel filled with an alcoholic 1 to 2000 solution of bichloride.

In this process the scrubbing with soap and water is very important. Reverdin* has pointed out that as a last stage in its manufacture the catgut is oiled. If this grease were left it is unlikely that the disinfectants would penetrate. Soaking in ether may be used to help its removal, and the perchloride which Esmarch uses may be advantageously replaced with the same strength of biniodide of mercury.

Reverdin† sterilises raw catgut which has not been oiled by putting it in the dry-heat oven for four hours at 140° C.

Some wounds require a drainage-tube of glass or india rubber. These are disinfected by boiling in exactly the same way as the instruments. They are usually kept with the ligatures and sutures. I always drain wounds which pass through septic sores or sinuses. It is doubtful whether these wounds can be made aseptic by any of our present means. Harm ensues if septic fluids are allowed to collect within them. I also drain wounds in parts where pressure cannot be applied, and in which blood easily accumulates. Thus a drain is always put into scrotal wounds after radical cure of hydrocele or varicocele, or after castration. It is also wise to drain wounds in which there is oozing of blood. After amputation through the condyles of the femur, or after Syme's amputation, the cancellous tissue of the bones is very apt to ooze. The blood collects within the flaps, and not only causes pain, but also predisposes to suppuration should asepsis not have been achieved. As a rule the drain is taken out at the end of forty-eight hours. After amputation such an early dressing is exceedingly painful, and therefore the tube is left until the eighth or tenth day. By that time the wound is almost healed, so that all the sutures may be removed as well as the tube. A little iodoform emulsion is squirted into the opening left by the tube, and it speedily closes.

Towels are used to spread upon the tables which hold the bowls for instruments, ligatures, and sponges; and also for surrounding the field of operation, and for barring off any septic region like the scalp. Mere soaking in strong solutions of chemicals cannot be relied upon to sterilise these towels. Out of four towels which had been soaked for two hours in 1 in 20 carbolic lotion one was aseptic; the other three infected broth with *Staphylococcus pyogenes albus*, with cocci singly and in pairs, and in strings of seven or less, and with a white mould. Another towel, which had been kept in carbolic lotion 1 in 25 for twenty hours, grew a bacillus with a strong sebaceous odour. Towels are seldom soaked in perchloride of mercury because it discolours them. A towel which had been in 1 in 2000 sublimate for some time contained *Bacillus subtilis*, but another which was immersed for three hours was sterile.

* *Antisepsie et Asepsie chirurgicales*, p. 121, et seq.

† *Loc. cit.*, p. 128.

These difficulties are easily overcome by boiling or steaming the towels for half an hour. But it is important to open out the towels before they are boiled or steamed. We omitted this precaution when we first began this plan. Although the towel had been steamed for half an hour, and soaked in 1 to 20 carbolic lotion for more than half an hour, it grew staphylococci, cocci in chains of six, and a spore-bearing bacillus such as I have often seen in cultures inoculated with skin scraping. After what has been said it may be supposed that these escaped by being protected from the steam by the folds of the towel. When the towels are taken from the steriliser they are put into carbolic lotion, 1 in 40. The surgeon himself or his assistant takes them out of this, wrings out the excess of lotion, and uses them to surround the field of operation.* The last nine towels which were tested after having been prepared in this way were all sterile.

Of all the materials which I have had to use, or seen used, for clearing wounds of blood, none seems so satisfactory as a soft sponge.

The main objection to sponges is that they are difficult to cleanse and disinfect, but the following method gives reliable results if properly carried out by a conscientious person. If the sponges be new, they are thoroughly shaken and beaten to get rid of the sand which is put into them to make them heavier. To remove the bits of coral and of shell they are soaked for twenty-four hours in a solution of hydrochloric acid and water. This is made by adding a drachm of strong acid to a pint of water. Next they are washed and squeezed out in warm water, temperature 100° F., which has been boiled and left to cool in a covered vessel to ensure its sterility; from this they are transferred for half an hour to a warm solution of ordinary washing soda (5j to Oj water) for the removal of any fat or albumen. Sponges full of blood, fat, and albumen may require several repetitions of this part of the process. The soda solution is removed by again rinsing in warm sterilised water, temperature 100° F., and the sponges immersed in cold solution of sulphurous acid (1 in 5) for twelve hours for a final bleaching and sterilisation. This solution is made by simply adding liquid sulphurous acid to water. During this stage a plate is placed over the sponges to sink them in the solution, otherwise they are apt to become discoloured. Lastly, they are squeezed as dry as possible, and placed in carbolic lotion (1 in 20) ready for the operation. Of course other lotions may be used for the purpose. During the operation the sponges are handed to the surgeon or his assistant in a bowl of lotion. The advantages of biniodide of mercury lotion for this purpose have been pointed out. Blood is so easily squeezed from the sponges when it is used, that it is seldom necessary for anyone but the surgeon or his assistant to touch them again. The lotion in which the

* "Report upon Aseptic and Septic Surgical Cases, with special reference to the Disinfection of Skin, Sponges, and Towels," C. B. Lockwood, *Brit. Med. Journ.*, Jan. 27th, 1894.

sponges are handed not only ensures their sterility, but also helps to keep the hands of the surgeon and of his assistant aseptic. A sponge should be taken from the lotion, applied to the wound, and returned to the lotion. It is most dangerous and objectionable to lay sponges upon the body of the patient or upon the table, or even upon the sterilised towels. They are apt to fall upon the floor, or be brought in contact with things which have not been disinfected.

To save the troublesome preparation of sponges we use as few as possible. Six are enough for any operation, but for an abdominal section a flat sponge may be required as well. After sponges have been used with sublimate solutions, the preparation with sulphurous acid is apt to make them rather black and dingy. This is of no real consequence, and can be avoided by using strong chlorine water in place of the sulphurous acid solution. The chlorine is apt to make the sponges pink, and sometimes rather friable.

The chlorine solution is made by putting twenty grains of powdered chlorate of potash into a stoppered bottle, and adding to it two drachms of strong hydrochloric acid. The stopper is left out for ten minutes until all the air is expelled from the bottle. Then two pints of water are gradually added and the bottle well shaken. This solution has various names. It is called *Mistura Chlori*, *Liquor Chlori*, and *Gargarisma Chlori*. I am indebted to Mr. Parsons for these details.

Sulphurous acid is a disinfectant of some value. Sternberg found that micrococci were destroyed in two hours by 1 : 2000 by weight of SO₂ added to water. Kitasato found that solutions of sulphurous acid in the proportion of 0.28 per cent. killed the typhoid bacillus, and 0.148 per cent. the cholera spirillum. De la Croix found that one gramme of SO₂ added to two thousand of bouillon prevents the development of putrefactive bacteria, and after a time destroys the vitality of these bacteria. Sternberg found that pus cocci failed to grow in a culture solution containing 1 part of SO₂ in 5000 of water.*

Chlorine is an active germicide in the presence of moisture. Fischer and Proskauer found that moist anthrax spores exposed to a moist atmosphere containing 4 per cent. of chlorine, were killed in an hour. A moist atmosphere containing 1 part in 2500 killed anthrax bacilli and *Miraculus tetragonus* in twenty-four hours, and the streptococcus of erysipelas in three hours.† I quote these observations because they show the potency of chlorine, and because of their bearing upon the disinfection of rooms. Koch found that anthrax spores did not grow after twenty-four hours in chlorine water. According to De la Croix, no bacteria developed in unboiled beef infusion when chlorine was present in the proportion of 1 : 15,000. Miquel also gives chlorine a high antiseptic value.

* The above is quoted from Sternberg's *Bacteriology*, p. 172.

† Sternberg, p. 169.

The methods which I have just described for the disinfection of sponges is reliable. Out of twelve which were tested by cutting off a scrap and putting it into broth, eleven were sterile. The one which was septic grew *Staphylococcus pyogenes albus*. The nurse who handed it was inexperienced. In a second series of thirteen one was septic. It contained a bacillus with peculiar characters, and different from any I have seen before.

The bowls used for instruments and sponges are disinfected by heat, otherwise they are a great danger. The usual wiping with carbolic lotion is quite untrustworthy. Dried pus or septic fluids would not be disinfected by such a proceeding. Therefore the bowls should be steamed or boiled for at least fifteen minutes. If this cannot be done, Forgue recommends that in country practice they be flamed with a little alcohol.* Very few bowls are required. The surgeon has one for his instruments, one for needles and ligatures, and one for the lotion in which he rinses his hands.

The nurse requires one bowl in which the sponges are given to the assistant. These sponges are laundered in the lotion, from which the assistant squeezes them dry before sponging the wound. As a rule, the assistant himself cleanses the soiled sponges by squeezing them out in lotion. The nurse has merely to hand a fresh bowl of lotion. This can be kept ready mixed in a large jug or in another bowl. The apparatus of the anaesthetist must not be washed in the sterilised bowls used for the operation. Also the nurse must on no account touch his sponges or lint. It is better that he should defer his cleansings until the wound is safely covered with the dressings. Accomplished anaesthetists are on the alert to guard against infection from anything they have used.

It is needless to say that if an irrigator is used it ought to have been sterilised. For most operations, particularly those done upon the abdomen, I find an ordinary earthenware jug the simplest and best irrigator.

When these preparations have been made the patient is anaesthetised, taken to the operation room, and put upon a convenient table. This table should be wide and long enough to hold the patient, and should stand by itself in the centre of the room. The space around it should not be encumbered with spectators. Ample room must be kept for the surgeon's table of instruments, and for the nurse and her appliances. She ought to be allowed to pass whatever the surgeon or his assistant needs without any danger of touching the onlookers.

Anaesthetists who know the principles of aseptic surgery are careful to keep their lint or apparatus out of the field of operation. In operations about the head and neck this is not at all easy to manage. But, as a rule, the mouth and nose can be put in such a position as to avoid danger of

* "On Asepsis in Current Surgical Practice in Urgent Cases and Country Practice," *The Medical Week*, vol. i. No. 45, p. 536.

infection from them. Moreover a barrier of disinfected towels can usually be raised betwixt the wound and the anaesthetist. I have tried various kinds of barriers and screens. None are of use without the help of a trained and zealous anaesthetist who stands out of the way behind the patient's head.

For most operations the surgeon stands upon the right-hand side of the table, the assistant on the left, and the nurse behind the assistant. The surgeon's instruments are put upon a table, so that he can pick them up without stepping from the position chosen at the beginning.

The patient having been anaesthetised is arranged upon the table in a convenient attitude. This is chosen with care, because it is dangerous to upset the field of operation in the midst of an operation by moving an ill-adjusted patient.

To prepare the field of operation the superfluous garments or blankets are taken away, but all unnecessary exposure is guarded against. The loss of heat is very great when a large area of skin is exposed to the air and wetted with lotions. The patient's body should be clothed in warm flannel garments, and the feet in stockings. When the patient is old or debilitated we wrap as much as possible of the trunk and limbs in layers of cotton wool. Shock can also be lessened by using hot appliances, by placing the patient upon a hot water table or hot-water mattress, by stimulants before, during, and after the operation, and by cultivating that speed in operating which modern surgery demands. Therefore the area of operation, and nothing more, is laid bare, disinfected, and surrounded with aseptic towels. These, after the dressing has been taken away, are arranged all round the field of operation, so that it is impossible for the hands of the surgeon or of his assistant, or any of their instruments, ligatures, or sponges, to touch anything which has not been disinfected and wetted with lotion. A thin mackintosh may be placed beneath the towels to keep the patient's clothing and blankets dry.

For laparotomy the abdomen is sometimes covered with a mackintosh apron with a hole in it to surround the incision. The edges of the hole in the apron are fastened to the skin with soap plaster. I do not use an apron of this kind, because it cannot be sterilised.

When a part which is difficult to disinfect is near the field of operation, it should be covered with a shield of carbolic gauze which has been soaked in biniodide lotion. In operations for the radical cure of hernia, of hydrocele, or varicocele, it is especially important to shut off the organs of generation with such a shield. At times the rectum or other septic orifice has to be excluded by the same device.

An operation founded upon the principles of aseptic surgery is a bacteriological experiment. If our disinfectants and antiseptics were perfect, and surgeons, assistants, and

nurses infallible, wound infection would never be known. But even now a death from septic infection causes much searching of the heart, and supposition is a deep reproach.

(To be continued.)

So-called Mountain Sickness.

By MALCOLM L. HEPBURN, M.D., B.S., F.R.C.S.

MOST people have heard of mountain sickness, but why and under what circumstances it makes its appearance is perhaps not so well known; and the readers of the JOURNAL will, I hope, find a few disjointed remarks on the subject of some interest.

For some years its very existence was doubted, and even at the present day there are some who say confidently that it never occurs, and rather ridicule those who try to investigate the cause. I am inclined to agree with them as far as the Alps are concerned, but let these individuals go and climb in the Andes or the Himalayas, and I can guarantee that they will return sadder and wiser men.

To begin with, the name is a bad one, since it at once suggests vomiting as the most prominent symptom, when, in reality, it is almost invariably absent; in fact, when this symptom does occur one may generally say with confidence that the climber is not suffering from mountain sickness.

I shall probably be asked the question, What is it, then, if it is not sickness? To judge from the earlier writers, such as Humboldt, Dr. Speer, Dr. Gardner, Dr. Reed, &c., *mal de montagne* (the better name) is a most complicated disease; but on glancing down their tables of symptoms it is evident that there is a general mixing up of many symptoms which occur on the mountain-side, absolutely regardless of their causation. Of late years it has been more thoroughly investigated, especially by Mr. Whympster in the Andes and by Sir W. M. Conway in the Himalayas, and it is only by studying the accounts given by mountaineers at these heights that one can expect to get a correct description of the symptoms, which are—

1. Accelerated respiration, with now and then spasmodic gulps.
 2. Accelerated heart-beat.
 3. Intense headache.
 4. Slight rise of temperature.
 5. Incapability for exertion, with tired feeling in the limbs.
- These are the acute symptoms, which pass off in a few days, leaving as chronic—

1. Increased respiration and increased heart-beat.
 2. Tired feeling in the limbs, especially on exertion.
- N.B.—Notice that there is no mention of bleeding from the nose, &c., as described in earlier accounts. The above symptoms show themselves usually in every

member of the party about the same time at a height of about 16,500 feet, independently of fatigue, unsuitability or insufficiency of food, or an impaired condition of the circulatory, respiratory, or digestive systems. Mr. Whympster suffered from his symptoms quite suddenly after he had ridden up to this height, so that no element of fatigue in the strict sense of the term could have come into his case. (The slight rise of temperature is only mentioned by Mr. Whympster, and is probably an accident.) The great difficulty of the earlier writers appears to be that they did not differentiate between true mountain sickness, fatigue, insufficiency or unsuitability of food, &c., and hence their long list of symptoms which appeared at various heights on the mountain-side, and were never constant.

As regards the causation of the symptoms, many theories have been put forward and many experiments have been done with a view to arriving at a definite conclusion. There are two conditions of the atmosphere at high altitudes which serve as the great foundations upon which to build any theory, viz.:

1. Diminished atmospheric pressure.
2. Deficiency of oxygen per unit volume.

There are other conditions where diminished pressure shows itself or can be produced, viz.—laboratory experiments on persons sitting under bell jars where the air is artificially exhausted, aeronaut experiments, and in the change from the atmosphere of caissons to the ordinary air (producing often what is known as caisson disease). We must, therefore, see what help, if any, we can get by studying the symptoms of those who are subjected to any of these latter conditions, and the most recent writers, especially M. Paul Bert, in his *La Pression barométrique*, have made use of these cases very largely in investigating the cause; but it does not seem to have occurred to one of them that the two states of the atmosphere above described may act more or less separately, and that what is mainly the cause in the one case may not be the cause in the others.

Now the symptoms of caisson disease, of aeronauts, and of those subjected to artificial reduction of pressure, are all very similar, and are as follows:

1. Excruciating pains, generally in knees.
2. Gastric pain and vomiting.
3. Subsequent paralysis, often permanent.
4. Cerebral symptoms, sometimes coma and death.

These are much more severe than the symptoms of mountain sickness, and are experienced under conditions absolutely different from those which mountaineers encounter. To put it roughly—

- (a) Aeronauts, &c., experience a very much more rapid reduction of pressure than mountaineers.
- (b) They remain only a very short time at the reduced pressure.
- (c) No element of fatigue has to be taken into consideration.

(d) The amount of oxygen in the air to which the men are exposed is normal when they suffer from the symptoms of caisson disease.

N.B.—These points are mostly gathered from M. Paul Bert's experiments, and from the descriptions of caisson disease.

If the conditions are so different, what help can the aeronaut experiments, &c., give us? I say absolutely none; and, without entering into the reasons (which would make this paper a great deal too long), I may say that I consider the symptoms of aeronauts, &c., due mainly to the rapidly diminished pressure of the atmosphere. An additional piece of evidence in support of this theory is that inhalation of oxygen did not remove the symptoms in M. Paul Bert's experiments, the deficiency of this gas being considered by him to be the chief cause. I do not believe that gradually diminished atmospheric pressure would ever produce any symptoms *per se*, since the reason we do not feel the normal atmospheric pressure is because the pressure is equal and opposite in every direction; so that if it were possible to have the pressure *nil*, and yet somehow or other get the oxygen we required and the carbonic acid removed, and provided also the pressure were gradually reduced so as to allow the tissues all over the body time to be so arranged that the pressure might be equal and opposite in every direction, then the body would practically be in the same condition as at the ordinary atmospheric pressure.

I will now mention briefly the various theories on the subject, and it must be understood that those who put forward their views mean them to apply to all forms of reduced pressure.

1. *Mr. Whympers*.—Mainly reduction of atmospheric pressure, admitting diminution of oxygen per unit volume as a factor (*Great Andes of the Equator*).
2. *M. Paul Bert's*.—Deficiency of oxygen per unit volume.
3. *Mr. Dent's*.—Cerebro-spinal anemia, especially in the lumbar part of the cord (*Geographical Journal*, Jan., 1893).
4. *Dr. Clifford Allbutt*.—Dilatation of the heart.
5. *Mr. C. G. Monro*.—Four factors:
 - (a) Deficiency of oxygen;
 - (b) Cerebro-spinal anemia (the chief cause);
 - (c) Dilatation of the heart;
 - (d) The taking of a meal (*Alpine Journal*, 1893).
6. *Professor Roy* (on Conway's symptoms).—Asphyxia.

To criticise roughly, if Mr. Whympers's theory be correct, how does he explain the sudden occurrence of his symptoms when the reduction of pressure was so gradual? M. Paul Bert's view may be correct as far as mal de montagne is concerned, but he certainly did not prove it to be so in his experiments on persons subjected to artificial reduction of pressure. Mr. Dent's suggestion is rather complicated, and in reading his account I do not think he has sufficient evidence upon which to base it. Dr. Clifford Allbutt's

theory involves an impaired condition of an organ in the body which is only an indirect cause of fatigue, this latter giving rise to very similar symptoms, which would occur under any circumstances with excessive exertion, whether at high altitudes or not. Mr. Monro's opinion is practically the same as Mr. Dent's, but two of his factors are merely indirect causes of fatigue. Professor Roy, in his remarks, does not enter fully into particulars, so that his term asphyxia appears rather a strong expression to apply to the cause of the symptoms. Moreover all these writers give too prominent a place to vomiting, which we have seen only rarely occurs.

Now I am inclined to think that the symptoms of mountain sickness can be explained by deficiency of oxygen per unit volume, and I will briefly endeavour to show how this alone can account for everything.

In the physiology of respiration we learn that blood exposed to gradually increasing amounts of oxygen does not absorb much more than on ordinary occasions, and also that when exposed to gradually diminishing quantities of oxygen it does not give off much at first, but that when the amount of oxygen gets to 10 per cent. (*i.e.* 300 mm. pressure, which corresponds to that at a height of about 17,000 feet) the blood suddenly gives up a large quantity of oxygen at once. Surely this sudden evolution of oxygen will account for the equally sudden, and often spasmodic, increase of respiratory movements. The reason why this symptom subsides, and only presents itself on exertion is that the blood is capable of holding and making use of a smaller quantity of oxygen than usual *during rest*, but that the same amount is insufficient during exertion. The intense headache is due to the fact that blood deficient in oxygen, circulating through the centres in the brain, raises the blood-pressure, and in addition the vessels of the brain have a tendency to be over-full, due to the fact that the cold at high altitudes drives the blood from the surface into other parts of the body, and, amongst other places, the brain. The recovery of this symptom is due to the vaso-motor mechanism recovering itself, which it does even when the medulla is mechanically severed from the spinal centres. The tired feeling in the limbs is due to the fact that although the muscles are not dependent upon a supply of oxygen for the manifestation of their energy, yet they cannot maintain their irritability unless a good stream of arterial blood be supplied; hence they become fatigued on the slightest exertion. This is felt more in the lower limbs than elsewhere because they have the most work to do.

There is much more which is well worthy of study in connection with this subject, especially as regards caisson disease and the symptoms of aeronauts, but I will content myself with summing up as follows:

1. The symptoms of mountain sickness (so called) are due to the deficiency of oxygen per unit volume which is present at high altitudes.

2. Mal de montagne cannot be recognised below 16,500 feet.

3. The symptoms experienced by aeronauts, &c., are due mainly to rapidly reduced atmospheric pressure.

Mal de montagne may be guarded against by—

1. Walking very slowly, and taking a long time (often many days) to accomplish the ascent of a high mountain.

2. By having a supply of oxygen, somehow or other, when above a height of 16,500 feet.

By observing these last two rules I believe it is quite possible for the highest mountain in the world to be ascended, provided the weather remains fine for the requisite number of days.

N.B.—I have not entered into the subject of fatigue, which is closely allied to mountain sickness, but on studying Dr. Pavy's paper in the *Lancet* for 1876, on the "Effects of Prolonged Muscular Exertion on the System," it will be seen that the symptoms are exactly similar to those of mal de montagne with the addition of vomiting; and the two can be distinguished from one another by the presence of this latter symptom, and by the fact that fatigue will show itself in isolated members of the party often at a level considerably lower than 16,500 feet.

Vacation Pathology.

FROM all appearance it seems that the School Committee acted wisely and were well advised when they arranged a special post-graduate course in Bacteriological Diagnosis. This is, so far as we know, the first venture of this nature, and the class seems to be successful enough to encourage the committee and Dr. Kanthack, who directs the course, to repeat it from year to year. Qualified men only too easily lose sight of the advances which are made in the clinical laboratory,—we say clinical laboratory because, at our Hospital, the work done by the Pathological Department has pre-eminently a direct bearing on the clinical side of medicine and surgery. Although experimental work is energetically carried out as well, the greatest stress is laid on that portion of pathology which is useful and necessary for complete clinical study. What fruits such work can bear the laboratories of the excellent Johns Hopkins Hospital in Baltimore show us. There is always a drawback about pathology which is dissociated from clinical medicine, and our Hospital is to be congratulated on having realised these matters when it appointed a pathologist to look after the living in addition to the pathologists who look after the dead. A diagnosis in the deadhouse is important and also useful, but obviously the diagnosis *intra vitam* is much more important and useful; the dead can look after their dead. It is almost astonishing how much information may be gained at the bedside from a careful histo-chemical investigation of the

blood. People may scoff at the presumption of the pathologist when he ventures to give a prognosis after a mere counting and staining of the leucocytes, but observation—patient observation—has emboldened him to do so.

That clinical pathology does give a keen stimulus to clinical observation and speculation must be acknowledged, and for that reason we are fortunate in possessing a laboratory which is directly under the Hospital Staff. At the present time Dr. Kanthack is giving a short course of lectures and demonstrations to initiate those who are able for a while to tear themselves away from the cares of their practice in the advances made in the bacteriological diagnosis of disease. The class is well attended, more than a dozen men being present, not only old Bart's men, but we are happy to say, men hailing from elsewhere. The course extends over two weeks, and meets on eight afternoons—on Mondays, Tuesdays, Wednesdays, and Fridays, from 2.30 to 5 p.m. Dr. Kanthack begins with a short lecture, illustrated by lantern slides belonging to Dr. Klein's excellent collection. This demonstration is followed by practical work in the laboratory, where Dr. Kanthack is ably assisted by his collaborator, Dr. Drysdale. The work is heavy, but is enjoyed by all, and it is a pleasure to see our small laboratory full of men engaged in serious labour which brings perhaps no other reward than the satisfaction of having done it. We think that occasional post-graduate courses of this nature are to be encouraged, since they remind the past students of the existence of their old Hospital, and convince them of its vitality. That it must be gratifying to our young Pathological Department to find so much support from those who have their examination career behind them goes without saying, especially as it is in the condition of many other institutions which never appear in public without the exasperatingly familiar notice, "Funds urgently needed." It may not be generally known, but we may state it on the best authority, that since the endowment of our pathological laboratory is naturally and necessarily limited, Dr. Kanthack devotes a fair proportion of fees to "running" his department. For this reason, if for no other, we are glad to find the steady increase of workers who flock to our little laboratory, and with still greater pleasure do we anticipate the time when it is found that the space is insufficient: this must happen pretty soon. But how are we to expand? Perhaps some will reply by pointing with Cato-like perseverance to the hatless boys in yellow stockings: "Cæterum censeo scholam istam esse delendam." Be it so.

Notes.

By an oversight in our last issue we omitted to print Mr. F. W. Gale's name amongst those who had taken the diploma of M.R.C.S. and L.R.C.P.

Last winter Mr. Gale expressed his determination not to

sing at any more "Smokers" until he had qualified. Thus every one will be glad to hear the news that Mr. Gale is again "disengaged" for the coming winter.

TWO BART'S MEN have been successful in the competition for the Indian Medical Service recently held, viz. Mr. A. W. R. Cochran, who was second with 2594 marks, and Mr. R. P. Wilson, who was fourth with 2446 marks.

DR. WEST'S paper on the "Treatment of Diabetes Mellitus by Uranium Nitrate," read at the recent meeting of the British Medical Association, appears to have attracted considerable notice, and deservedly so, for in uranium nitrate we have, according to Dr. West's observations, what is practically a new remedy in the treatment of a complaint for which we have only too few therapeutic agents.

NO PROGRESS has been made lately in connection with the much-needed reform of the University of London, so as to adapt it into a great teaching university. It will be remembered that a few months ago a bill to give effect to the recommendations of the Royal Commission was introduced into the House of Lords. This bill necessarily lapsed owing to the change of Government and the General Election. What attitude Lord Salisbury's Government will take on the question is not yet clear, but from the statement made recently in the House of Lords by the Duke of Devonshire it seems that the opponents of the scheme are actively at work, and that the minority in Convocation have already made some headway with the leaders in the House of Lords. It therefore behoves those who wish for a real University in London to be "up and doing," so that the weight of the opinion of the great leaders of education in London may be properly felt when Parliament meets again.

DR. LAUDER BRUNTON, F.R.S., has been elected Physician to the Hospital, thus making the full Medical Staff equal to the Surgical.

DR. HERRINGHAM has been appointed Assistant Physician to the Hospital.

A VACANCY in the Staff of Assistant Physicians to the Hospital is announced, and the election will take place on September 26th.

DR. VINCENT HARRIS is now engaged on a book on *The Treatment of Pulmonary Consumption*, which will appear shortly. The publisher is H. K. Lewis.

WE ARE GLAD to see that some notice is being taken of the question which we raised in our last issue of payment for medical evidence at coroners' inquests where the deceased has died in a Charitable Institution. We hope the matter will be still further taken up, and not allowed to drop until some less unsatisfactory arrangement has been made.

SIR DYCE DUCKWORTH has been appointed to deliver the Lumleian Lectures at the Royal College of Physicians next year.

MR. M. L. M. VAUDIN, who has been studying at Bart's for the past three months, has been successful in the Competition for the Army Medical Service, taking the sixth place with 2213 marks.

MR. HOWARD MARSH will take the chair at the Old Students' Dinner on October 1st in the Great Hall of the Hospital.

DR. HENSLEY is acting as Hon. Sec. for the Dinner, and those who wish to attend are requested to communicate with him without delay. The price of the tickets is one guinea.

IT IS WITH much regret that we hear of the death of Dr. Bristowe, Consulting Physician to St. Thomas's, and author of the almost classical book *Theory and Practice of Medicine*.

WE HASTEN to correct an error in the last number, viz. the spelling of the name of the Governor through whose generosity the "shelters" in the Square are being erected. We are indebted to Mr. Ebenezer Homan for this kindness.

EVERY BART'S MAN will be glad to hear that Sir James Paget's name has been given to one of our wards. *Charity* is henceforth to be known as *Paget Ward*.

Amalgamated Clubs.

BOXING CLUB.

THE officers of the Boxing Club are as follows:
President—Mr. H. T. Butler.
Vice-Presidents—Mr. W. H. Jessop, Mr. A. N. Weir.
Hon. Secs.—Mr. C. G. Meade, Mr. J. W. Hughes.
Committee—Mr. T. Martin, Mr. Baker, Mr. Auldrow, Mr. Hawkins.
 The Club Rooms in Red Lion Passage (three minutes from the Hospital) are open on Mondays, Wednesdays, Thursdays, and Fridays, from 3.30 till 6.30.
 Alec Roberts, the Club Instructor, attends on Fridays.
 Men who wish to join the Club should (after becoming members of the Amalgamated Clubs) find out either of the Secretaries, who will be glad to pilot them through the tortuosities of Cloth Fair to the Club Room.

RUGBY FOOTBALL CLUB.

THE officers for the season 1895-6 are as follows:
President—Mr. A. A. Bowlby.
Vice-Presidents—Mr. A. N. Weir, Mr. H. B. Meakin, Mr. S. P. Cornish, Mr. P. W. James.
Captain 1st XV—Mr. H. Bond.
Captain 2nd XV—Mr. J. C. S. Dunn.
Hon. Sec. and Vice-Captain—Mr. H. M. Cruddas.
Assistant Hon. Sec.—Mr. A. J. Wells.
Committee—Mr. P. O. Andrew, Mr. G. C. Marrack, Mr. F. H. Maturin, Mr. T. W. Nunn, Mr. A. L. Ormerod, Mr. H. Body.
 The list of matches which we print below shows a distinct improvement as regards "class"—or rather a return to the class of previous years. We trust that the team may improve as much upon last year as last year's did on the preceding team. Should this happen, we cannot fail to at last adorn the Library table with the Rugby Cup.

LIST OF MATCHES FOR 1895-6.

1st XV.		
October	5—Civil Service	Winchmore Hill.
"	12—Streatham	Streatham
"	19—Ealing	Winchmore Hill
"	26—Marlborough Nomads	Surbiton.
"	30—R.N.C.	Greenwich.
November	2—Upper Clapton	Clapton.
"	6—East Sheen	Richmond.
"	9—R.I.E.C.	Cooper's Hill.
"	20—Mason College	Birmingham.
"	23—Wickham Park	Winchmore Hill.
"	30—Rugby	Rugby.
December	4—R.C.Science (A.)	Winchmore Hill.
"	7—Lennox	Dulwich.
"	14—Portsmouth	Portsmouth.
"	21—Harlequins	Chiswick.
January	11—Wickham Park	Lee.
"	18—London Welsh	Tutnell Park.
"	20—Leicester	Leicester.
"	25—Northampton	Northampton.
"	29—Royal Engineers	Chatham.
February	1—Upper Clapton	Winchmore Hill.
"	12—R.C.Science (A.)	Away.
"	15—Marlborough Nomads	Winchmore Hill.
"	19—East Sheen	Richmond.
"	22—R.M.A.	Woolwich.
"	29—Rosslyn Park	Old Deer Park.
March	7—Croydon	Croydon.
"	14—Kensington	Wood Lane.
2nd XV.		
October	5—Civil Service II	Richmond.
"	12—U. C. School	Willesden Green.
"	26—U.C.S. Old Boys	Geopel Oak.
November	2—Upper Clapton II	Winchmore Hill.
"	9—Amhurst	Clapton.
"	13—St. Thomas's Hosp. II	Lambeth.
"	16—Wickham Park II	Winchmore Hill
"	23—Mitcham	Mitcham.
"	30—Gay's Hosp. II	Honor Oak
December	7—Marlborough Nomads II	Winchmore Hill.
"	14—West London	Winchmore Hill.
January	11—Rosslyn Park II	Winchmore Hill.
"	25—Croydon II	Winchmore Hill.
"	29—Merchant Taylors' School	.....
February	1—Wickham Park II	Lee.
"	8—U.C. School	Winchmore Hill.
"	15—Marlborough Nomads II	Surbiton.
"	22—Upper Clapton II	Clapton.
"	29—St. George's Hosp. II	Winchmore Hill.
March	7—St. Thomas's Hosp. II	.....

Abernethian Society.

THE opening address of the 101st Session of the Society will be delivered by Dr. Church in the Anatomical Theatre on October 10th at 8 p.m. His subject will be "The Rise of Physiology in England and its Effect on the Practice of Medicine." Freshmen are specially invited to attend. Tea and coffee will be served in the Library after the Address.

An Up-to-Date Toxic Lament.

DIPHTHERIA BACILLUS *log.*



AS that I, who am so small,
 Who singly do no harm at all,
 Who have a name so great and "fall"
 Should live to see death's sentence fall
 On the wily Klebs-Löffler Bacillus!

All uncontrolled we had the run
 Of every tender little one.
 The throat we loved, when that was done,
 Nose, lungs, and larynx, one by one,
 With nourishment managed to fill us.

But now, no sooner have we found
 A pleasantly juicy feeding ground,
 Than something happens, and we're bound
 To loose our hold without a sound,
 For that child has managed to "spill" us.

We've grown in serum and on plates,
 On broth, in tubes, we've met our mates;
 Klein used small kittens as our baits;
 But all is over! for the Fates
 So cruelly seek now to kill us.

Ah! doctor, hear my sad lament!
 I can't keep straight, my ends are bent!
 For, as you're one and all intent
 On killing us, where is the vent
 Of escape for any Bacillus?

DOCTOR *log.*

Ah! sweet though small aerobic one,
 Your days of luxury are gone,
 No more unbridled will you run,
 Your membranous and croupy fun
 To past, for you're doomed, dear Bacillus.

A little antitoxine, please,
 I think will put you at your ease,
 Your little corpse is now well seized,
 And, may be, somewhat raise my fees!
 Farewell, Sir Klebs-Löffler Bacillus!

N. O. WILSON.

The St. Bartholomew's Hospital Amateur Dramatic Club: a Retrospect and a Forecast.

THE forthcoming 12th Anniversary of the birth of the above Club affords a fitting opportunity for saying a few words about an institution which is perhaps less known than any other students' club in the Hospital.

It was in the Winter Session of 1882 that a few members of the Junior Staff and Mr. Townesend, then only a dresser, approached the Staff for permission to give a short dramatic sketch at the approaching Christmas Concert. The permission having been obtained, it was decided after much discussion to give "A Regular Fix" and "Little Toddlers," two well-known farces. Those who know the time and trouble involved even now in giving an entertainment on our well-appointed stage, aided by our experienced army of carpenters, scene-shifters, lampmen, gasmen, and firemen, can perhaps realise the difficulties met with by our predecessors, the pioneers of the Dramatic Club. Their stage had an opening only 16 feet wide and 7 feet 6 inches in height, there was no gas laid on, and footlights were represented by a row of candles, whereas side and top lights were conspicuous by their absence. Those who are familiar with the noble proportions of our Great Hall can imagine the insignificant effect of such a construction as this. In addition to this they had to deal with a set of carpenters who, however willing, were quite inexperienced in stage work, and

* Injection of antitoxine.

with scene-shifters whose only object was to save themselves trouble, and who, small as the stage was, would only bring down enough scenery to fill half the available stage room. However, notwithstanding all these drawbacks, the little company worked with a will, and the verdict when all was over was "complete success." Encouraged by the result of their efforts, those who were keenest on the Thespian art determined to form themselves into a club, and accordingly on October 12th, 1883, the first meeting of the St. Bart's A. D. C. took place in Mr. Cross's house. The first act of the new body was a happy and a far-seeing one, namely, the election of Mr. Cross as President; and since that time we have owed more to the kind offices of that gentleman than we can ever hope to repay. The original members of the Club were Mr. Townesend (the founder), Messrs. Berry, Oscar Clarke, Owen Lankester, Howe, Gill, Colville, and Wigmore. Dr. Oswald Brown was stage manager, and Mr. Gill secretary and treasurer. The plays for this year (1884) were "He's a Lunatic," and Act 2 of "The Critic." The stage was much improved, being deepened and widened, and gas was laid on; but still, owing to inexperience, the actors suffered much at the hands of the scene shifters, who were utterly uncontrolled. The success of this entertainment put the Club on a firm footing in the Hospital, and a dramatic portion of the Christmas Entertainment was now looked upon as a regular thing. In January, 1884, a series of dramatic readings were started by the Club, and several of the classics were read; however, these were not so popular as their proposers could have wished, and they were finally abandoned, giving way, at the suggestion of Mr. F. C. Wallis, to entertainments for the Nursing Staff, still held at intervals during the Winter Session.

The following year Dr. Oswald Brown resigned, and Mr. Stephen Townesend was elected stage manager, an office which he held for five years. The following were the plays produced under his management:—"The Secret Agent," "The Post of Honour," "A Regular Fix," "The Turned Head," and "Comfortable Lodgings." But it was not till the winter of 1888 that the Club felt strong enough to soar above the region of farces, and endeavour to do something worthy of its then members. It was in a better position financially and historically than it had ever been before, or has ever been since. It had then the services of Messrs. Townesend, Valerie, Wigmore, Evill, Brownlow, Hall, and Knight, so it was decided to attempt "David Garrick," a risky venture for an amateur dramatic club with only men available to play female parts; and, indeed, this decision caused a storm among many of the members of the Club, who prophesied a dead failure, and endeavoured to prejudice the minds of those outside the Club by enlarging on every little hitch that occurred at rehearsals. However, the managers had put their hands to the plough, and were determined to carry the thing to a triumphant issue in spite of the cavillers. No play has had so much care expended on it. Special scenery

was painted, special properties and dresses made, and on January 10th, 1888, it was produced. It will for ever remain the greatest success the Club has ever produced. Next year was also remarkable for being the least successful of the Club's efforts. The play was "The Heir at Law." It was an unhappy choice; it is quite uninteresting and unsuited to amateurs. It was also unfortunate, as it was the only occasion on which ladies were allowed to act, and the ladies who were to have performed got ill shortly before the date of the play, and their places had to be filled by understudies who were lacking in experience. Mr. J. Valerie was stage manager. In 1890 the programme consisted of the trial scene from "The Merchant of Venice," with Mr. Townesend as Shylock, and Act 2 of "The Critic." Mr. Townesend was again stage manager.

In the following years Mr. C. W. Emlyn was stage manager. The plays were "Vice Versa," "Tom Coby," "Engaged," and "Not such a Fool as he looks," all of which were successful, and too recent to need further mention here. In 1891 a performance of "On Guard," by W. S. Gilbert, was given at St. George's Hall in aid of the Royal Free Hospital, which resulted in a balance of £50, and in 1893, at the same place, a performance of Albery's "Two Roses," in aid of our Samaritan Fund, whereby we made £700. Last year the play chosen was Byron's "Old Soldiers," and, though somewhat unsuitable, may be reckoned among the Club's successes. So much for the past; now as to the future of the Club.

This depends on three chief factors:—1. New members. 2. The admission of ladies to take part in the entertainment. 3. The admission of all students to the Annual Entertainment.

For the first, a club such as the Bart's A. D. C. differs from other dramatic clubs, inasmuch as its ranks are continually changing. Men come up to the Hospital for five or six years, and then go away qualified or otherwise, and no more is heard of them, so that one year we may have a fairly strong cast, and next year have scarcely a man in the Club who can play a part decently. Consequently the Club is always ready to receive with open arms men who can act, or who think they would like to try. Moreover it is always advisable for a man to join as early in his Hospital career as possible, so that if he turns out to be a useful member the Club may have the advantage of his services as long as possible. It has been said that even if men do join they find a difficulty in getting parts allotted to them. Never was a greater mistake; any member who wants a part can have one by simply asking for it. The system employed is this:—A short time before the choice of a play an announcement is made by the Acting Manager to the effect that a play will be chosen and cast by a certain date, men wanting parts to write in for them. When this has been done a play is chosen suitable to the number and capabilities of the men who wish to act. To test new members, parts

are first of all given to them in nurses' entertainments, and their future position in the Club depends in some measure on the manner in which they acquit themselves therein.

With regard to the admission of ladies to take part in the Hospital entertainment, it must be said that till this permission is granted our annual performance will never be on a higher level than mere buffoonery. To ask educated professional men to take part in a performance where a great strapping youth of six feet or over is mimicking the airs and graces of a girl is, in our opinion, the greatest insult that can be offered to them. If such a thing occurred on a London stage it would be classed as not only grossly vulgar, but also exceedingly indelicate; and yet educated men and women come to see gentlemen good-naturedly make tomfools of themselves for their amusement. This restriction on the part of the Hospital authorities is not only an insult to us and to our friends whom we should ask to act, but also to the more refined portion of our audience.

The third factor in the future of the Club is that it should be more widely known among the students. Very few men of the first and second years know anything about it; and, even if they do see the notice-boards in the lobby of the school and smoking-room, never hear anything of the Club's proceedings, and it is only those third year's men who happen to be clerking or dressing in the wards at Christmas that get invited to the entertainment. This is not as it should be; every student ought to get tickets, he has as much right there as the patients. It has been said that there is not room for them in the Hall. Very well, then let a separate night be set apart for students and their friends, and let the other two nights be kept for the Governors and Staff as heretofore. When this request was made before it was met by the flimsiest of excuses, viz. that the patients would be disturbed by hearing carriages in the square on a third night. Surely if it were injurious on a third night it would be infinitely less so than on a first and second, as they would be more used to it. Another excuse was that the beadies got tired of seeing the performance after the second night. Our experience is that the more entertainments there are, the better the beadies are pleased. However, this remains between the students and the office: if the students want a night devoted to themselves, we have no doubt that if they petition that august body it will consent to waive its objections, which do not seem very weighty.

Appointments.

MR. T. W. H. GARSTANG, M.R.C.S. Eng., L.S.A., has been appointed Medical Officer of Health to the newly formed Knutsford Urban District Council (Cheshire).

MR. R. G. HUGARTH, M.R.C.S., L.R.C.P., has been appointed Senior Resident Medical Officer to the General Hospital, Nottingham.

MR. C. P. CROUCH, M.B. Lond., F.R.C.S., has been appointed Honorary Surgeon to the Weston-super-Mare Hospital.

Examinations.

H. S. MAW has passed the final L.S.A. in Surgery, Medicine, Forensic Medicine, and Midwifery.

A. H. WADE has passed the final L.S.A. in Medicine and Forensic Medicine.

G. LOWSLEY has passed the final L.S.A. in Medicine.

M. GERR has taken the D.P.H. of the Royal College of Physicians and Surgeons.

The Appointment of a Fifth Physician.

For the information of students and the interest of old Bart's men we give the official re-allocation of medical and surgical beds which takes effect in October.

ALLOTMENT OF MEDICAL AND SURGICAL BEDS AFTER ELECTION OF FIFTH PHYSICIAN.

	Male.	Female.		
Dr. Church	Mark	28	Faith	22
Dr. Gee	Lake	28	Hope	22
Sir D. Duckworth	Mathew	28	John	21
Dr. Hensley	Colston	24	Milly	22
Dr. Brunton	Rahore	24	Elizabeth (back)	14
Dr. Champneys			Martha	20
			Elizabeth (front)	14
Mr. Smith	Harley (front)	13	Lawrence	30
	Henry	26		
Mr. Willett	Harley (back)	13	President	31
	Pitcairn	26		
Mr. Langton	Kenton	26	Lucas	26
	Charity (front)	11		
Mr. Marsh	Darker	25	Stanley	29
	Abernethy	18		
Mr. Rutlin	Sitwell	25	Paget	22
	Charity (back)	11		
Mr. Cumberbatch	Abernethy	2	Stanley	2
Mr. Vernon				
Mr. Jessop	Albert Edward	13	Alexandra	12
Besides Erysipelas, 20; Diphtheria, 8; Unassigned—Casualty, 15; Isolation, 3.				

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

ESPRIT DE CORPS.

SIR,—After "mens sana in corpore sano," the most frequent quotation one hears in hospital speeches, especially after dinner, is "esprit de corps." In scientific circles "audi alteram partem" is also frequently inculcated, and differs from the others perhaps in being more frequently performed. But from whatever cause, whether because post-prandial, from indifference, inability, insincerity, or non-necessity, the "other side" of the "mens sana" and "esprit de corps" injunctions is not heard. Now the injunctions of "mens sana" are only followed for our own obvious advantage, not from any duty; and this it is that makes the "Grace Testimonial" so supremely ridiculous. It is, however, of "esprit de corps" that I write. We all know one side. It is said, sir, we must attend hospital dinners, however bad, and converse, however second rate; must play if required, must turn out to the various matches even of the last new club. How lacking, forsooth, in "esprit de corps" was the junior staff not to attend the Decennial Club dinner! One taking this view would point out most of that staff are Cambridge men, who notoriously rarely busy themselves in hospital matters. The point is, are they wrong? Theoretically I think not wrong, actually I am inclined to think "esprit de corps" is a necessity and is right. Why, then, theoretically are they not wrong (and proof of not wrong is by no means a proof of right)? The "necessity" of "esprit de corps" is, I maintain, a logical fallacy, and classable under Stuart Mill's *a priori* fallacies. It is put down as a proposition which may be received without proof, as an axiom or self-evident truth. But it is an axiom which has not been through the fire: it is classed as one of those ultimate premises which are facts of our subjective consciousness, and ranked amongst ideas, sensations, emotions, &c. It has no right amongst such essences. We enter the hospital and pay our fees—high to many of us, and we try to do our best for ourselves and parents—nearly the essential law of biology. Those who do not,

either do not from folly or mistake because the "esprit de corps" preachers act (i) from some notion of self-advantage; or (2) from ability, &c. after attaining their aims have sufficient time and opportunity to afford it. These last will act (i) from pleasure; (ii) for self-advantage. Consequently two elements are at work, actual pleasure or necessity, and may result from folly, mistake (or miscalculation), or egoistic advantage. But to those who act from pleasure it is pleasant, and deserving of no great praise from others; those acting from folly or mistake pity, and the egoists do not merit indignation. Would any expect "esprit de corps" on the Stock Exchange or Corn Market? Just as they are busy money-making, and are there of necessity, so are we in hospital for our own advantage. All of course are likely to reverence and take an interest in walls resounding with the din of gain. This, then, is the opposite side of the question, and I would sum up and conclude thuswise. The point is why; and the why is as little satisfactory here as anywhere. Philosophy and metaphysics are sophistic, and knowledge is finite, and the answer is to be found in an appeal to intuition, and seek what causes the most happiness. The sole duty of man, I maintain, is happiness; and, as a rule, happiness will be found in duty. Some will *not* have this intuition, their protoplasm is not so constructed; no blame then to them. Others *will* have it; no praise then to them. The characteristic of personal protoplasm or intuition is not for praise or blame. Schopenhauer has it somewhere, "To become indignant at their conduct is as foolish as to be angry with a stone because it rolls into your path." I would corollarise—to be pleased at their conduct is as foolish as to be delighted with an angel because one meets your gaze. I am inclined to uphold "esprit de corps," then, for the following reasons, but it is a purely personal opinion and intuitive.—(1) Because the proof that *absence* of "esprit de corps" is *not wrong* is not possible. (2) With me the intuition of its *right* is present, but I deny this intuition to be a necessity and present in all. (3) In an appeal to the object of our existence, happiness will be found to be the object, and with well-developed minds happiness usually finds a place in "esprit de corps." With these restrictions let us have "esprit de corps."—I am, dear sir, yours faithfully,

NEO PESSIMIST.

To the Editor of St. Bartholomew's Hospital Journal.

SIR.—Having read with much interest the article on "Coroners' inquests" in this month's ST. BARTHOLOMEW'S HOSPITAL JOURNAL, I beg, on behalf of the resident medical officers of this Hospital, to express our entire sympathy with the views you put forward, and our willingness to assist you in placing this important matter before a higher court.—Believe me, yours truly,

E. F. CURREY,
Senior House Physician,
West London Hospital, Hammersmith, W.

August 20th, 1895.

To the Editor of St. Bartholomew's Hospital Journal.

SIR.—In an interesting paper on "Biblical Materia Medica" in the August number of this JOURNAL Dr. Maidlow mentions the drink which was offered to Christ before His crucifixion. Some commentators consider that this was a solution of some narcotic in the thin wine which formed the common drink of the soldiers, and which being usually sour might be called indifferently by the name either of wine or vinegar. The word myrrh is considered to be used in a general sense, like the word gall, as meaning some resinous or gummy substance. The term "gum opium" used to be frequently used in this country, and possibly opium may have been the narcotic actually employed. It is evident that Christ's refusal to drink the mixture was on account of the resin or gum it contained, for a little later He is described both by St. Matthew and St. Mark as drinking vinegar from a sponge. The bitter waters of Marah were probably not rendered sweet by the introduction into them of any berries, of which the quantity required to meet the needs of all Israel would have been enormous, but by a simple device which is described by Josephus. The water of Moses' wells near Suez at the present day is slightly blackish, but the quantity of salt it contains is not sufficient to render it at all unpalatable. If exposed to the sun, however, the water evaporates, or the proportion of salt in the residue becomes greater and greater, until it is absolutely unfit to drink. Josephus states that when Moses came to the pools of Marah he set the stronger members of the congregation to bale out the water, which was so charged with salt as to be undrinkable, and having split a tree he pushed it down into the sand. Through the ruder artesian well thus made fresh water rushed up, and the people's thirst was quenched. The whole confusion in the Authorised Version is due to the original Hebrew word having been translated by the word "cast" instead of

"put." The word cast conveys the idea that the tree was thrown haphazard into the water, whereas it was in reality "put" into the pools in a definite manner and with a definite object. It is almost impossible for anyone who has been over the ground where the occurrence is thought to have taken place to imagine the sweetening of the waters in the way suggested by the text in the Authorised Version, whereas one can readily see that the remedy which, according to Josephus, was employed by Moses would be, in fact, the only remedy practicable, and would be as serviceable to-day as it was of old.—I am, Sir, faithfully yours,

ONE INTERESTED IN THE SUBJECT.

To the Editor of St. Bartholomew's Hospital Journal.

A CORRECTION.

SIR.—In the quotation at the end of my speech at the Decennial Club dinner, which you do me the honour to publish, there is, from the printer's error, a word which makes its line mere nonsense, and quite spoils the beautiful verse. The verse, which is from Long-

fellow's 'Wail,' should read—
"And the night shall be filled with music,
And the cares that infest the day
Shall fold their tents like the Arabs (not to the Arabs),
And as silently steal away."

When a first year's student I heard Mr. Marsh quote the last two lines as appropriate to the fleeting nature of anatomical knowledge.—I am, Sir, yours faithfully,
W. H. MAIDLOW,
Taunton.

To the Editor of St. Bartholomew's Hospital Journal.

SIR.—It has just come to my knowledge that a person giving an address in Goswell Road, E.C., and writing under the name of Dr. G. R. Saunders, has put himself in communication with old Bart's men, and stating that he has just returned from New Zealand in distress, and asking for pecuniary assistance. I am happy to state that my brother, Dr. G. R. Saunders, is now in New Zealand, and that such an intimation is entirely untrue. I shall be glad to hear from any of the victims of this person.—I am, Sir, your obedient servant,
FREDERICK W. SAUNDERS, M.B. Cantab.
August 20th, 1895.

Births.

ARMSTEAD.—July 30th, at Chepstow Villas, W., the wife of H. W. Armstead, M.D., of a daughter.
BURD.—August 19th, at Castle House, Shrewsbury, the wife of E. L. Burd, M.D., of a son.
CUTTING.—August 11th, at Chetwynd House, Stalham, the wife of E. B. Cutting, of a son.
GODSON.—August 12th, at Westgate-on-Sea, the wife of Clement Godson, M.D., C.M.Aber., of a son.
HARPER.—August 4th, at Kosary Gardens, South Kensington, the wife of J. Harper, M.D., of a daughter.
LONG.—Sept. 9th, at Greenodd, Ulverston, Lancashire, the wife of Frank T. Long, M.R.C.S., L.R.C.P., of a son.
LEWIS.—July 30th, at Hamilton Terrace, N.W., the wife of E. J. Lewis, M.B., F.R.C.S., of a daughter.
ORMEROD.—August 17th, at Devonshire Terrace, Hyde Park, the wife of C. E. Ormerod, M.D., of a son.
PARTIDGE.—August 10th, at Camberwell, the wife of W. T. Partidge, M.R.C.S., L.R.C.P., of a son.

Marriages.

BUTLER—SMITH.—On the 5th inst., at St. Mark's, Surbiton, by the Venerable Archdeacon Burney, assisted by the Rev. R. H. Fring, Charles, youngest son of the late William Eldridge Butler, late of Le Court, Ham, to Alice Barbara, youngest daughter of the late John George Smith, of Hill House, Surbiton.
CAMPBELL—GRIBBON.—On August 1st, at St. Matthew's Church, Finsbury, by the Rev. J. A. Chapman, B.A., E. Kenneth Campbell, M.B., F.R.C.S., son of Hugh Campbell, of Wimpole Street, W., and late of Evesham Hall, Essex, to Rose Maude, daughter of the late Brigade-Surgeon G. C. Gribbon (K. O. Scottish Borderers), and granddaughter of the late Sir Hugh Allan, of Montreal, Canada.

Death.

HARRIS.—August 5th, at Dulwich, Ruth Elwin, only daughter of H. E. and Edith Harris, aged 1 year and 9 months.

ACKNOWLEDGMENTS.—Guy's Hospital Gazette, St. Thomas's Hospital Gazette, St. George's Hospital Gazette.

